

Operational Management for Academies

From 12th January 2022

This guidance document has been updated to reflect the current operational requirements for schools in relation to Coronavirus (COVID-19) and the current national restrictions. This guidance must be read in conjunction with the Risk Assessment Pack issued to each school. Headteachers must ensure that all members of staff have access to, and read, this guidance.

The safety of our pupils, staff and other building occupants is of paramount importance within the strategies of this guidance document. Our approach will be in accordance with Government, United Kingdom Health Security Agency (UKHSA), and associated local guidelines, supported by our risk assessments. Stakeholders, including staff and unions, are being consulted to assist with the production of this document.

The latest guidance provided by the Government can be found [here](#).

Policy

Our policy is to follow the Government's published guidance, produce risk assessments based on the requirements of the guidance.

1. Mixing and bubbles

We no longer require children to be kept in consistent groups ('bubbles'). This means that 'bubbles' will not need to be used in schools. As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and you no longer need to make alternative arrangements to avoid mixing at lunch.

Under exceptional circumstances it may become necessary to reintroduce bubbles for a temporary period. School or college will be advised via updated risk assessment in the unlikely event that this should become necessary.

2. Tracing close contacts and isolation

Close contacts in schools are now identified by [NHS Test and Trace](#) and education settings are not expected to undertake contact tracing.

As with positive cases in any other setting, NHS Test and Trace will work with the positive case and/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 Coronavirus (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 14 December 2021, adults who are fully vaccinated and all children and young people aged between 5 and 18 years and 6 months identified as a contact of someone with Coronavirus (COVID-19) are strongly advised to take a LFD test every day for 7 days and continue to attend their setting as normal, unless they have a positive test result. Daily testing of close contacts applies to all contacts who are:

- fully vaccinated adults – people who have had 2 doses of an approved vaccine
- all children and young people aged 5 to 18 years and 6 months, regardless of their
- vaccination status
- people who are not able to get vaccinated for medical reasons
- people taking part, or have taken part, in an approved clinical trial for a Coronavirus (COVID-19) vaccine

Children under 5 years are exempt from self-isolation and do not need to take part in daily testing of close contacts.

Pupils with SEND identified as close contacts should be supported by their school and their families to agree the most appropriate route for testing including, where appropriate, additional support to assist swabbing. For further information please see [SEND guidance](#).

Further information is available in [NHS Test and Trace: what to do if you are contacted](#) and in the [stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#).

18-year-olds are 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 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.

Face coverings

Face coverings help protect the wearer and others against the spread of infection because they cover the nose and mouth, which are the main confirmed sources of transmission of Coronavirus (COVID-19).

Where pupils in year 7 (which would be children who were aged 11 on 31 August 2021) and above are educated, we recommend that face coverings should be worn by pupils, staff and adult visitors when moving around the premises, outside of classrooms, such as in corridors and communal areas. This is a temporary measure.

From January 4th, we also recommend that in those schools where pupils in year 7 and above are educated, face coverings should be worn in classrooms. This does not apply in situations where wearing a face covering would impact on the ability to take part in exercise or strenuous activity, for example in PE lessons. This will also be a temporary measure.

Pupils in these schools must also wear a face covering when travelling on public transport and should wear it on dedicated transport to and from school.

We would not ordinarily expect teachers to wear a face covering in the classroom if they are at the front of the class, to support education delivery, although settings should be sensitive to the needs of individual teachers.

In primary schools, we recommend that face coverings should be worn by staff and adults (including visitors) when moving around in corridors and communal areas. Health advice continues to be that children in primary schools should not be asked to wear face coverings.

See [Circumstances where people are not able to wear face coverings](#) for exceptions to this.

Face coverings do not need to be worn when outdoors.

No pupil should be denied education on the grounds that they are not wearing a face covering. No adult should be denied entry to school on the grounds that they are not wearing a face covering.

3.1 Transparent face coverings

Transparent face coverings can be worn to assist communication with someone who relies on:

- lip reading
- clear sound
- facial expression

Transparent face coverings may be effective in reducing the spread of Coronavirus (COVID-19). However, the evidence to support this is currently very limited.

The benefits of transparent face coverings should be considered alongside the comfort and breathability of a face covering that contains plastic, which may mean that the face covering is less breathable than layers of cloth.

Face coverings (whether transparent or cloth) should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles.

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. They should only be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately.

3.2 Circumstances where people are not able to wear face coverings:

There are some circumstances where people may not be able to wear a face covering. Please be mindful and respectful of such circumstances. Some people are less able to wear face coverings, and the reasons for this may not be visible to others.

In relation to education settings, this includes (but is not limited to):

- people who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability
- people for whom putting on, wearing or removing a face covering will cause severe distress
- people speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expressions to communicate
- to avoid the risk of harm or injury to yourself or others
- you are also permitted to remove a face covering in order to take medication

3.3 Access to face coverings

Due to the use of face coverings in wider society, staff and pupils are already likely to have access to face coverings.

You should have a small contingency supply available for people who:

- are struggling to access a face covering
- are unable to use their face covering as it has become damp, soiled or unsafe
- have forgotten their face covering

Staff and pupils may consider bringing a spare face covering to wear if their face covering becomes damp during the day.

3.4 Safe wearing and removal of face coverings

You should communicate the following process clearly to pupils, staff and visitors and allow for adjustments to be made for pupils who may be distressed if required to remove a face covering against their wishes, particularly those with SEND.

When wearing a face covering, staff, visitors and pupils should:

- wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on
- avoid touching the part of the face covering in contact with the mouth and nose, as it could be contaminated with the virus
- change the face covering if it becomes damp or if they've touched the part of the face covering in contact with the mouth and nose
- avoid taking it off and putting it back on a lot in quick succession to minimise potential contamination

When removing a face covering, staff, visitors and pupils should:

- wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before removing
- only handle the straps, ties or clips
- not give it to someone else to use
- if single-use, dispose of it carefully in a household waste bin and do not recycle
- once removed, store reusable face coverings in a plastic bag until there is an opportunity to wash them.
- if reusable, wash it in line with manufacturer's instructions at the highest

temperature appropriate for the fabric

- wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser once removed

4. Personal Protective Equipment (PPE)

Schools and colleges should use PPE for activities as they would have done prior to the onset of the Coronavirus (COVID-19) pandemic.

4.1 What PPE to wear when caring for a symptomatic individual

Depending on how close you need be to an individual with Coronavirus (COVID-19) symptoms you may need the following PPE:

- fluid-resistant surgical face masks (also known as Type IIR)
- disposable gloves
- disposable plastic aprons
- eye protection (for example, a face visor or goggles)

How much PPE you need to wear when caring for someone with symptoms of Coronavirus (COVID-19) depends on how much contact you have.

1. A face mask should be worn if you are in face-to-face contact.
2. If physical contact is necessary, then gloves, an apron and a face mask should be worn.
3. Wear eye protection if a risk assessment determines that there is a risk of fluids entering the eye, for example, from coughing, spitting or vomiting.

If a child tests positive for Coronavirus (COVID-19) and needs to remain in a residential setting, the same type and level of PPE as above should be used.

When PPE is used, it is essential that it is used properly. This includes scrupulous hand hygiene and following guidance on how to put PPE on and take it off safely in order to reduce self-contamination.

Face masks should:

- cover both the nose and mouth
- not be allowed to dangle around the neck
- not be touched once put on, except when carefully removed before disposal
- be changed when they become moist or damaged
- be worn once and then discarded - hands should be cleaned after disposal

4.2 Before putting on PPE

Please follow steps in the order below:

- Perform hand hygiene, make sure you wash your hands for 20 seconds with warm water and soap or use an alcohol gel, before donning PPE.
- Tie hair back if applicable.
- Ensure you are hydrated.
- Remove jewellery, bracelets, watches or stoned rings.
- Check you have the correctly sized PPE.

4.3 Donning or putting on PPE

Please follow steps in the order below (see: Diagram 1)

i. Plastic Apron

The apron provides an additional layer of protection to the front of the body against exposure to body fluids or excrement from the person. Putting on your single use disposable apron (see: Diagram 1):

- Put on your single-use (disposable) plastic apron, making sure it is tied securely at the back.

ii. Mask – Respiratory Protective Equipment (RPE)

The aim of wearing a facemask is to protect your mouth and nose from another person's respiratory secretions. Wearing a facemask also protects persons by minimising the risk of

passing on infection from yourself (via secretions or droplets from your mouth, nose and lungs) to others.

Putting on your single use disposable mask (see: Diagram 2):

- Care must be taken not to touch the inside of the mask
- Make sure the disposable mask is the correct size, new, clean and undamaged before you use it.
- Cup the disposable mask in one hand, with the straps hanging out of the way.
- Hold the disposable mask in place on your face.
- Pull the bottom strap over your head, to the back of your neck.
- Pull the top strap over your head to sit above your ears.
- Check the straps are not twisted. If you need to tighten the straps, pull both ends at the same time, bottom first, then top.
- If there is a nose clip, press this firmly to the shape of your nose.
- Masks must not be touched by hands once mask is in place.
- Masks must be changed if they become moist or damaged.
- Masks must not be removed until task is completed.

iii. Face Shield

A full-face shield over your facemask to provide additional protection to the front and sides of the face, including skin and eyes, face shields provide a useful adjunct to respiratory protection for workers working with persons with respiratory infections. However, they cannot be used as a substitute for respiratory protection when it is needed. Spectacles are not considered an adequate form of protection.

Putting on your re-useable face shield:

- Bending forward, hold on to the face shield with both hands, expand the elastic with your thumbs and place the elastic behind your head, so that the foam rests on your forehead.
- Once the shield is situated, check to make sure it covers the front and sides of the face and no areas are left uncovered.

iv. Gloves

Disposable gloves protect you from picking up the Coronavirus (COVID-19) virus from the environment (such as contaminated surfaces) or directly from people with Coronavirus (COVID-19).

Putting on your single use gloves:

- Care must be taken not to touch the face, mouth or eyes when wearing gloves.
- Take out a glove from its original dispenser, holding only the cuff.
- Hold glove at opening with one hand and slide fingers and thumb of opposite hand into glove.
- Pull towards wrist to fully don glove using only knuckles to avoid fingernail puncture.
- Take second glove out of dispenser with bare hand, holding only the cuff.
- Hold glove at opening and slide fingers and thumb into glove. Pull glove towards wrist using knuckles of gloved hand.

4.4 Removing of or doffing PPE

PPE should be removed in an order that minimises the potential self-contamination, before leaving the room where PPE was required. Remove gloves and apron and dispose of it by double bagging, then store securely for 72 hours, then throw it away in the regular waste receptacle.

Once outside the room, remove disposable facemask and dispose of it by double bagging, then store securely for 72 hours, then throw it away in the regular waste receptacle and clean hands.

Please follow steps in the order below (see: Diagram 3)

i. Gloves (see: Diagram 4)

- Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.
- Slide the fingers of the un-gloved hand under the remaining glove at the wrist.
- Peel the remaining glove off over the first glove and discard.
- Clean hands.

ii. Apron

- Unfasten or break apron ties at the neck and let the apron fold down on itself.
- Break ties at waist and fold apron in on itself – do not touch the outside – this will be contaminated. Discard.

iii. Face shield

- Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and place down.
- Clean hands.

iv. Face mask

- Remove facemask once your work is completed.
- Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard.
- DO NOT reuse once removed.
- Clean hands with soap and water.

v. Cleaning a face shield

- Fresh single use gloves to be worn before cleaning commences.
- The wearer should clean the inside and outside of the mask using a suitable disinfectant cleaning wipe.
- Face shield to be kept in a sterile bag to prevent contamination.
- Clean hands with soap and water.
- Dispose of gloves by double bagging, then store securely for 72 hours, then throw it away in the regular waste receptacle and clean hands.

Diagram 1



Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Remove jewellery
- Tie hair back
- Check PPE in the correct size is available

1 Perform hand hygiene before putting on PPE.



2 Put on apron and tie at waist.



3 Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



4 With both hands, mould the metal strap over the bridge of your nose.



5 Don eye protection if required.



6 Put on gloves.



*For the PPE guide for AGPS please see: www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

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Diagram 2

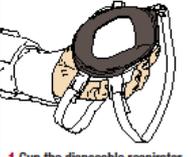
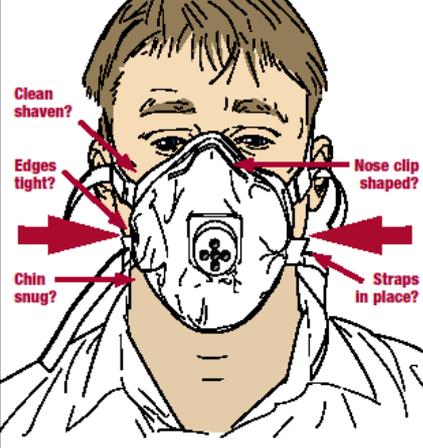


Using disposable respirators

Pre-use checks

- You should be clean-shaven around the face seal to achieve an effective fit when using disposable respirators. Beards and stubble will stop the disposable respirator sealing to your face and protecting you properly
- Make sure it is the right disposable respirator for your work and for you - have you passed a face fit test in this disposable respirator?
- Make sure the disposable respirator is clean and undamaged before you use it
- Follow the manufacturer's instructions for checking the disposable respirator and putting it on
- Check the fit every time you put on the disposable respirator to ensure there are no leaks

Putting the disposable respirator on and checking it fits

 <p>1 Cup the disposable respirator in one hand, with the straps hanging out of the way.</p>	 <p>2 Hold the disposable respirator in place on your face.</p>	 <p>7 Before entering the workplace, a user seal check should be carried out. This is done by placing your hands over the filter material and breathing in. The mask should suck down onto your face when you breathe in sharply. You should hold your breath for ten seconds and the disposable respirator should not loosen. If it does, you should readjust and repeat.</p> <p>Check your disposable respirator before you put it on. Then do a pre-use seal check or fit check - for a proper seal each time: Clean shaven? Edges tight? Chin snug? Nose clip shaped? Straps in place?</p>
 <p>3 Pull the bottom strap over your head, to the back of your neck.</p>	 <p>4 Pull the top strap over your head to sit above your ears.</p>	
 <p>5 Check the straps are not twisted. If you need to tighten the straps, pull both ends at the same time, bottom first, then top.</p>	 <p>6 If there is a nose clip, press this firmly to the shape of your nose.</p>	

This poster illustrates a typical disposable respirator, there are many other types available. Follow the manufacturer's instructions on putting your type of disposable respirator on and checking it fits.

Visit [hse.gov.uk/respiratory-protective-equipment](https://www.hse.gov.uk/respiratory-protective-equipment) for more information

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Diagram 3

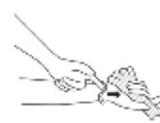


Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

• PPE should be removed in an order that minimises the risk of self-contamination

• Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

<p>1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off.</p> <p>Hold the removed glove in the remaining gloved hand.</p>		<p>Slide the fingers of the un-gloved hand under the remaining glove at the wrist.</p> <p>Peel the remaining glove off over the first glove and discard.</p> 
<p>2 Clean hands.</p> 	<p>3 Apron.</p> <p>Unfasten or break apron ties at the neck and let the apron fold down on itself.</p> 	<p>Break ties at waist and fold apron in on itself – do not touch the outside – this will be contaminated. Discard.</p> 
<p>4 Remove eye protection if worn.</p> <p>Use both hands to handle the straps by pulling away from face and discard.</p> 	<p>5 Clean hands.</p> 	
<p>6 Remove facemask once your clinical work is completed.</p>  <p>Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.</p>	<p>7 Clean hands with soap and water.</p> 	

*For the PPE guide for AGPs please see: www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

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Diagram 4

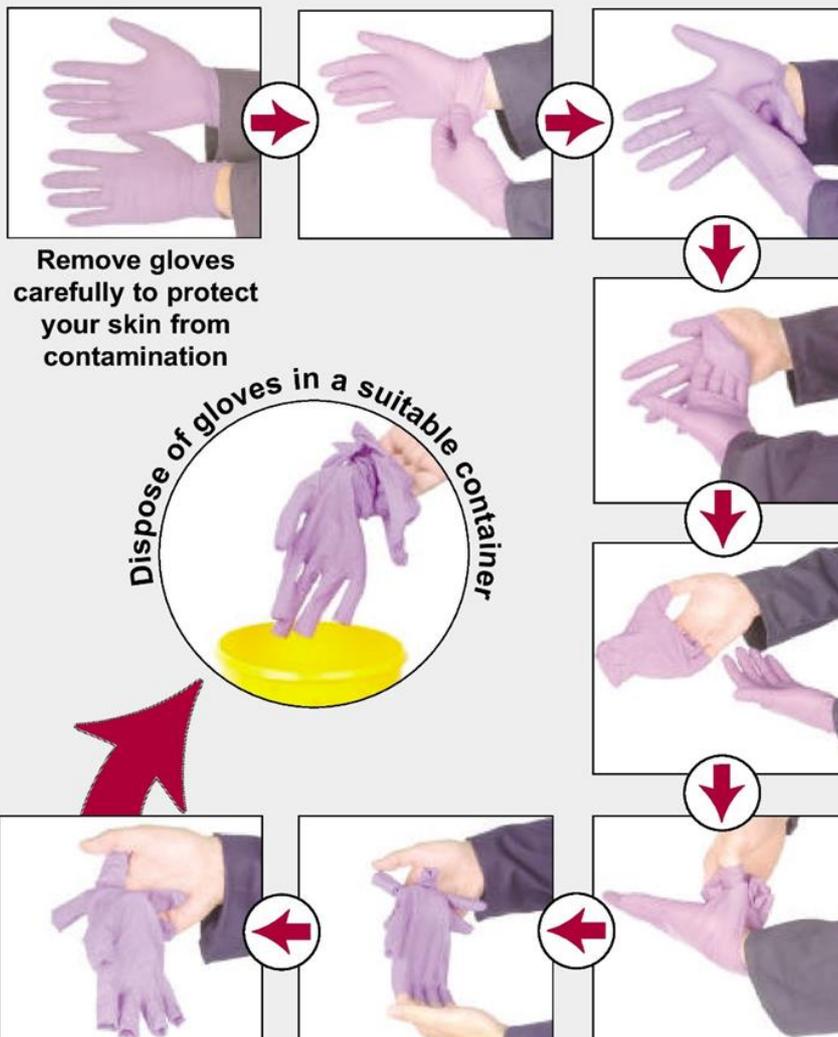


Health and Safety
Executive

Correct removal of gloves

Single use gloves (splash resistant)

Follow the steps shown



www.hse.gov.uk

4.5 Disposal of PPE and face coverings

Used PPE and any disposable face coverings should be placed in a refuse bag and can be disposed of as normal domestic waste. If the wearer has symptoms of Coronavirus (COVID-19), disposal of used PPE and face coverings should be in line with [COVID-19: cleaning of non-healthcare settings outside the home](#).

Used PPE and disposable face coverings should not be put in a recycling bin or dropped as litter. Schools should provide extra waste bins for staff and customers to throw away disposable face coverings and PPE and should ensure that staff and customers do not use a recycling bin.

The safe wearing of face coverings requires cleaning of hands before and after touching – including to remove or put them on – and the safe storage of reusable face coverings in individual, sealable plastic bags between use. Where a face covering becomes damp, it should not be worn and the face covering should be replaced carefully.

To dispose of waste such as disposable cleaning cloths, face coverings, tissues and PPE from people with symptoms of Coronavirus (COVID-19), including people who are self-isolating and members of their household:

- Put it in a plastic rubbish bag and tie it when full
- Place the plastic bag in a second bin bag and tie it
- Put it in a suitable and secure place marked for storage for 72 hours

This waste should be stored safely and securely kept away from children. You should not put your waste in communal waste areas until the waste has been stored for at least 72 hours.

Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives. This waste does not require a dedicated clinical waste collection in the above circumstances.

5. Stepping measures up and down

If there is an increased number of cases in school or college and you are advised by a health practitioner to increase Coronavirus (COVID-19) safety measures in school or college, you should contact colleagues as outlined below, who will support you with the steps required and any adjustments to your risk assessments:

1. Ian Carnwell (Director of Operations): 07783 124950
2. Becky Speirs (EA to Director of Operations): 07783 124960
3. Gary Musson (Health and Safety Advisor): 07590 277060
4. Reach South Emergency number: 01752 987070

6. Control measures

You should:

1. Ensure good hygiene for everyone.
2. Maintain appropriate cleaning regimes.
3. Keep occupied spaces well ventilated.
4. Follow public health advice on testing, self-isolation and managing confirmed cases of Coronavirus (COVID-19).

6.1 Ensure good hygiene for everyone

Hand hygiene

Frequent and thorough hand cleaning should now be regular practice. You should continue to ensure that pupils clean their hands regularly. This can be done with soap and water or hand sanitiser.

Respiratory hygiene

The 'catch it, bin it, kill it' approach continues to be very important.

The [e-Bug COVID-19 website](#) contains free resources for you, including materials to encourage good hand and respiratory hygiene.

6.2 Maintain appropriate cleaning regimes, using standard products such as detergents

You should put in place and maintain an appropriate cleaning schedule. This should include regular cleaning of areas and equipment (for example, twice per day), with a particular focus on frequently touched surfaces.

UKHSA has published guidance on the [cleaning of non-healthcare settings](#).

6.3 Keep occupied spaces well ventilated

When your school or college is in operation, it is important to ensure it is well ventilated and that a comfortable teaching environment is maintained.

You should identify any poorly ventilated spaces as part of your risk assessment and take steps to improve fresh air flow in these areas, giving particular consideration when holding events where visitors such as parents are on site, for example, school plays.

Mechanical ventilation is a system that uses a fan to draw fresh air or extract air from a room. These should be adjusted to increase the ventilation rate wherever possible and checked to confirm that normal operation meets current guidance and that only fresh outside air is circulated.

If possible, systems should be adjusted to full fresh air or, if this is not possible, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply.

Where mechanical ventilation systems exist, you should ensure that they are maintained in accordance with the manufacturers' recommendations.

Opening external windows can improve natural ventilation, and in addition, opening internal doors can also assist with creating a throughput of air. If necessary, external opening doors may also be used (if they are not fire doors and where safe to do so).

You should balance the need for increased ventilation while maintaining a comfortable temperature.

The [Health and Safety Executive guidance on air conditioning and ventilation during the COVID-19 pandemic](#) and [CIBSE COVID-19 advice](#) provides more information.

CO2 monitors are being provided to state-funded education settings, so staff can quickly identify where ventilation needs to be improved.

7. Follow public health advice on testing, self-isolation and managing confirmed cases of Coronavirus (COVID-19)

7.1 When an individual develops Coronavirus COVID-19 symptoms or has a positive test

Pupils, staff and other adults should follow public health advice on [when to self-isolate and what to do](#). They should not come into school if they have symptoms, have had a positive test result or other reasons requiring them to stay at home due to the risk of them passing on COVID-19 (for example, they are required to quarantine).

If anyone in your school develops [Coronavirus \(COVID-19\) symptoms](#), however mild, you should send them home and they should follow public health advice.

If a pupil in a boarding school shows symptoms, they should usually self-isolate in their residential setting so that their usual support can continue, others may then benefit from self-isolating in their family home.

For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household.

If a pupil is awaiting collection, they should be left in a room on their own if possible and safe to do so. A window should be opened for fresh air ventilation if possible. Appropriate PPE should also be used if close contact is necessary. Further information on this can be found in the [use of PPE](#)

[in education, childcare and children's social care settings](#) guidance. Any rooms they use should be cleaned after they have left.

The household (including any siblings) should follow the UKHSA [stay at home guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#).

Pupils and staff should return to school as soon as isolation rules allow.

7.2 Asymptomatic testing

Testing remains important in reducing the risk of transmission of infection within schools.

Staff and secondary school pupils should continue to test twice weekly at home, with lateral flow device (LFD) test kits, 3-4 days apart. Testing remains voluntary but is strongly encouraged.

Secondary schools should also retain a small asymptomatic testing site (ATS) on-site until further notice so they can offer testing to pupils who are unable to test themselves at home.

Schools are strongly encouraged to ask parents and other visitors to take a lateral flow device (LFD) test before entering the school.

Further information on Daily Rapid Testing can be found in the Tracing close contacts and isolation section.

There is no need for primary age pupils (those in year 6 and below) to regularly test, unless they have been identified as a contact for someone who has tested positive for Covid-19 and therefore advised to take lateral flow tests every day for 7 days.

7.3 Confirmatory PCR tests

You should follow the latest government guidance on confirmatory PCR tests in [Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection - GOV.UK \(www.gov.uk\)](#) following a positive LFD test.

7.4 Positive case and outbreak management

In the event of a positive Coronavirus (COVID-19) case in school or college (confirmed by PCR test), please email becky.speirs@reachsouth.org with the relevant details.

8. Those formerly considered to be Clinically Extremely Vulnerable

Following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be particularly vulnerable, clinically extremely vulnerable (CEV), and high or higher-risk are not being advised to shield again. Children and young people who were previously identified as being in one of these groups, are advised to continue to follow the guidance contained in Coronavirus: how to stay safe and help prevent the spread.

Children and young people previously considered CEV should attend school and should follow the same [COVID-19 guidance](#) as the rest of the population. In some circumstances, a child or young person may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice.

9. Vaccination

The Government advises all school staff and eligible pupils take up the offer of a vaccine.

10. Welcoming children back to school

In most cases, parents and carers will agree that a pupil with symptoms should not attend the school, given the potential risk to others.

If a parent or carer insists on a pupil attending your school, you can take the decision to refuse the pupil if, in your reasonable judgement, it is necessary to protect other pupils and staff from possible infection with COVID-19. Your decision would need to be carefully considered in light of all the circumstances and current public health advice.

11. Vulnerable children

Where pupils who are self-isolating are within our definition of vulnerable, it is very important that you put systems in place to keep in contact with them, particularly if they have a social worker. Some children may be vulnerable who are not officially in statutory systems and schools should seek to support any children who they believe may have challenging circumstances at home.

When a vulnerable pupil is asked to self-isolate, you should:

- notify their social worker (if they have one) and, for looked-after children, the local authority virtual school head
- agree with the social worker the best way to maintain contact and offer support

You should have procedures in place to:

- check if a vulnerable pupil is able to access remote education support
- support them to access it (as far as possible)
- regularly check if they are accessing remote education
- keep in contact with them to check their wellbeing and refer onto other services if additional support is needed.

12. Travel and quarantine

All children and staff travelling to England must adhere to government travel advice in travel to England from another country during coronavirus (COVID-19).

Parents travelling abroad should bear in mind the impact on their child's education which may result from any requirement to quarantine or isolate upon return.

Where pupils travel from abroad to attend a boarding school, you will need to explain the rules to pupils and their parents before they travel to the UK.

Additional guidance has been issued on [boarding school students quarantine and testing arrangements](#).

13. Pupil wellbeing and support

Some pupils may be experiencing a variety of emotions in response to the COVID-19 pandemic, such as anxiety, stress or low mood. You can access useful links and sources of support on [promoting and supporting mental health and wellbeing in schools](#).

14. School workforce

The Government has advised, from 13 December 2021, that where possible colleagues who can work from home should do so. Please refer to Reach South Policy: 'Colleagues Attending Schools Where They Do Not Normally Work – January 2022'.

Should a member of staff working in school or the school setting have any concerns, individual risk assessments can be prepared with the support of HR colleagues, and if required by GS Musson Associates.

15. School meals

You should continue to provide free school meal support to any pupils who are eligible for benefits-related free school meals and who are learning at home during term time.

More information on [providing school meals during the COVID-19 pandemic](#) is available.

16. Educational visits

We recommend that you consider whether to go ahead with planned international educational visits at this time, recognising the risk of disruption to education resulting from the need to isolate and test on arrival back into the UK. You should refer to the

[Foreign, Commonwealth and Development Office travel advice](#) and the [guidance on international travel](#) before booking and travelling.

You are advised to ensure that any new bookings have adequate financial protection in place.

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). Any school holding ATOL or ABTA refund credit notes may use these credit notes to rebook educational or international visits.

You should undertake full and thorough risk assessments in relation to all educational visits via GS Musson Associates and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment. [General guidance about educational visits](#) is available and is supported by specialist advice from the [Outdoor Education Advisory Panel \(OEAP\)](#).

17. Wraparound provision and extra-curricular activity

More information on planning extra-curricular provision can be found in the guidance For [providers who run community activities, holiday clubs, after-school clubs, tuition and other out-of-school provision for children](#).

All extra-curricular activities such as performances, parents evenings, open days etc. must be prior risk assessed via GS Musson Associates.

For any queries or clarification, please contact:

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