**Slough Borough Council logo**FORM 038k COVID

Issue 20

Date: 14.10.2021

# Coronavirus Health and Safety Checklist

# Implementing protective measures for out of school settings.

## This checklist has been developed in conjunction with Protective measures for out-of-school settings during the coronavirus (COVID-19) outbreak and will help out-of-school settings carry out risk assessments.

## Providers who run community activities, holiday clubs, after-school clubs, tuition and other out-of school provision for children can operate, subject to the science and with safety measures in place.

[Protective measures for holiday or after school clubs](https://www.gov.uk/government/publications/protective-measures-for-holiday-or-after-school-clubs-and-other-out-of-school-settings-for-children-during-the-coronavirus-covid-19-outbreak?utm_source=bb73d91d-caec-4ed8-9c08-745baedba1c7&utm_medium=email&utm_campaign=govuk-notifications&utm_content=daily)

From July 19th 2021

The government’s response to the pandemic, is now moving away from stringent restrictions on everyone’s day-to-day lives, towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk.

## **ALL East Berkshire Public Health Team Advice is highlighted in green in the information below:**

## Public Health Slough Sept 21 – recommended action, especially if the school has cases**;-**

Due to the high prevalence of COVID in Slough the following additional measures are recommended in schools from the start of autumn term 2021:

**Social Distancing**

1. **A “Safety Culture.”** Placing the entire organisation on heightened alert for transgressions and rule breaking is a powerful way of using peer support to limit the spread of infection and protecting staff and teachers too.
2. **Being outdoors.** Continue to use outdoor spaces whenever weather permits.
3. **Ventilation & CO2 monitoring.** Opening windows and doors for ten minutes, perhaps between classes, or during break will help disperse suspended particles. The internal temperature will drop, and this may mean encouraging the wearing of scarves, coats, gloves etc. In crowded, poorly ventilated areas, monitors can provide valuable proxy information about the level of ventilation. Good ventilation is anything below 800 ppm, at which point extra measures may need to be taken. When levels exceed 1500ppm, then ventilation needs to be improved immediately (or children removed). More information can be found here:-
   1. The HSE has produced guidance on [Identifying poorly ventilated areas](https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation/identifying-poorly-ventilated-areas.htm)
   2. [Carbon dioxide monitors from](https://www.gov.uk/government/news/all-schools-to-receive-carbon-dioxide-monitors) the Government.
   3. [Information on CO2 levels in classrooms](https://www.airgradient.com/resources/we-measured-the-co2-level-in-a-classrooms-this-is-what-we-found-out/" \l ":~:text=1%20When%20the%20school%20opens%20at%208%20am%2C,levels%20drop%20below%201000ppm%20as%20students%20go%20home)
4. **Masks.** When indoors, children should be encouraged to wear masks, where possible and practical. Cloth masks need to be cleaned every day – and disposable masks need replacing at least once a day, but ideally twice. Three-layered masks have been shown to be the most effective. Nasal bridges should be shaped to fit the face more closely; this is an important step in ensuring full protection.
5. **Hand washing.** Washing with either with 70% alcohol or with soap and water, if carried out frequently – say beginning of each class- can provide an important barrier to the spread of respiratory viruses
6. **Physical Distancing.** The 1.5m – 2m distancing rule has proved powerful in creating barriers to virus spread. This is difficult to maintain, but is more important indoors in poorly ventilated areas, than outside or in large well-ventilated halls.
7. **Cleaning.** In terms of providing additional protection, simple routine twice a day cleaning of surfaces should be sufficient in normal circumstances.

**Vulnerable People**

Children may have additional health needs e.g. asthma or eczema and schools will already have note of who these are. However, children may have siblings, parents or grandparents with chronic conditions, and having a note of these may assist in risk management if there is an outbreak. This can be most easily obtained directly from parents

**Self Management**

The NHS has provided guidance on how to manage [COVID-19 in children and others](https://frimley-healthiertogether.nhs.uk/parentscarers/covid-19) It is also wise to remember the impact of chronic stress and anxiety on wellbeing. Again the vast majority of these can be self-managed. There is excellent advice at [Frimley health NHS](https://frimley-healthiertogether.nhs.uk/)

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| **Buildings** | **Tick if considered and complete** |
| **Measures to take**   * Has the school confirmed that all statutory compliance checks have been completed and the building is safe to open * Reviewed fire alarm procedures, for example assembly points. Staff are trained in fire procedures. * Heating and Ventilation   To balance the need for increased ventilation while maintaining a comfortable temperature, the following measures should be used as appropriate:   * + Where there is mechanical ventilation systems – these should be adjusted to increase the ventilation rate wherever possible, and checked to confirm that normal operation meets current guidance (if possible, systems should be adjusted to full fresh air or, if not, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply)   + Where there is no mechanical ventilation:     - If windows have openings at both the top and the bottom (such as sash windows), using just the top opening will help incoming fresh air warm up as it mixes with room air, reducing cold draughts. In warmer weather, use both the top and bottom openings as this will help provide even more airflow.     - Opening windows and doors at opposite sides of your room or home will also provide a good flow of fresh air (this is known as cross ventilation).     - Make sure trickle vents (small vents usually on the top of a window) or grilles are open and not blocked     - Increase the ventilation while spaces are unoccupied (e.g. between classes, during break and lunch, when a room is unused)     - Open all the doors and windows fully to maximise the ventilation in a room. It may be better to do this when the room is unoccupied.     - Consider other control measures such as avoiding certain activities or gatherings, restricting or reducing the duration of activities, providing ventilation breaks during or between room usage alongside ventilation for reducing the risk of airborne transmission. Rearrange furniture where possible to avoid direct drafts   + Provide flexibility to allow additional, suitable indoor clothing to be worn during the Winter period in addition to the school’s current uniform.  Where this occurs, schools should ensure that no extra financial pressure is placed on parents.   + you should identify any poorly ventilated spaces and take steps to improve fresh air flow. You should prioritise these areas for improvement to reduce the risk of aerosol transmission. A CO2 monitor could help you assess whether a space is poorly ventilated, and if you should use additional mechanical ventilation or open windows. (please see further information below regarding CO2 monitors).   + If you can’t improve ventilation in poorly ventilated spaces, consider whether it is safer to restrict the numbers of people in these spaces or stop using them if possible   + Further information and advice relating to ventilation in the workplace can be found in the [Health and Safety Executive’s guidance on ventilation and air conditioning](https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation.htm)   Although CO2 levels are not a direct measure of possible exposure to COVID-19, checking levels using a monitor can help you identify poorly ventilated areas. [Read HSE advice on how to use a CO2 monitor](https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation/identifying-poorly-ventilated-areas.htm) and  [Identifying-poorly-ventilated-areas](https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation/identifying-poorly-ventilated-areas.htm). and [CIBSE COVID-19 advice](https://www.cibse.org/coronavirus-covid-19) provides more information.  CO2 monitors will also be provided to all state-funded education settings from September, so staff can quickly identify where ventilation needs to be improved. Further information will be issued as monitors are rolled out.  Additional recommendation from East Berkshire public health September 2021::  **Ventilation & CO2 monitoring.** Opening windows and doors for ten minutes, perhaps between classes, or during break will help disperse suspended particles. The internal temperature will drop, and this may mean encouraging the wearing of scarves, coats, gloves etc. In crowded, poorly ventilated areas, monitors can provide valuable proxy information about the level of ventilation. Good ventilation is anything below 800 ppm, at which point extra measures may need to be taken. When levels exceed 1500ppm, then ventilation needs to be improved immediately (or children removed). More information can be found here:-   * + The HSE has produced guidance on [Identifying poorly ventilated areas](https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation/identifying-poorly-ventilated-areas.htm)   + [Carbon dioxide monitors from](https://www.gov.uk/government/news/all-schools-to-receive-carbon-dioxide-monitors) the Government.   + [Information on CO2 levels in classrooms](https://www.airgradient.com/resources/we-measured-the-co2-level-in-a-classrooms-this-is-what-we-found-out/" \l ":~:text=1%20When%20the%20school%20opens%20at%208%20am%2C,levels%20drop%20below%201000ppm%20as%20students%20go%20home)   **Asymptomatic testing**  Testing remains important in reducing the risk of transmission of infection within settings. That is why, whilst some measures are relaxed, others will remain, and if necessary, in response to the latest epidemiological data, we all need to be prepared to step measures up or down in future depending on local circumstances.  Staff and secondary aged children should continue to test twice weekly at home, with lateral flow device (LFD) test kits, 3 to 4 days apart. Testing remains voluntary but is strongly encouraged.  There is no need for primary age children (those in year 6 and below) to test.  If you are operating on or linked to a school, you may wish to discuss with that school how your staff can continue to access regular asymptomatic testing via this route.  However, testing is widely available for all settings operating on and away from school sites. Staff and secondary age children can collect home test kits by either:   * collecting them from their local pharmacy * [ordering coronavirus (COVID-19) rapid lateral flow tests online](https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests)   You should communicate this to staff, secondary age children and parents.  Anyone who has previously received a positive COVID-19 PCR test result should not be re-tested within 90 days of that test, unless they develop any new symptoms of COVID-19.  From 16 August 2021, children under the age of 18 years old will no longer be required to self-isolate if they are contacted by NHS Test and Trace as a close contact of a positive COVID-19 case. |  |
| **Indoor and Outdoor Provision** | |
| **Measures to take**   * identified how many pupils will be attending the provision * planned how children of critical workers and vulnerable children will be accommodated * agreed what support is available for vulnerable and/or disadvantaged children * agreed what safeguarding provision is needed * updated behaviour policies to reflect the new rules and routines * decided on the content and timing of staff communication * options available if staffing levels can’t be maintained |  |
| * identified what staff can return to work * agreed flexible working arrangements needed to support any changes to your usual patterns * staff workload expectations agreed * what staff training is needed to implement any changes the out of plans make (e.g. risk management, curriculum, behaviour, safeguarding * measures in place to check on staff well being * planned the likely mental health, pastoral or wider wellbeing support for children returning to school (e.g. bereavement support) * identified and planning to support high needs groups, including children with SEND, vulnerable children and disadvantaged children [Covid-19 guidance on vulnerable children and young people](https://www.gov.uk/government/publications/coronavirus-%20covid-19-guidance-on-vulnerable-children-and-young-people) * agreed the approach to any scheduled or ongoing building works   Make available wellbeing support for children and staff   * + [MindEd learning platform for professionals](https://www.minded.org.uk/), which contains materials on peer support, stress, fear and trauma, and bereavement.   + MindEd have also developed a coronavirus (COVID-19) [staff resilience hub](https://covid.minded.org.uk/) with advice and tips for frontline staff.   + The Education Hub also has [mental health resources for parents, carers, children, and staff](https://dfemedia.blog.gov.uk/2021/02/01/mental-health-resources-for-children-parents-carers-and-school-staff/y)   Information from East Berkshire Public Health team Sept 21:  The NHS has provided guidance on how to manage [COVID-19 in children and others](https://frimley-healthiertogether.nhs.uk/parentscarers/covid-19) It is also wise to remember the impact of chronic stress and anxiety on wellbeing. Again the vast majority of these can be self-managed. There is excellent advice at [Frimley Health NHS](https://frimley-healthiertogether.nhs.uk/) |  |
| **Group Sizes and Attendance** | |
| **Measures to take**  19th July 2021 Wraparound childcare and other organised activities for children may take place in groups of any number.  From 17 May 2021 where wraparound and other extra-curricular activities for children are taking place indoors, they will be able to take place in groups of any number. However, when considering appropriate group sizes, it will be important to take into account the factors outlined above, such as the recommended occupancy levels of the premises you are operating from and levels of ventilation. For example, the Providers of grassroots sport and sport facilities - working safely during coronavirus (COVID-19) guidance recommends that the maximum occupancy of an indoor facility should be limited by providing a minimum of 100sqft per person. Therefore, if you are operating from a premises which is not well-ventilated or in which it is difficult to maintain social distancing, you should have smaller group sizes (e.g. 15 children or fewer per group).  From 19th July 2021  We are no longer recommending that it is necessary to keep children in consistent groups (‘bubbles’). This means that bubbles will not need to be used for any summer provision or from the autumn term.  You should make sure your outbreak management plans cover the possibility that in some local areas it may become necessary to reintroduce ‘bubbles’ for a temporary period, to reduce mixing between groups.  Recommendation from East Berkshire Public Health September 2021:  **Physical Distancing.** The 1.5m – 2m distancing rule has proved powerful in creating barriers to virus spread. This is difficult to maintain, but is more important indoors in poorly ventilated areas, than outside or in large well-ventilated halls. |  |
| * Identified clinically extremely vulnerable staff. Clinically extremely vulnerable (CEV) people are advised, as a minimum, to follow the same guidance as everyone else. It is important that everyone adheres to this guidance, but CEV people may wish to think particularly carefully about the additional precautions they can continue to take. Further information can be found in the [19 July guidance on protecting people who are CEV from COVID-19](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19). Employers should be able to explain the measures they have in place to keep CEV staff safe at work. The Health and Safety Executive (HSE) has published [guidance on protecting vulnerable workers](https://www.hse.gov.uk/coronavirus/working-safely/protect-people.htm), including advice for employers and employees on [how to talk about reducing risks in the workplace](https://www.hse.gov.uk/coronavirus/working-safely/talking-to-your-workers/index.htm) * All CEV children and young people should attend their education or childcare setting unless they are one of the very small number of children and young people under paediatric or other specialist care who have been advised by their clinician or other specialist not to attend.   From September 2021 Children and young people are no longer considered clinically extremely vulnerable. A very small number of children and young people will have been advised to isolate or reduce their social contact for short periods of time by their specialist, due to their general risk of infection rather than because of the pandemic. If this was the case for your child, they should continue to follow the advice of their specialist.  Recommendation from East Berkshire Public Health from September 2021:  Children may have additional health needs e.g. asthma or eczema and schools will already have note of who these are. However, children may have siblings, parents or grandparents with chronic conditions, and having a note of these may assist in risk management if there is an outbreak. This can be most easily obtained directly from parents  Remember to considered staff who are pregnant (See below)  **Home Education**  Considered children who are Home Educated. All children who are electively home educated can attend out-of-school settings where the provision is being used by home educating parents as part of their arrangements for their child to receive a suitable full-time education. They can also use these settings for a limited set of other essential purposes and for any purpose from 12 April. Read [who can attend your setting](https://www.gov.uk/government/publications/protective-measures-for-holiday-or-after-school-clubs-and-other-out-of-school-settings-for-children-during-the-coronavirus-covid-19-outbreak/protective-measures-for-out-of-school-settings-during-the-coronavirus-covid-19-outbreak#who-can-attend-your-setting) for more detail.  **Pregnant Women**  Pregnant women require special consideration as set out in the [guidance for pregnant employees](https://www.gov.uk/government/publications/coronavirus-covid-19-advice-for-pregnant-employees/coronavirus-covid-19-advice-for-pregnant-employees).  Employers should carry out a risk assessment to follow the Management of Health and Safety at Work Regulations 1999 (MHSW). More information is available on [workplace risk assessment for vulnerable people](https://www.hse.gov.uk/coronavirus/working-safely/protect-people.htm).  Information contained in the [RCOG/RCM guidance on coronavirus (COVID-19) in pregnancy](https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/) should be used as the basis for a risk assessment.  Pregnant women of any gestation should not be required to continue working if this is not supported by the risk assessment.  Women who are 28 weeks pregnant and beyond, or are pregnant and have an underlying health condition that puts them at a greater risk of severe illness from coronavirus (COVID-19) at any gestation, should take a more precautionary approach. Employers should ensure pregnant women are able to adhere to any active national guidance on social distancing or advice for pregnant women and should follow the relevant advice.  As of 23.4.21 Pregnant women should be offered a vaccination along with their age or risk group. Pfizer or Moderna are the preferred vaccine for women of any age. If they have already had the first does of a different vaccine they should continue with the same vaccine:  [Guide for Covid vaccination for women of childbearing age pregnant, planning a pregnancy or breastfeeding](https://www.gov.uk/government/publications/covid-19-vaccination-women-of-childbearing-age-currently-pregnant-planning-a-pregnancy-or-breastfeeding/covid-19-vaccination-a-guide-for-women-of-childbearing-age-pregnant-planning-a-pregnancy-or-breastfeeding)  [Actions for early years and childcare providers during the coronavirus (COVID-19) outbreak - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/coronavirus-covid-19-early-years-and-childcare-closures/coronavirus-covid-19-early-years-and-childcare-closures) |  |

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| * Desks spaced as far apart as possible * Identify which parts of the school you’ll be using and close off   unused parts, to reduce the amount of cleaning needed. |  |

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| **Timetable** | |
| **Measures to take**   * Refresh timetable * Decide which activities will be delivered * Considered which activities could take place outdoors * Risk assess options for delivering music, dance and drama lessons, For guidance use DCMS [working safely during coronavirus (COVID-19): performing arts.](https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/performing-arts)   Group singing can now take place. Performances and Events If planning an indoor or outdoor face-to-face performance in front of a live audience, you should follow the latest advice in the [DCMS working safely during COVID-19 in the performing arts guidance](https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/performing-arts).  If delivering sporting or other organised events, more information can be found in [COVID-19: Organised events guidance for local authorities](https://www.gov.uk/government/publications/coronavirus-covid-19-organised-events-guidance-for-local-authorities).  Sports provision  Consider what physical activity to include and how  Settings should refer to the following guidance:   * [grassroot sports for public and sport providers](https://www.gov.uk/guidance/coronavirus-covid-19-grassroots-sports-guidance-for-the-public-and-sport-providers) and guidance from [Sport England](https://www.sportengland.org/how-we-can-help/coronavirus) for grassroot sport * advice from organisations such as the [Association for Physical Education](https://www.afpe.org.uk/physical-education/wp-content/uploads/COVID-19-Interpreting-the-Government-Guidance-in-a-PESSPA-Context-FINAL.pdf.) and the [Youth Sport Trust](https://www.youthsporttrust.org/coronavirus-support-schools) * guidance from Swim England on school swimming and water safety lessons available at [returning to pools guidance documents](https://www.swimming.org/swimengland/pool-return-guidance-documents/)   For advice on changing rooms, please refer to : [using changing rooms safely](https://www.gov.uk/guidance/coronavirus-covid-19-grassroots-sports-guidance-for-the-public-and-sport-providers) |  |

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| **Travel** | |
| **Measures to take**   * Encourage parents and children and young people to walk or cycle to their education setting where possible * Reduce travel any unnecessary travel on coaches, buses or public transport where possible  Educational visits and trips Out-of-school settings and wraparound childcare providers may undertake educational visits in groups of any number and children will no longer need to be kept in consistent groups. Given the likely gap in COVID-19 related cancellation insurance, if you are considering booking a new visit, whether domestic or international, you are advised to ensure that any new bookings have adequate financial protection in place.  We continue to recommend you do not go on any international visits before the start of the school autumn term. From the start of the new school term, you can go on international visits that have previously been deferred or postponed and organise new international visits for the future from when the new school term starts.  You should be aware that the travel list (and broader international travel policy) is subject to change and green list countries may be moved into amber or red. The travel lists may change during a visit and you must comply with international travel legislation and should have contingency plans in place to account for these changes.  You should speak to either your visit provider, commercial insurance company, or the Risk Protection Arrangement (RPA) to assess the protection available. Independent advice on insurance cover and options can be sought from the British Insurance Brokers’ Association (BIBA) or Association of British Insurers (ABI).  . |  |

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| **During the day** | |
| **Measures to take**   * Decided which lessons or activities can be delivered and are risk assessed in light of coronavirus * Can rooms be accessed directly from the outside   If parents are coming to the setting to pick up free school meals:   * Stagger pick-up times so they’re not all coming in at once * Make soap and water or alcohol-based hand sanitiser available to them as they pick up the meal * Do you have additional support in place for children and young people to support them understanding the safety measures e.g. hand washing instructions marked in braille or other meaningful symbols, and social stories to support them in understanding how to follow rules) * Ensured toilets do not become crowded by limiting the number of children, young people, staff who use the toilet facilities at one time * Stagger drop off and collection times * Cleaning regime in place to ensure play equipment used is appropriately cleaned between groups of children using it * Removed soft furnishings e.g. pillows, bean bags and rugs, soft toys and toys that are hard to clean (those with intricate parts) * Outdoor play equipment should not be used unless you can ensure it is appropriately cleaned between groups of children and young people using it, and that multiple groups do not use it simultaneously. Ref to [COVID 19 cleaning of non-health care settings](https://www.gov.uk/government/publications/covid-%2019-decontamination-in-non-healthcare-settings) * Can you use outside space for the following; Exercise and breaks   For outdoor education   * Can you use halls, dining areas, internal and external sports facilities for lunch and exercise for half capacity. * Can you limit the occupancy level for staff rooms and office staff. Contact should still be minimised * If you have lifts within your school, restrict access to one person using at a time, giving priority to users with mobility needs. * Limited the amount of shared resources that are taken home * Limited the exchange of take home resources between children, young people and staff * Can you prevent the sharing of stationary and other equipment where possible, if not materials and surfaces should be cleaned and disinfected more frequently * Practical activities – can equipment be cleaned thoroughly and the classroom or other learning environment is occupied by the same children or young people in one day, or properly cleaned between cohorts Note PHE have confirmed that supervised tooth brushing programmes may be re-established within settings using the dry brushing method For information on the cleaning and storage of toothbrushes and storage systems, see the [guidance for supervised tooth brushing programmes in early years and school settings](https://www.gov.uk/government/publications/covid-19-supervised-toothbrushing-programmes/covid-19-guidance-for-supervised-toothbrushing-programmes-in-early-years-and-school-settings) * Risk assessment in place for those children who may not be able to understand the need for social distancing and may also seek close interaction with their peers or adults to provide reassurance at a period of disruption to their routines. This should include limiting the number of children in each group and reducing this to provide more space in each classroom or learning area.   Water fountains are not to be used for public health reasons. Pupil should bring their own water bottles to school.  **Contractors and visitors, do you have this in place;**   * + Prior to a visit make visitors are aware of:-     - the [system of controls](https://www.gov.uk/government/publications/coronavirus-covid-19-early-years-and-childcare-closures/coronavirus-covid-19-early-years-and-childcare-closures#system-of-controls-protective-measures)     - how this impacts them and their responsibilities during their visit     - how to minimise contact from staff, other visitors, and children other than those in their care   + guidance detailing minimising contact and hygiene in place and explained to them on or before arrival with signage, visual aids and before arrival for example by phone, website or by email   + Limiting the number of visitors at any one time   + Limiting visitor times to a specific time window and restricting access to required visitors only   + Conduct visits out of hours   + Reviewed entry and exit routes to minimise contact with other people   + Determining if schedules for essential services and contractor visits can be revised to reduce interaction and overlap between people for example, carrying out services at night.   + Revising visitor arrangements to ensure social distancing and hygiene e.g. cleaning pens, screens when signing in if they are being shared   + Considered instances where other suppliers and contractors may be in the setting, for example cleaners and site maintenance and how physical distancing and hygiene measures will be put in place and communicated.   + A record should be kept of all visitors which follows the [guidance on maintaining records of staff, customers and visitors to support NHS Test and Trace](https://www.gov.uk/guidance/maintaining-records-of-staff-customers-and-visitors-to-support-nhs-test-and-trace).   + Sessions in settings that use external providers, which are not directly required for children’s health and wellbeing, should be suspended   Considered a monitoring system and contingency plan to minimise the impact of shortages of supplies and workforce.  Recommendation from East Berkshire Public Health September 2021;-  **Social Distancing**   1. A **“Safety Culture.”** Placing the entire organisation on heightened alert for transgressions and rule breaking is a powerful way of using peer support to limit the spread of infection and protecting staff and teachers too. 2. **Being outdoors.** Continue to use outdoor spaces whenever weather permits. 3. **Ventilation & CO2 monitoring.** Opening windows and doors for ten minutes, perhaps between classes, or during break will help disperse suspended particles. The internal temperature will drop, and this may mean encouraging the wearing of scarves, coats, gloves etc. In crowded, poorly ventilated areas, monitors can provide valuable proxy information about the level of ventilation. Good ventilation is anything below 800 ppm, at which point extra measures may need to be taken. When levels exceed 1500ppm, then ventilation needs to be improved immediately (or children removed). More information can be found here:-    1. The HSE has produced guidance on [Identifying poorly ventilated areas](https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation/identifying-poorly-ventilated-areas.htm)    2. [Carbon dioxide monitors from](https://www.gov.uk/government/news/all-schools-to-receive-carbon-dioxide-monitors) the Government.    3. [Information on CO2 levels in classrooms](https://www.airgradient.com/resources/we-measured-the-co2-level-in-a-classrooms-this-is-what-we-found-out/" \l ":~:text=1%20When%20the%20school%20opens%20at%208%20am%2C,levels%20drop%20below%201000ppm%20as%20students%20go%20home) 4. **Masks.** When indoors, children should be encouraged to wear masks, where possible and practical. Cloth masks need to be cleaned every day – and disposable masks need replacing at least once a day, but ideally twice. Three-layered masks have been shown to be the most effective. Nasal bridges should be shaped to fit the face more closely; this is an important step in ensuring full protection. 5. **Hand washing.** Washing with either with 70% alcohol or with soap and water, if carried out frequently – say beginning of each class- can provide an important barrier to the spread of respiratory viruses 6. **Physical Distancing.** The 1.5m – 2m distancing rule has proved powerful in creating barriers to virus spread. This is difficult to maintain, but is more important indoors in poorly ventilated areas, than outside or in large well-ventilated halls. 7. **Cleaning.** In terms of providing additional protection, simple routine twice a day cleaning of surfaces should be sufficient in normal circumstances.   **Vulnerable People**  Children may have additional health needs e.g. asthma or eczema and schools will already have note of who these are. However, children may have siblings, parents or grandparents with chronic conditions, and having a note of these may assist in risk management if there is an outbreak. This can be most easily obtained directly from parents  **Self-Testing**  The emphasis on self-testing in the DfE guidance means that there is no central collection of data on how many positives there are. It is therefore increasingly important that public health are informed of sporadic cases |  |
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| **Protection and control of infections** | |
| **Measures to take**   * Staff and children who are unwell and have coronavirus symptoms, or who have someone in their household, does not attend your setting * Make sure everyone is washing their hands with soap and water for at least 20 seconds across the school day [Coronavirus covid 19 information for the public](https://www.gov.uk/guidance/coronavirus-covid-19-%20information-for-the-public), particularly;   + After coming into school   + Before and after handling or eating food   + After sneezing or coughing   + After going to the toilet   + Before and after staff hand out food packages, if that’s how you’re organising free school meals   + East Berkshire Public Health team recommends washing hands at the beginning of each class. (Sept 21) * Alcohol hand rub or sanitiser available if a sink is not nearby * Pupils and staff use tissues to catch sneezes and coughs and binning them afterwards, or using their elbow if they don’t have a tissue available and hands washed after binning tissue * Encouraged not to touch their mouth, eyes and nose * Help is available for children and young people who have trouble cleaning their hands independently * Have you considered the use of paper towels rather than using hand dryers? This is a recommendation. * Encourage young children to learn and practise these habits through games, songs and repetition * Bins for tissues are emptied throughout the day * Ability to prop doors open, where safe to do so (bearing in mind fire safety and safeguarding) to limit use of door handles and aid ventilation * When possible, open windows to increase air flow and ventilation * Please note that the NHS Covid-19 app is not recommended for under 16’s refer to the [guidance on the use of the app in schools and further education colleges](https://www.gov.uk/government/publications/use-of-the-nhs-covid-19-app-in-schools-and-further-education-colleges/use-of-the-nhs-covid-19-app-in-schools-and-further-education-colleges) * Education settings are not expected to create NHS QR code posters for the provision of childcare, education or training in their settings as part of their normal day to day operations. However, schools need to assess any requirements if childcare is provided in a community centre, hosting an event with external guests, or premises are let out in the evening. For more guidance see the [Use of the NHS COVID-19 app in education and childcare settings](https://www.gov.uk/government/publications/use-of-the-nhs-covid-19-app-in-schools-and-further-education-colleges?utm_source=a78cd9d2-11e0-4e84-805f-79f010d3adde&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate) * Create a contingency plan in the event that online teaching or COVID restrictions are required. A good plan should cover:   + roles and responsibilities   + when and how to seek public health advice   + details on the types of control measures you might be asked to put in place (described in measures that settings should plan for and your sector’s guidance)   For each control measure you should include:   * + actions you would take to put it in place quickly.   + how you would ensure every child, pupil or student receives the quantity and quality of education and support to which they are normally entitled.   + how you would communicate changes to children, pupils, students, parents, carers and staff. * More information can be found in the [Contingency Framework guidance](https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings?utm_medium=email&utm_campaign=govuk-notifications&utm_source=f75efe81-efb1-40ab-bae6-f57a074b6f05&utm_content=immediately) and the Annex – Guidance for education & childcare settings on managing COVID-19 cases from autumn term 2021within this link. |  |
| **Personal Protective Equipment** | |
| **Measures to take**  From 17 May 2021, face coverings will no longer be recommended for pupils and students in classrooms or communal areas in all schools. Face coverings will also no longer be recommended for staff in classrooms.  In all settings we continue to recommend that face coverings should be worn by staff and visitors in situations outside of classrooms where social distancing is not possible (for example, when moving around in corridors and communal areas).  From 19th July 2021  Face coverings are no longer advised for children, parents, staff and visitors either in classrooms or in communal areas.  The Government has removed the requirement to wear face coverings in law but expects and recommends that they are worn in enclosed and crowded spaces where you may come into contact with people you do not normally meet. This includes public transport and dedicated transport to school or college.  If you have an outbreak in your setting a director of public health might advise you that face coverings should temporarily be worn in communal areas or classrooms (by children, staff and visitors, unless exempt). You should make sure your outbreak management plans cover this possibility.  Transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. There is currently very limited evidence regarding the effectiveness or safety of transparent face coverings, but they may be effective in reducing the spread of coronavirus (COVID-19).  Face visors or shields can be worn by those exempt from wearing a face covering but they are not an equivalent alternative in terms of source control of virus transmission. They may protect the wearer against droplet spread in specific circumstances but are unlikely to be effective in preventing the escape of smaller respiratory particles when used without an additional face covering.  There are exemptions to face coverings which apply to education and childcare and you should be sensitive to those needs. Examples include:-   * people who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment or disability * where putting on, wearing or removing a face covering will cause severe distress * if speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expression to communicate * to avoid harm or injury, or the risk of harm or injury, to yourself or others - including if it would negatively impact on your ability to exercise or participate in a strenuous activity   You should have a process for when face coverings are worn within your setting and how they should be removed. You should communicate this process clearly to staff and visitors and allow for adjustments to be made for those with special educational needs and disabilities (SEND) who may be distressed if required to remove a face covering against their wishes.   * + Safe wearing of face coverings includes: cleaning hands before and after touching face coverings – including to remove or put them on   + Safely store face coverings in individual, sealable plastic bags between use   + Not touching the front of face coverings during use or when removing them   Where a face covering becomes damp, it should not be worn, and the face covering should be replaced carefully. Staff may consider bringing a spare face covering to wear if their face covering becomes damp during the day.  The majority of staff in out of school settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases including:   * Children, young people and students whose care routinely already involves the use of PPE due to their intimate care, changing nappies and caring for babies should continue to receive their care in the same way, provided the child is not showing symptoms of coronavirus. This includes continuing to use the PPE you would normally wear in these situations, for example aprons and gloves. * If a child is shows symptoms, they should not attend a childcare setting and should be at home.   Recommendation from East Berkshire Public Health from September 2021:  **Masks.** When indoors, children should be encouraged to wear masks, where possible and practical. Cloth masks need to be cleaned every day – and disposable masks need replacing at least once a day, but ideally twice. Three-layered masks have been shown to be the most effective. Nasal bridges should be shaped to fit the face more closely; this is an important step in ensuring full protection.  Please see the flowcharts at end of document to determine the PPE you will require;   * Can use your local supply chain to obtain PPE or; * Source PPE and cleaning products through [The Crown Commercial Service (CCS) ‘Safer Working Supplies’ Portal](https://www.crowncommercial.gov.uk/covid-19/covid-19-buyer-information/safer-working-supplies/) * Where this is not possible, and there is an urgent need for PPE in order to operate safely, you may approach the [ppe@slough.gov.uk](mailto:%20ppe@slough.gov.uk%20) (refer to flowchart) * When wearing PPE, ensure staff adhere to correct procedures on putting on and taking off PPE. Photo instructions found here: [PPE use for non aerosol generating procedures](https://www.gov.uk/government/publications/covid-19-personal-%20protective-equipment-use-for-non-aerosol-generating-procedures)   Used PPE and any other waste generated from the care of a possible or confirmed COVID-19 case should be disposed of in double sealed plastic waste bags, stored in a secure place for 72 hours, then put into normal waste collection service. PPE used when in contact with non-symptomatic pupils should be disposed of immediately in your clinical waste provisions. |  |
| **General Safety** | |
| **Measures to take**   * Appropriate staff child ratios for your setting * Do you have at least one person with up to date Designated Safeguarding lead (DSL) training available to work * A deputy DSL to cover in the event of the DSL being unwell or unavailable * Caretaker/cleaning staff available to work * Volunteers supervised and under no circumstances left unsupervised if checks have not been carried out * Do you have enough trained first aiders * Review The Health and Safety Executive published guidance on [first aid during coronavirus (COVID-19)](https://www.hse.gov.uk/coronavirus/first-aid-and-medicals/first-aid-certificate-coronavirus.htm) * Will you have enough fire wardens * Fire drills to be conducted to ensure social distancing at assembly point * Updated all risk assessments and procedures to reflect the new measures and communicated these to staff * Identified medication requirements for pupils, checked medication is in date and ensured if it is available * Work on school being conducted and managed. Can it be delayed or carried out, out of hours? |  |

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| **Member of staff or child becomes unwell** | |
| **Measures to take**  If anyone becomes unwell with a new, continuous cough or a high temperature they must be sent home and organise a test. Self-isolation;  Individuals are not required to self-isolate if they live in the same household as someone with COVID-19, or are a close contact of someone with COVID-19, and any of the following apply:   * they are fully vaccinated * they are below the age of 18 years and 6 months * they have taken part in or are currently part of an approved COVID-19 vaccine trial * they are not able to get vaccinated for medical reasons   Instead, they will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a PCR test.  We would encourage all individuals to take a PCR test if advised to do so.  Staff who do not need to self-isolate, and children and young people aged under 18 years and 6 months, who usually attend an out-of-school setting, and have been identified as a close contact, can continue to attend the setting as normal. They do not need to wear a face covering within the setting, but it is expected and recommended that they wear one when travelling on public or dedicated transport.  Further information is available in [NHS Test and Trace: what to do if you are contacted](https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works) and in the [stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection).  Eighteen years olds will be treated in the same way as children until 6 months after their 18th birthday. This will allow them the opportunity to get fully vaccinated, at which point they will be subject to the same rules as adults. If they choose not to get vaccinated, they will need to self-isolate if identified as a close contact.  Settings will continue to have a role in working with health protection teams in the case of a local outbreak. If there is a substantial increase in the number of positive cases in a setting (for more information, see [Stepping measures up and down](https://www.gov.uk/government/publications/protective-measures-for-holiday-or-after-school-clubs-and-other-out-of-school-settings-for-children-during-the-coronavirus-covid-19-outbreak/covid-19-actions-for-out-of-school-settings#stepping)) or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures.   * Settings do not need to take children’s temperatures every morning or throughout the day. Public Health England’s guidance is that routine testing of an individual’s temperature is not a reliable method of identifying coronavirus. * Identified a room for a sick child until parents come to collect them, ideally with: * A door you can close * A window you can open for ventilation * A separate bathroom that can use (either attached to the room or nearby) * The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else. * PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs) Refer to PPE Flowchart 038A. * Call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital   Make sure staff in school know that they should:   * Move pupils to this room if they are sick * Wash their hands for 20 seconds after making contact with the ill pupil |  |

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| Make sure you know:   * How to get in touch with the parents of children at school if they need to pick their child up * What to do in **exceptional** circumstances when a parent is unable to pick up their child. Any transport arranged should have one of the following:   + a vehicle with a bulkhead or partition that separates the driver and passenger   + the driver and passenger should maintain a distance of 2 metres from each other   + the driver should use PPE, and the passenger should wear a face covering if they are old enough and able to do so * If you need to contact social workers if the pupil is a vulnerable child |  |
| **What happens if there is a confirmed case of coronavirus** | |
| **Measures to take**  When a child, young person or staff member develops symptoms compatible with coronavirus, they should be sent home and advised to take a PCR test  Close contacts in schools are now identified by NHS Test and Trace and education settings are no longer expected to undertake contact tracing.  As with positive cases in any other setting, NHS Test and Trace will work with the positive case or their parent to identify close contacts. Contacts from a school setting will only be traced by NHS Test and Trace where the positive case or their parent specifically identifies the individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact. You may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.  Individuals are not required to self-isolate if they live in the same household as someone with COVID-19, or are a close contact of someone with COVID-19, and any of the following apply:   * they are fully vaccinated * they are below the age of 18 years and 6 months * they have taken part in or are currently part of an approved COVID-19 vaccine trial * they are not able to get vaccinated for medical reasons   Instead, they will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a [PCR test](https://www.gov.uk/get-coronavirus-test). We would encourage all individuals to take a PCR test if advised to do so.  Staff who do not need to isolate, and children and young people aged under 18 years 6 months who usually attend school, and have been identified as a close contact, should continue to attend school as normal. They do not need to wear a face covering within the school, but it is expected and recommended that these are worn when travelling on public or dedicated transport.  18-year-olds will be treated in the same way as children until 6 months after their 18th birthday, to allow them the opportunity to get fully vaccinated. At which point, they will be subject to the same rules as adults and so if they choose not to get vaccinated, they will need to self-isolate if identified as a close contact.  Settings will continue to have a role in working with health protection teams in the case of a local outbreak. If there is a substantial increase in the number of positive cases in a setting (see the [stepping measures up and down](https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-covid-19-operational-guidance#stepping-measures-up-and-down) section for more information) or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures. From 31st March 2021 Confirmatory PCR tests Staff or pupils with a positive LFD test result must self-isolate in line with the stay-at-home guidance. They will also need to arrange a lab-based polymerase chain reaction (PCR) test to confirm the result.  Those with a negative LFD test result can continue to attend the setting and use protective measures.  **Please ensure you follow the procedures on the FLOW CHART 038C** and the government guidance section [Actions for schools during the coronavirus outbreak](https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak?utm_source=a7c948a4-4022-4554-9e7a-d1f44a7fed4c&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate) and document What to do if a pupil is displaying symptoms of coronavirus (COVID-19)  **If any of your workers test positive**  Where a staff member has tested positive for COVID-19, education and childcare settings do not need to routinely contact the NHS Self Isolation Service Hub to provide details of close contacts. However, to ensure eligible individuals identified as a close contact can access [Test and Trace Support Payments](https://www.gov.uk/test-and-trace-support-payment) you may consider providing staff details to the NHS Self Isolation Hub when:   * a staff member who was in close contact with the person testing positive has indicated they are not exempt from self-isolation, but the person testing positive was unable to provide that person’s details to NHS Test and Trace * it is particularly difficult for the person testing positive to identify or provide details of some members of staff they were in contact with, for example, temporary workers such as supply staff, peripatetic teachers, contractors or ancillary staff   Call the Self-Isolation Service Hub on 020 3743 6715 Employers will need to provide the 8-digit NHS Test and Trace Account ID (sometimes referred to as a CTAS number) of the person who tested positive, alongside the names of co-workers identified as close contacts. This will ensure that all workplace contacts are registered with NHS Test and Trace and can receive the necessary public health advice, including the support available to help people to self-isolate where required. local health protection team as appropriate. |  |
| **Child, young person or staff member tests negative** | |
| **Measures to take**   * Child, young person or staff member can return to school and their fellow household members can end their self isolation. |  |
| **Child, young person or staff member tests positive** | |
| **Measures to take**  Close contacts will be identified via NHS Test and Trace and out-of-school settings will not be expected to undertake contact tracing.   * From 16 August 2021, children under the age of 18 years old will no longer be required to self-isolate if they are contacted by NHS Test and Trace as a close contact of a positive COVID-19 case. * **Refer to Cleaning if there’s been a suspected case in school**   **(below)** |  |
| **Manage confirmed cases of coronavirus (COVID-19)** | |
| Close contacts will be identified via NHS Test and Trace and out-of-school settings will not be expected to undertake contact tracing.  Contacts from an out-of-school setting will only be traced by NHS Test and Trace where the positive case specifically identifies the individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact. You may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.  From 16 August 2021, children under the age of 18 years old will no longer be required to self-isolate if they are contacted by NHS Test and Trace as a close contact of a positive COVID-19 case.  Children and young people aged under 18 years 6 months who usually attend an education or childcare setting and who have been identified as a close contact should continue to attend the setting as normal. They do not need to wear a face covering within the setting, but it is expected and recommended that these are worn when travelling on public or dedicated transport  Settings will continue to have a role in working with health protection teams in the case of a local outbreak. If there is an outbreak in a setting or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures. |  |
| **Contain any outbreak by following local health protection team advice** | |
| Please note this section only applies after the initial two tests are complete upon return to school in the Autumn 2021. Cases identified in the test-on-return period should not trigger extra measures or escalation to the DfE helpline.  You should have outbreak management plans outlining how you would operate if there were an outbreak in your setting or local area.  The thresholds, detailed below, can be used by settings as an indication for when to seek public health advice if they are concerned.  For most education and childcare settings, whichever of these thresholds is reached first:  • 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period; or  • 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period  For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time:  • 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period  When the above thresholds are reached, education and childcare settings should review and reinforce the testing, hygiene and ventilation measures they already have in place. More information can be found in the [Contingency Framework guidance](https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings?utm_medium=email&utm_campaign=govuk-notifications&utm_source=f75efe81-efb1-40ab-bae6-f57a074b6f05&utm_content=immediately) and the Annex – Guidance for education & childcare settings on managing COVID-19 cases from autumn term 2021within this link.  You should call the dedicated advice service who will escalate the issue to your local health protection team where necessary and advise if any additional action is required such as implementing elements of your outbreak management plan. You can reach them by calling the DfE helpline on 0800 046 8687 and selecting option 1 for advice on the action to take in response to a positive case.  The Contingency Framework describes the principles of managing local outbreaks of COVID-19 in education and childcare settings. Local authorities, directors of public health (DsPH) and PHE health protection teams (HPTs) can recommend measures described in the contingency framework in individual education and childcare  Please refer to the [PHE flowchart](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases) and SBC FLOWCHART 038C PHE Suspected and Confirmed COVID Cases  All cases should be notified to [CV19notifications@slough.gov.uk](file:///C:\Users\VSwift\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\SA8O8FJJ\CV19notifications@slough.gov.uk) |  |

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| **Daily Cleaning** | |
| **Measures to take**  Have you got standard cleaning products such as detergents and bleach to disinfect touched objects and surfaces including;   * Classroom desks and tables * Bathroom facilities (including taps and flush buttons) * Food preparation areas * Dining areas * Table coverings * Door and window handles * Furniture * Light switches * Reception desks * Teaching and learning aids * Computer equipment (including keyboards and mouse) * Sports equipment * Toys * Books * Telephones * Fingerprint scanners * Can you remove rubbish daily and dispose of it safely   Laundered items e.g. towels, flannels and bedding is washed in line with guidance on [cleaning in non-healthcare settings](https://www.gov.uk/government/publications/covid-19-%20decontamination-in-non-healthcare-settings)  **Recommendation from East Berkshire Public Health September 2021:**  **Cleaning.** In terms of providing additional protection, simple routine twice a day cleaning of surfaces should be sufficient in normal circumstances. |  |

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| **Cleaning if there’s been a suspected case in out-of-school setting** | |
| **Measures to take**  Clean and disinfect surfaces the person has come into contact with, including;   * Objects which are visibly contaminated with body fluids * All potentially contaminated high-contact areas (e.g. bathrooms, door handles, telephones, grab-rails in corridors and stairwells)   When cleaning hard surfaces and sanitary fittings, use either:   * Disposable cloths, or * Paper rolls and disposable mop heads When cleaning and disinfecting, use either: * A combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine * A household detergent, followed by a disinfectant with the same solution as above * An alternative disinfectant used in school, check and ensure it is effective against enveloped viruses * Avoid creating splashes and spray when cleaning Can make sure all cleaning staff: * Wear disposable gloves and apron * Wash their hands with soap and water once they remove their gloves and apron   If there’s a higher level of contamination (e.g. the individual has slept somewhere) or there’s visible contamination with body fluids, you might need to provide cleaning staff with a surgical mask or full face visor.  Contact Corporate Health and Safety for advice.   * Wash any possibly contaminated fabric items, like curtains and beddings, in a washing machine. * Clean and disinfect anything used for transporting these items with standard cleaning products. * Launder any possibly contaminated items on the hottest temperature the fabric will tolerate. * If items can’t be cleaned using detergents or laundering (e.g.   upholstered furniture), use steam cleaning.   * Dispose of any items that are heavily soiled or contaminated with bodily fluids. * Keep any waste from possible cases and cleaning of those areas (e.g. tissues, disposable cloths and mop heads) in a plastic rubbish bag and tie when full. * Place these bags in a suitable and secure place away from children and mark from storage.   Wait until you know the test results to take the waste out of storage.   * If the individual tests negative, put the bags in with the normal waste. * If the individual tests positive, then you’ll need a safe and secure place (away from children) where you can store waste for 72 hours.   If you don’t have a secure place, you’ll need to arrange a collection for ‘category B’ infectious waste from either your:   * Local waste collection authority (if they currently collect your waste) * Or, by specialist clinical waste contractor |  |
| **Local restrictions in educational settings** | |
| If there is extremely high prevalence of COVID-19 and existing measures have failed to reduce community transmission, measures affecting education and childcare may be necessary to reduce the overall number of social contacts in our communities and help protect the NHS.  Schools should not take any restrictive measures unless advised to do so by The Department for Education (DfE) or the Public Health Team. The additional measures they may advise include introducing further testing and re-introducing face coverings in education settings.  Further information can be found in the guidance [Coronavirus (COVID-19) local restrictions in education and childcare settings](https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings?utm_medium=email&utm_campaign=govuk-notifications&utm_source=1e819c66-da3f-470d-9afb-9a2fd52b0600&utm_content=immediately) | |
| **Playgrounds** | |
| **Measures to take**  Can social distancing be maintained by   * Limiting the numbers * Providing timeslots for use * Limit seats or number of swings to maintain social distancing * Setting time limits * Setting an area to queue * For outdoor gyms introduce a one way system * Ensure outdoor gym equipment are 2m apart or 1m with mitigation   Ensure regular cleaning of high touch point areas;-   * playground equipment for children, usually up to age 14, such as slides monkey bars and climbing frames * semi enclosed playhouses or huts for small children * enclosed crawl through ‘tunnels’ or tube slides * exercise bars and machine handles on outdoor gym equipment * entry and exit points such as gates * seating areas such as benches and picnic tables * refuse areas/bins * use signs and posters * provide hand sanitiser gel * Advise children not to touch their faces, and to cough or sneeze into a tissue or arm when a tissue is not available * remind children not to put their mouths on equipment or their hands in their mouths * promote and remind users and staff of the need for social distancing * when communicating safety messages you should ensure you are able to reach those with hearing or vision impairments. Consideration should also be given on how to assist those with disabilities with complying with the changes * where practicable, providing hand sanitiser (automated where possible) or hand washing facilities at the entry and exit points   Consider children with additional needs. Issues likely to be specific to this group include:   * an understanding that many need frequent reminders about rules of behaviour in playground settings * changes to familiar environments are likely to require longer periods of adjustment * children with physical and sensory disabilities may need assistance with moving from one place to the next * some children with additional needs such as autism find it difficult to adjust to particular clothing requirements, and therefore may be less willing to use face coverings or similar if requested * some additional needs are not evident, such as hearing loss, and may therefore account for non-responsiveness to verbal instruction * queuing for apparatus or toilets can be a source of frustration, and the cause of agitation * at higher risk of being involved in bullying incidents   Keep staff safe. Staff roles may include:   * cleaning playground equipment/surrounding areas * managing queues of those waiting to use equipment * stewarding equipment to ensure users comply with rules made by the owner/operator * Face coverings should only be considered based upon the risk assessment conducted Note; The government is not recommending universal use of face coverings in early years education and care settings because the [system of controls](https://www.gov.uk/government/publications/coronavirus-covid-19-early-years-and-childcare-closures/coronavirus-covid-19-early-years-and-childcare-closures#system-of-controls-protective-measures), applicable to all education and childcare environments, provides additional mitigating measures. |  |
| **Vaccination Policy** | |
| All children aged 12 and over are now eligible for COVID-19 vaccination. Those aged 12 to 17 are eligible for a first dose of the Pfizer/BioNTech COVID-19 vaccine, although 12 to 17 year olds with certain medical conditions that make them more at risk of serious illness, or who are living with someone who is immunosuppressed, are eligible for 2 doses. These children will be contacted by a local NHS service such as their GP surgery to arrange their appointments. All other 12 to 15 year olds will be offered the vaccine via the school-based programme. Young people aged 16 to 17 will be invited to a local NHS service such as a GP surgery or can [access the vaccine via some walk-in COVID-19 vaccination sites](https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/find-a-walk-in-coronavirus-covid-19-vaccination-site/).  You can find out more about the in-school vaccination programme in [COVID-19 vaccination programme for children and young people guidance for schools](https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-schools/covid-19-vaccination-programme-for-children-and-young-people-guidance-for-schools).  You should ensure that key contractors are aware of the school’s control measures and ways of working. |  |

| **Version** | **Date Change** | **Changed by** | **Items** |
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| 9 | 14.1.21 | G.Watson – H&S Adviser | Updated with National Lockdown information |
| 10 | 2.02.2021 | G.Watson – H&S Adviser | Added details on Vulnerable children to include those who may have difficulty engaging with remote education at home (for example due to a lack of devices or quiet space to study)  Added information on mechanical ventilation |
| 11 | 3.03.21 | G.Watson – H&S Adviser | Added details on the return to schools from 8th March – including sports, CEV, group sizes face coverings and shielding  Added information on asymptomatic testing.  Added further transport information if parents are unable to pick up a child showing signs of COVID |
| 12 | 24.03.21 | G.Watson – H&S Adviser | Updated information to reflect shielding advice ending on 1st April 2021  PCR tests required following a positive LFT. |
| 13 | 20.04.21 | G.Watson – H&S Adviser | Added information on singing activities. Added information on visors and transparent face coverings  Exemptions to face coverings |
| 14 | 20.05.21 | G.Watson – H&S Adviser | Added information on educational visits and there no longer being a requirement to wear face coverings. Information on Education Hub and specialist staff. Performances. Visits to special schools. Local restrictions in educational settings |
| 15 | 15.06.21 | G.Watson – H&S Adviser | Added new guidance on close contacts now being able to receive a PCR test  Added details from East Berks Health Protection Board advice 15.06.21  Added guidance on domestic residential visits  Added DfE guidance dated 15.06.21  Removal of Pregnant women as CEV. |
| 16 | 20.07.21 | G.Watson – H&S Adviser | Added PHE Covid cases resource link  Added information on not re-testing for 90 days after COVID  Added information on close contact on transport  Updated with step 4 guidance |
| 17 | 18.08.21 | G.Watson – H&S Adviser | Added close contact advice.  Information added on testing from Autumn term  Added close contact advice.  Information added on outbreak thresholds and contingency planning |
| 18 | 9.09.21 | G.Watson – H&S Adviser | Added additional recommendations from East Berkshire Public Health  Added CIBSE link  Added CO3 monitors to be provided by the government  Added Children and young people no longer considered clinically extremely vulnerable. |
| 19 | 20.09.21 | G.Watson – H&S Adviser | Updated East Berkshire information as recommended actions  Added requirement to contact Test and Trace if any workers test positive  Page 7 updated testing advice  Page 23 self isolation guidance  Page 36 Vaccination Policy |
| 20 | 14.10.21 | G.Watson – H&S Adviser | Changes made in relation to the self isolation hub Section - What happens if there is a confirmed case of coronavirus page 20 |