



HEALTH AND SAFETY COVID-19 ADDENDUM

This policy is applicable to our current schools, Khalsa Secondary Academy (KSA), ATAM and The Khalsa Academy Wolverhampton and for any further schools we open.

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Background

This guidance will assist school staff in addressing coronavirus (COVID-19). This guidance will be updated in line with the changing situation.

1. Context

From the week commencing 2nd September 2020 at the earliest, the DFE have asked all schools to welcome back all students.

The following are key guidance from the DFE sources along with supplementary information that the Trust wishes to provide to its Staff in order to ensure their health during this difficult phase.

Schools must comply with health and safety law, which requires them to assess risks and put in place proportionate control measures. Schools should thoroughly review their health and safety risk assessments and draw up plans for the autumn term that address the risks identified using the system of controls set out below. These are an adapted form of the system of protective measures that will be familiar from the summer term. Essential measures include:

- a requirement that people who are ill stay at home
 - robust hand and respiratory hygiene
 - enhanced cleaning arrangements
 - active engagement with NHS Test and Trace
- formal consideration of how to reduce contacts and maximise distancing between those in school wherever possible and minimise potential for contamination so far as is reasonably practicable

2. Controls

This is the set of actions schools must take. They are grouped into 'prevention' and response to any infection' and are outlined in more detail in the sections below.

2.1 Prevention:

- 1) minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend school
- 2) clean hands thoroughly more often than usual
- 3) ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
- 4) introduce enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach
- 5) minimise contact between individuals and maintain social distancing wherever possible
- 6) where necessary, wear appropriate personal protective equipment (PPE)

Numbers 1 to 4 must be in place in all schools, all the time.

Number 5 must be properly considered and schools must put in place measures that suit their particular circumstances.

Number 6 applies in specific circumstances.

2.2 Response to any infection:

- 7) engage with the NHS Test and Trace process
- 8) manage confirmed cases of coronavirus (COVID-19) amongst the school community
- 9) contain any outbreak by following local health protection team advice

Numbers 7 to 9 must be followed in every case where they are relevant.

3. Prevention

3.1 Minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend school

Ensuring that pupils, Staff and other adults do not come into the school if they have [coronavirus \(COVID-19\) symptoms](#), or have tested positive in at least the last 10 days, and ensuring anyone developing those symptoms during the school day is sent home, are essential actions to reduce the risk in schools and further drive down transmission of coronavirus (COVID-19).

All schools must follow this process and ensure all Staff are aware of it.

If anyone in the school becomes unwell with a new and persistent cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), they must be sent home and advised to follow '[stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)', which sets out that they should self-isolate for at least 10 days and should [arrange to have a test](#) to see if they have coronavirus (COVID-19).

If they have tested positive whilst not experiencing symptoms but develop symptoms during the isolation period, they should restart the 10 day isolation period from the day they develop symptoms.

This only applies to those who begin their isolation on or after 30 July.

Other members of their household (including any siblings) should self-isolate for 14 days from when the symptomatic person first had symptoms.

If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age and needs of the child, with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom must be cleaned and disinfected using standard cleaning products before being used by anyone else.

PPE must 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). More information on PPE use can be found in the [safe working in education, childcare and children's social care settings, including the use of personal protective equipment \(PPE\)](#) guidance.

As is usual practice, in an emergency, call 999 if someone is seriously ill or injured or their life is at risk. Anyone with coronavirus (COVID-19) symptoms should not visit the GP, pharmacy, urgent care centre or a hospital.

Any members of Staff who have helped someone with symptoms and any pupils who have been in close contact with them do not need to go home to self-isolate unless they develop symptoms themselves (in which case, they should arrange a test) or if the symptomatic person subsequently tests positive (see below) or they have been requested to do so by NHS Test and Trace.

Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. The area around the person with symptoms must be cleaned with normal household bleach after they have left to reduce the risk of passing the infection on to other people. See the [COVID-19: cleaning of non-healthcare settings guidance](#).

3.2 Clean hands thoroughly more often than usual

Coronavirus (COVID-19) is an easy virus to kill when it is on skin. This can be done with soap and running water or hand sanitiser. Schools must ensure that pupils clean their hands regularly, including when they arrive at school, when they return from breaks, when they change rooms and before and after eating. Regular and thorough hand cleaning is going to be needed for the foreseeable future. Points to consider and implement:

- whether the school has enough hand washing or hand sanitiser 'stations' available so that all pupils and Staff can clean their hands regularly
- supervision of hand sanitiser use given risks around ingestion. Small children and pupils with complex needs should continue to be helped to clean their hands properly. Skin friendly skin cleaning wipes can be used as an alternative
- building these routines into school culture, supported by behaviour expectations and helping ensure younger children and those with complex needs understand the need to follow them

3.3 Ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach

The 'catch it, bin it, kill it' approach continues to be very important, so schools must ensure that they have enough tissues and bins available in the school to support pupils and Staff to follow this routine. As with hand cleaning, schools must ensure younger children and those with complex needs are helped to get this right, and all pupils understand that this is now part of how school operates. The [e-Bug coronavirus \(COVID-19\) website](#) contains free resources for schools, including materials to encourage good hand and respiratory hygiene.

Some pupils with complex needs will struggle to maintain as good respiratory hygiene as their peers, for example those who spit uncontrollably or use saliva as a sensory stimulant. This should be considered in risk assessments in order to support these pupils and the Staff working with them, and is not a reason to deny these pupils face to face education.

Face coverings are required at all times on public transport (except children under the age of 11), when attending a hospital as a visitor or outpatient, or when in a shop or a supermarket. Face coverings are now also recommended for students over 12 years of age during school time in communal areas.

3.4 Introduce enhanced cleaning, including cleaning frequently touched surfaces often using standard products, such as detergents and bleach

Points to consider and implement:

- putting in place a cleaning schedule that ensures cleaning is generally enhanced and includes:
 - more frequent cleaning of rooms and shared areas that are used by different groups
 - frequently touched surfaces being cleaned more often than normal
- toilets will need to be cleaned regularly and pupils must be encouraged to clean their hands thoroughly after using the toilet - different groups being allocated their own toilet blocks could be considered but is not a requirement if the site does not allow for it
- Public Health England has published revised [guidance for cleaning non-healthcare settings](#) to advise on general cleaning required in addition to the existing advice on cleaning those settings when there is a suspected case.

3.5 Minimise contact between individuals and maintain social distancing wherever possible

Minimising contacts and mixing between people reduces transmission of coronavirus (COVID-19). This is important in all contexts, and schools must consider how to implement this. Schools must do everything possible to minimise contacts and mixing while delivering a broad and balanced curriculum.

The overarching principle to apply is reducing the number of contacts between children and Staff. This can be achieved through keeping groups separate (in 'bubbles') and through maintaining distance between individuals. These are not alternative options and both measures will help, but the balance between them will change depending on:

- children's ability to distance
- the lay out of the school
- the feasibility of keeping distinct groups separate while offering a broad curriculum (especially at secondary)

It is likely that for younger children the emphasis will be on separating groups, and for older children it will be on distancing. For children old enough, they should also be supported to maintain distance and not touch Staff where possible.

4. Reporting of confirmed cases

RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) and COVID-19

What to report

You should only make a report under RIDDOR when one of the following circumstances applies:

- an accident or incident at work has, or could have, led to the release or escape of coronavirus (SARS-CoV-2). This must be reported as a dangerous occurrence
- a person at work (a worker) has been diagnosed as having COVID-19 attributed to an occupational exposure to coronavirus. This must be reported as a case of disease
- a worker dies as a result of occupational exposure to coronavirus. This must be reported as a work-related death due to exposure to a biological agent

The Health and Safety Executive (HSE) have published guidance to employers on the reporting of work related COVID cases see below.

<https://www.hse.gov.uk/coronavirus/riddor/index.htm>

To flowchart attached guides Managers/Headteachers through the reporting process, however if you have any queries please contact the LA health and safety team or the Trust.

5. COVID-19 Testing

The government announced on 23rd April that school staff who are showing symptoms of coronavirus will now be able to access free tests.

Further guidance

The below guidance applies from 26 August 2020.

All schools and FE providers will receive an initial supply of 10 home test kits. Home test kits should only be offered if you believe an individual may be unable to access testing elsewhere.

Please see below links to the full guidance.

<https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works#history>

<https://www.gov.uk/government/publications/coronavirus-covid-19-home-test-kits-for-schools-and-fe-providers/coronavirus-covid-19-home-test-kits-for-schools-and-fe-providers>

<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>

6. Social Distancing

6.1 Minimise contact between individuals and maintain social distancing wherever possible

Minimising contacts and mixing between people reduces transmission of coronavirus (COVID-19). This is important in all contexts, and schools must consider how to

implement this. Schools must do everything possible to minimise contacts and mixing while delivering a broad and balanced curriculum.

The overarching principle to apply is reducing the number of contacts between children and Staff. This can be achieved through keeping groups separate (in 'bubbles') and through maintaining distance between individuals. These are not alternative options and both measures will help, but the balance between them will change depending on:

- children's ability to distance
- the lay out of the school
- the feasibility of keeping distinct groups separate while offering a broad curriculum (especially at secondary)

It is likely that for younger children the emphasis will be on separating groups, and for older children it will be on distancing. For children old enough, they should also be supported to maintain distance and not touch Staff where possible.

Points to consider and implement:

How to group children

Consistent groups reduce the risk of transmission by limiting the number of pupils and Staff in contact with each other to only those within the group. They have been used in schools in the summer term in recognition that children, and especially the youngest children, cannot socially distance from Staff or from each other and this provides an additional protective measure. Maintaining distinct groups or 'bubbles' that do not mix makes it quicker and easier in the event of a positive case to identify those who may need to self-isolate, and keep that number as small as possible.

However, the use of small groups restricts the normal operation of schools and presents both educational and logistical challenges, including the cleaning and use of shared spaces, such as playgrounds, boarding houses, dining halls, and toilets, and the provision of specialist teaching. This is the case in both primary and secondary schools, but is particularly difficult in secondary schools.

In this guidance for the autumn term, maintaining consistent groups remains important, but given the decrease in the prevalence of coronavirus (COVID-19) and the resumption of the full range of curriculum subjects, schools may need to change the emphasis on bubbles within their system of controls and increase the size of these groups.

In secondary schools, and certainly in the older age groups at key stage 4 and key stage 5, the groups are likely to need to be the size of a year group to enable schools to deliver the full range of curriculum subjects and students to receive specialist teaching. If this can be achieved with small groups, they are recommended. At primary school, and in the younger years at secondary (key stage 3), schools may be able to implement smaller groups the size of a full class. If that can be achieved, it is recommended, as this will help to reduce the number of people who could be asked to isolate should someone in a group become ill with coronavirus (COVID-19).

Schools should assess their circumstances and if class-sized groups are not compatible with offering a full range of subjects or managing the practical logistics within and around school, they can look to implement year group sized 'bubbles'. Whatever the size of the group, they should be kept apart from other groups where

possible and older children should be encouraged to keep their distance within groups. Schools with the capability to do it should take steps to limit interaction, sharing of rooms and social spaces between groups as much as possible. When using larger groups the other measures from the system of controls become even more important, to minimise transmission risks and to minimise the numbers of pupils and Staff who may need to self-isolate. We recognise that younger children will not be able to maintain social distancing, and it is acceptable for them not to distance within their group.

Both the approaches of separating groups and maintaining distance are not 'all-or-nothing' options, and will still bring benefits even if implemented partially. Some schools may keep children in their class groups for the majority of the classroom time, but also allow mixing into wider groups for specialist teaching, wraparound care and transport, or for boarding pupils in one group residentially and another during the school day. Siblings may also be in different groups. Endeavouring to keep these groups at least partially separate and minimising contacts between children will still offer public health benefits as it reduces the network of possible direct transmission.

All teachers and other Staff can operate across different classes and year groups in order to facilitate the delivery of the school timetable. This will be particularly important for secondary schools. Where Staff need to move between classes and year groups, they should try and keep their distance from pupils and other Staff as much as they can, ideally 2 metres from other adults. Again, we recognise this is not likely to be possible with younger children and teachers in primary schools can still work across groups if that is needed to enable a full educational offer.

Measures within the classroom

Maintaining a distance between people whilst inside and reducing the amount of time they are in face to face to contact lowers the risk of transmission. It is strong public health advice that Staff in secondary schools maintain distance from their pupils, staying at the front of the class, and away from their colleagues where possible. Ideally, adults should maintain 2 metre distance from each other, and from children. We know that this is not always possible, particularly when working with younger children, but if adults can do this when circumstances allow that will help. In particular, they should avoid close face to face contact and minimise time spent within 1 metre of anyone. Similarly, it will not be possible when working with many pupils who have complex needs or who need close contact care. These pupils' educational and care support should be provided as normal.

For children old enough, they should also be supported to maintain distance and not touch Staff and their peers where possible. This will not be possible for the youngest children and some children with complex needs and it is not feasible in some schools where space does not allow. Schools doing this where they can, and even doing this some of the time, will help.

When Staff or children cannot maintain distancing, particularly with younger children in primary schools, the risk can also be reduced by keeping pupils in the smaller, class-sized groups described above.

Schools should make small adaptations to the classroom to support distancing where possible. That should include seating pupils side by side and facing forwards, rather than face to face or side on, and might include moving unnecessary furniture out of classrooms to make more space.

Measures elsewhere

Groups should be kept apart, meaning that schools should avoid large gatherings such as assemblies or collective worship with more than one group.

When timetabling, groups should be kept apart and movement around the school site kept to a minimum. While passing briefly in the corridor or playground is low risk, schools should avoid creating busy corridors, entrances and exits. Schools should also consider staggered break times and lunch times (and time for cleaning surfaces in the dining hall between groups).

Schools should also plan how shared staff spaces are set up and used to help Staff to distance from each other. Use of staff rooms should be minimised, although Staff must still have a break of a reasonable length during the day.

Measures for arriving at and leaving school

We know that travel to school patterns differ greatly between schools. If those patterns allow, schools should consider staggered starts or adjusting start and finish times to keep groups apart as they arrive and leave school. Staggered start and finish times should not reduce the amount of overall teaching time. A staggered start may, for example, include condensing/staggering free periods or break time but retaining the same amount of teaching time, or keeping the length of the day the same but starting and finishing later to avoid rush hour. Schools should consider how to communicate this to parents and remind them about the process that has been agreed for drop off and collection, including that gathering at the school gates and otherwise coming onto the site without an appointment is not allowed. The Department for Education will be supporting schools across the summer on how best to communicate with parents and pupils (and Staff) on what to expect on their return and the procedures and expectations in relation to the control measures schools have put in place.

Schools should also have a process for removing face coverings when pupils and Staff who use them arrive at school and communicate it clearly to them. Pupils must be instructed not to touch the front of their face covering during use or when removing it. They must wash their hands immediately on arrival (as is the case for all pupils), dispose of temporary face coverings in a covered bin or place reusable face coverings in a plastic bag they can take home with them, and then wash their hands again before heading to their classroom. Guidance on [safe working in education, childcare and children's social care](#) provides more advice.

Other considerations

Some pupils with SEND (whether with education, health and care plans or on SEN support) will need specific help and preparation for the changes to routine that this will involve, so teachers and special educational needs coordinators should plan to meet these needs, for example using social stories. More information on pupils with education, health and care plans can be found in [Annex B](#).

Supply teachers, peripatetic teachers and/or other temporary Staff can move between schools. They should ensure they minimise contact and maintain as much distance as possible from other Staff. Specialists, therapists, clinicians and other support staff for pupils with SEND should provide interventions as usual.

Schools should consider how to manage other visitors to the site, such as contractors, and ensure that the risks associated with managing contractors, visitors, catering staff and deliveries, as well as cleaning staff on site who may be working throughout the school and across different groups, are addressed. This will require

close cooperation between both schools and the other relevant employers. Schools should have discussions with key contractors about the school's control measures and ways of working as part of planning for the autumn term. Schools should ensure site guidance on physical distancing and hygiene is explained to visitors on or before arrival. Where visits can happen outside of school hours, they should. A record should be kept of all visitors.

As normal, schools should engage with their local immunisation providers to provide immunisation programmes on site, ensuring these will be delivered in keeping with the school's control measures. These programmes are essential for children's health and wellbeing and can also provide benefits for Staff.

Where a child routinely attends more than one setting on a part time basis, for example because they are dual registered at a mainstream school and an alternative provision setting or special school, schools should work through the system of controls collaboratively, enabling them to address any risks identified and allowing them to jointly deliver a broad and balanced curriculum for the child.

Equipment and resources are integral to education in schools. During the summer term, their use was minimised, many were moved out of classrooms, and there was significant extra cleaning. That position has now changed for the autumn term, because prevalence of coronavirus (COVID-19) has decreased and because they are so important for the delivery of education. For individual and very frequently used equipment, such as pencils and pens, it is recommended that Staff and pupils have their own items that are not shared. Classroom based resources, such as books and games, can be used and shared within the bubble; these should be cleaned regularly, along with all frequently touched surfaces. Resources that are shared between classes or bubbles, such as sports, art and science equipment should be cleaned frequently and meticulously and always between bubbles, or rotated to allow them to be left unused and out of reach for a period of 48 hours (72 hours for plastics) between use by different bubbles.

Outdoor playground equipment should be more frequently cleaned. This would also apply to resources used inside and outside by wraparound care providers. It is still recommended that pupils limit the amount of equipment they bring into school each day, to essentials such as lunch boxes, hats, coats, books, stationery and mobile phones. Bags are allowed. Pupils and teachers can take books and other shared resources home, although unnecessary sharing should be avoided, especially where this does not contribute to pupil education and development. Similar rules on hand cleaning, cleaning of the resources and rotation should apply to these resources.

Administering first aid when social distancing

The guidance acknowledges that social distancing will not always be possible with young children, purely because they will not be diligent about practicing it through a lack of understanding. First aid is another reason that exceptions may need to be made with children.

Protective clothing of any sort over and above what would normally be used (e.g. disposable gloves when dealing with a bleeding cut) with individuals who are not showing any symptoms is not recommended. Good hand washing and regular cleaning of surfaces will be the best approach to take.

Social distancing in early years settings where children are very young

The government acknowledge that social distancing for settings with very young children will be harder to maintain. Staff will implement the recommended measures as far as they are able, whilst ensuring children are kept safe and well cared for.

Staff will pay particular attention to handwashing before and after supporting children who need help with toileting or eating, as well as avoiding touching their own face whilst at work. Teachers and other Staff will use age and developmentally appropriate ways to encourage children to follow social distancing, hand-washing and other guidance, including through games, songs and stories. They will encourage parents/carers to reinforce these messages at home, by asking them to remind their children.

As much as possible, The Academy Academy will seek to prevent the sharing of food, drink, utensils, equipment and toys. Equipment, toys and surfaces will be cleaned and disinfected more frequently.

7. Cleaning and Waste

7.1 Handwashing

Staff, children, young people and families will be reminded to wash their hands for 20 seconds more frequently than normal, including on arrival at the setting, before and after eating, and after sneezing or coughing.

Staff will supervise young children to ensure they wash their hands for 20 seconds with soap and water (or hand sanitiser if soap is not available or feasible in the particular situation) and catch coughs and sneezes in tissues. Bins for tissues should be emptied throughout the day.

We will all encourage young children to learn and practise these habits through games, songs and repetition.

Some children and young people with special educational needs and disabilities may require additional support in following public health advice, or may find frequent handwashing distressing. Staff will know where this is likely to be the case, and how they can best support individual children and young people.

Why is handwashing advised over hand sanitiser?

Soap and water, and regular handwashing for at least 20 seconds, is the best way of staying safe. Handwashing with soap employs mechanical action that loosens bacteria and viruses from the skin, rinsing them into the drain. Drying hands afterwards makes the skin less hospitable to the virus.

Hand sanitiser can be effective if soap is not available, or the situation makes using soap less feasible (for example, when outside), but using hand sanitiser provides none of the virus-destroying friction that rubbing your hands together and rinsing with water provides.

7.2 Wearing jewellery

It is fine to wear jewellery as normal, provided handwashing guidance is being followed.

7.3 Daily checks

- Normal procedures apply with additional bins and signage
- Additional daily cleaning

- Additional cleaning checks carried out
- Increased signage – cleaning regime and hygiene reminders
- Use e-Bug resources to teach pupils about hygiene.

8. PPE Face Coverings and Masks

From 1 September new advice will apply to the use of face coverings by Staff and pupils in some schools, and to learners in further education. This guidance is for schools and other education institutions that teach people in years 7 and above in England. There is separate guidance for [early years and childcare providers](#) and [schools with children in year 6 and below](#).

All schools and other education settings will [open fully this September](#). Returning to school is vital for children's education and for their wellbeing. Time out of school is detrimental for children's cognitive and academic development, particularly for disadvantaged children. This impact can affect both current levels of learning and children's future ability to learn, and therefore we need to ensure all pupils can return to school sooner rather than later.

The [Chief Medical Officers from all four nations in the United Kingdom](#) have made it clear that the overall risks to children from coronavirus (COVID-19) in relation to education settings is low and that the risks associated with not being in school certainly outweigh those of being in school.

This is guidance, not mandatory activity, and any legal exemptions that apply to the wearing of face coverings in shops and on public transport also apply to this new advice.

Exemptions

Some individuals are [exempt from wearing face coverings](#). For example people who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability, or if you are speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expression to communicate. The same exemptions will apply in education settings, and we would expect teachers and other Staff to be sensitive to those needs.

<https://www.gov.uk/government/publications/face-coverings-in-education/face-coverings-in-education>

<https://www.reopeningschools.org/>

9. Temperature Checks

To provide further assurances to parents and Staff, the Trust and School leaders have agreed to carry out temperature checks (using infrared thermometers) for all Staff and all students when they arrive at the school and check that they do not have any other symptoms.

Appropriate PPE will be available for Staff and students as needed.

10. Vulnerable Staff Members

10.1 Shielded and clinically vulnerable children and young people

For the vast majority of children and young people, coronavirus (COVID-19) is a mild illness. Children and young people (0 to 18 years of age) who have been [classified as clinically extremely vulnerable due to pre-existing medical conditions](#) have been advised to shield. We do not expect these children to be attending school or college, and they should continue to be supported at home as much as possible. Clinically vulnerable (but not clinically extremely vulnerable) people are those considered to be at a higher risk of severe illness from coronavirus (COVID-19). A small minority of children will fall into this category, and parents should follow medical advice if their child is in this category.

10.2 Shielded and clinically vulnerable adults

Clinically extremely vulnerable individuals are advised not to work outside the home. We are strongly advising people, including education staff, who are clinically extremely vulnerable (those with serious underlying health conditions which put them at very high risk of severe illness from coronavirus (COVID-19) and have been advised by their clinician or through a letter) to rigorously follow shielding measures in order to keep themselves safe. Staff in this position are advised not to attend work. Read [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](#) for more advice.

Clinically vulnerable individuals who are at higher risk of severe illness (for example, people with some pre-existing conditions as set out in the [Staying at home and away from others \(social distancing\) guidance](#)) have been advised to take extra care in observing social distancing and should work from home where possible. Education and childcare settings should endeavour to support this, for example by asking Staff to support remote education, carry out lesson planning or other roles which can be done from home. If clinically vulnerable (but not clinically extremely vulnerable) individuals cannot work from home, they should be offered the safest available on-site roles, staying 2 metres away from others wherever possible, although the individual may choose to take on a role that does not allow for this distance if they prefer to do so. If they have to spend time within 2 metres of other people, settings must carefully assess and discuss with them whether this involves an acceptable level of risk.

10.3 Living with a shielded or clinically vulnerable person

If a child, young person or a member of Staff lives with someone who is clinically vulnerable (but not clinically extremely vulnerable), including those who are pregnant, they can attend their education or childcare setting.

If a child, young person or staff member lives in a household with someone who is extremely clinically vulnerable, as set out in the [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable guidance](#), it is advised they only attend an education or childcare setting if stringent social distancing can be adhered to and, in the case of children, they are able to understand and follow those instructions. This may not be possible for very young children and older children without the

capacity to adhere to the instructions on social distancing. If stringent social distancing cannot be adhered to, we do not expect those individuals to attend. They should be supported to learn or work at home.

11. Testing

The below guidance applies from 26 August 2020.

All schools and FE providers will receive an initial supply of 10 home test kits.

The schools should only offer Home test kits if we believe an individual may be unable to access testing elsewhere.

Please see below links to the full guidance.

<https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works#history>

The Trust advice is that Staff are recommended to get tested and should register via the school or portal.

12. Protocols for unwell students or Staff, including First Aid procedures

12.1 What happens if someone becomes unwell at The Academy?

If anyone develops coronavirus (COVID-19) symptoms at the Academy they will be sent home and advised to follow the staying at home guidance.

If a child is awaiting collection, they will be moved to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. The room will have a clear window so that the child will be seen and a window will be opened for ventilation. If it is not possible to isolate them, they will be moved to an area which is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they will use a separate bathroom. The bathroom will be cleaned and disinfected using standard cleaning products before being used by anyone else.

PPE will 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).

In an emergency, 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.

If a member of Staff has helped someone who was taken unwell with coronavirus (COVID-19) symptoms, they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people.

12.2 Limiting the spread of coronavirus (COVID-19) in educational settings

The Academy will help reduce the spread of coronavirus (COVID-19) by reminding everyone of the public health advice.

Staff, children, pupils, students and families will be reminded to wash their hands for 20 seconds more frequently than normal.

Frequent cleaning and disinfecting objects and surfaces that are touched regularly using standard cleaning products will be maintained.

13 First Aid

What to do if you are required to come into close contact with someone as part of your first responder duties:

13.1 Safe working systems

Where possible, all contact with members of the public should be carried out while maintaining [social distancing measures](#) – a distance of at least 2 metres (6 feet). Where this is not possible, the principles for the [Hierarchy of Risk](#) should be applied, using measures such as physical barriers and alternative working practices and, as a final measure, the use of personal protective equipment (PPE) based on risk assessment, where other safe working systems alone may not be feasible or may be insufficient to mitigate the risk of transmission of COVID-19.

13.2 Hygiene measures

The best way to protect yourself and others is through rigorous cleaning, personal hygiene and regular hand hygiene. An increased frequency of cleaning and disinfection of all surfaces and equipment, using standard household cleaning and disinfection products, is recommended.

After contact with any member of the public, clean your hands thoroughly with soap and water or alcohol hand sanitiser at the earliest opportunity. This advice is applicable to all situations, regardless of whether there was close contact or the minimum 2 metre social distancing was maintained.

Avoid touching your mouth, eyes and nose.

There are no additional precautions to be taken in relation to cleaning your clothing or uniform other than what is usual practice.

13.3 Personal protective equipment (PPE)

Where it is not possible to maintain a 2 metre or more distance away from an individual, disposable gloves and a disposable plastic apron are recommended. Disposable gloves should be worn if physical contact is likely to be made with potentially contaminated areas or items.

The use of a fluid repellent surgical face mask is recommended and additional use of disposable eye protection (such as face visor or goggles) should be risk assessed when there is an anticipated risk of contamination with splashes, droplets of blood or body fluids.

When using a fluid repellent surgical face mask, you should mould the metal strap of the mask over the bridge of the nose and make sure the mask fits snugly under the chin, around or across any facial hair if present.

Clean your hands thoroughly with soap and water or alcohol sanitiser before putting on and after taking off PPE. In all circumstances where some form of PPE is used, the safe removal of the PPE is a critical consideration to avoid self-contamination. [Guidance on putting on and taking off PPE is available.](#)

Use and dispose of all PPE according to the instructions and training provided by your employer or organisation.

13.4 Cardiopulmonary resuscitation

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment (this would be a “dynamic risk assessment”) and adopt appropriate precautions for infection control.

In adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest not due to lack of oxygen).

Cardiac arrest in children is more likely to be caused by a respiratory problem (asphyxial arrest), therefore chest compressions alone are unlikely to be effective.

If a decision is made to perform mouth-to-mouth ventilation in asphyxial arrest, use a resuscitation face shield where available.

Should you have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days. Should you develop such symptoms you should follow the advice on what to do on the [NHS website](#).

13.5 Providing assistance to unwell individuals

If you need to provide assistance to an individual who is [symptomatic](#) and may have COVID-19, wherever possible, place the person in a place away from others. If there is no physically separate room, ask others who are not involved in providing assistance to stay at least 2 metres away from the individual. If barriers or screens are available, these may be used

13.6 Cleaning the area where assistance was provided

Cleaning will depend on where assistance was provided. It should follow the advice for cleaning in [non-healthcare settings](#). Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids can be cleaned in the usual way. However, all surfaces that a symptomatic individual has come into contact with must be cleaned and disinfected.

13.7 If there has been a blood or body-fluid spill

Keep people away from the area. Use a spill-kit if available, using the PPE in the kit or PPE provided by your employer/organisation and following the instructions provided with the spill-kit. If no spill-kit is available, place paper towels/roll onto the spill, and seek further advice from emergency services when they arrive.

13.8 Contacts of the person you have assisted

Advise anyone who had close contact with the individual that if they go on to develop symptoms of COVID-19 (a new continuous cough, fever or a loss of,

or change in, normal sense of taste or smell), they should follow the advice on what to do on the [NHS website](#).

13.9 What to do if you become unwell

If you have already been given specific advice from your employer about who to call if you become unwell, follow that advice.

If you develop symptoms of COVID-19, however mild, you will need to stay at home for at least 7 days. Refer to the advice on the [NHS website](#) and the [Stay at home guidance](#).

Schools should review their first aid risk assessments using the first aid risk assessment template in Appendix 1

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/306370/guidance_on_first_aid_for_schools.pdf

13.9 School Premises

The Schools should carry out full premises check in line with the guidance below found at the following website: <https://www.reopeningschools.org/>

13.10 Fire evacuation

Guidance on estates and facilities management will be sought regularly, but evacuation points remain in place as they have been.

Fire protection, evacuation guidance by the NFCC

General guidance on the Regulatory Reform (Fire Safety) Order 2005

- **PEEPs**
Vulnerable staff/people: The effects of the virus on working practices and available Staff may negatively affect the ability of vulnerable persons to escape in the event of a fire. School leaders should continue to undertake and review their Personal Emergency Evacuation Plans (PEEPs) for their Staff.
- **Does fire safety law apply in the current Covid-19 situation?**
Yes, the Regulatory Reform (Fire Safety) Order 2005 (RR(FS)O 2005) still applies. It is the duty of Headteacher to ensure risk from fire is identified and suitable measures implemented, these should be recorded in your fire risk assessment. The RR(FS)O 2005 applies for the protection of life safety and not the protection of property, although there will be property protection benefits.
- **Will the Fire and Rescue Service visit my premises as normal?**
In the current situation, FRS are following Government guidance on limiting non-essential contact and as such, are taking a risk-based approach to all Protection (fire safety) activity and focusing their resources on the highest risks. You should contact your local FRS should you require further advice and guidance.
- **Can we wedge open fire doors to stop people from touching handles?**
No, fire doors are an important fire safety measure, keep fire doors closed and follow government advice on handwashing and cleansing hard surfaces. Fire doors can only be held open by automatic releasing hold-open devices specifically designed and installed for this purpose.

- **How do I maintain social distancing at the Assembly Point?**
You need to review and revise your current emergency plan and Fire Marshall provision, including the Assembly Point, considering the number of occupants and ensure all occupants are issued with revised instructions and are aware of what is expected.
- **What can I do to protect people who are working from home?**
For employees who will be working from home, please encourage them to:
 - Take the time to check home fire safety arrangements, and ensure that smoke alarms are fitted, tested and are working correctly.
 - Use electrical items safely, e.g. do not 'daisy chain' extension leads.
 - Make sure all members of the family know what to do if there is a fire particularly, elderly people and children.
 - Bedtime Checks – Close doors, unplug electrical appliances and chargers, check heaters are off, and any candles and cigarettes are properly extinguished.
 - Remind everyone if there is a fire: Get Out. Stay Out, and. Call the Fire Service Out by dialling 999.

Full guidance is contained in the link below.

[https://www.nationalfirechiefs.org.uk/write/MediaUploads/COVID-19/Protection%20documents/NFCC Protection - COVID-19 Protection Advice to Businesses - 9 April - FINAL.pdf](https://www.nationalfirechiefs.org.uk/write/MediaUploads/COVID-19/Protection%20documents/NFCC%20Protection%20-%20COVID-19%20Protection%20Advice%20to%20Businesses%20-%209%20April%20-%20FINAL.pdf)

14. Staff Well-Being and Support (See Appendix 2)

We expect many Staff may be worried about coronavirus (COVID-19) and how it could affect their lives. This may include having to stay at home and avoid other people.

The Trust has recommended the following steps to minimise stress.

A KAT trust wide golden hour from 1 until 2 where no meetings are allowed to be booked and everyone has a chance of a lunch break and some personal leadership time

- 14.2 We publish a working day hours e.g. 8:30 to 5:30 outside of these hours meetings are not arranged on line AND emails are not sent. Only expectation is trustees and local advisory board meetings where the heads and or SLT members may be expected to attend.
- 14.3 We recommend the following working practices:
- 15mins between each webinar
 - Standing up and stretching / exercising during the day / between meetings. At least every two hours.

15. Risk Assessments

The Academy Academy will carry out a risk assessment which will be approved by the Board and updated when deemed necessary.

16. Further Guidance

Full government guidance can be found below:

<https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-further-education-provision/what-fe-colleges-and-providers-will-need-to-do-from-the-start-of-the-2020-autumn-term>

[Coronavirus \(COVID-19\): implementing protective measures in education and childcare settings](#)

[Coronavirus \(COVID-19\) Collection: guidance for schools and other educational settings](#)

[Actions for schools during the coronavirus outbreak](#)

<https://www.gov.uk/coronavirus/education-and-childcare>

Appendix 1 - First aid risk assessment

School/Service	
Location	
Head of School/Service	
School/Service Safety Advisor	
Date	
Assessors	

The current number of first aiders and level of training:			
The approximate number of people working between 8.30 am and 6.30 pm:			
The approximate number of Staff in an area outside work hours (incl. weekends):			
Lone working carried out in the School/Service?			
The approximate number of students in working hours:			
The approximate number of students outside working hours:			
Is the School/Service spread out, e.g. are there several buildings on the site or multi-floor buildings?			
Distance to Nearest major hospital: Travel time:			
Maximum distance to the location of existing first aid kits:			
Summary of major incidents over the last 12mths:			
Do you have any work experience trainees, volunteers or honorary Staff?			
List specific hazards in the area. E.g. slips & trips, work at height, plant or machinery, moving objects, electricity, radiation,	<table border="1"> <tr> <td>Hazard:</td> <td>Location:</td> </tr> </table>	Hazard:	Location:
Hazard:	Location:		

chemicals, dust, manual handling.		
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Are there hazards or health concerns for which an extra first aid kit or specialised treatment is required. E.g. chemicals, potential for burn, eye injuries, field trips.	Details:
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Recommendations;

Contents of kit	
Number and location of kits	
Number and names of first aider at work agreed	
Number and names of emergency first aider agreed	
Number and names of first aid administrator agreed	
Additional recommendations	

Action list;

Items for Action	Completion Date	Date Signed Off	Initials

Appendix 2 - Guidance on the first aid risk assessment

Numbers of first aiders

For low-risk areas such as offices, the minimum requirement is for a first aid administrator and a suitably stocked first aid box.

For more significant numbers of employees, consider providing EFAW or FAW, suitably placed first aid boxes.

Number of Staff	Recommended minimum provision
<25	first aid administrator
25 – 50	first aider (EFAW)
>50	a first aider (FAW), plus one more for every 100 employed

For higher-risk activities, the recommended numbers of first aiders will need to be increased.

This figure is based on members of Staff and does not take into consideration students or members of the public. Although there is no legal requirement to provide first aiders for non-employees, it is University policy that provision is made. The number of additional first aiders will depend on what activities the students are undertaking. For lecture-based activities, the current number of first aiders for Staff may be sufficient. For those schools where students are undertaking higher risk activities; for example, laboratory work, there may be a need to increase the number or competence of first aiders. The Health and Safety Officer will be happy to provide further advice where necessary.

Appendix 3 - Resources for school staff

- [Wellbeing tips for school staff](#) (PDF)

Teacher and support staff well-being is essential when working through a crisis. Young minds have produced a document to support teachers' well-being.

- [Ways to maintain your wellbeing](#) (PDF)

This information is from Hong Kong MIND and provides advice for adults on how to maintain your mental well-being during the coronavirus outbreak.

- [Managing stress: self care during coronavirus website](#)

An excellent blog post from educational psychologist Chris Moore about managing stress and self-care during the coronavirus crisis.

- [A Mind Of My Own app](#)

This company produce a variety of apps to support young people, especially those with a social worker. It can be useful in gaining young people's views.

- [Coronavirus and UK school closures: support and advice for schools and parents/carers](#) (PDF)

The British Psychological Society (BPS) has produced a range of ideas for both schools and parents.

The Trust has purchased an employee assistance support service from health assured. Please use this for any help you need for stress, bereavement, housing concerns, counselling, finances, alcohol and drug issues.

Tel: 0800 028 0199

www.healthassurredeap.com

There is a dedicated helpline number for education and children's social care related queries for anyone working in early years through to universities, plus parents. Please call 0800 046 8687 – 8am to 6pm (Monday to Friday) or 10am to 4pm (Saturday to Sunday) – for any specific question not covered on this page.