

Covid 19 Secure Strategic Risk Register HAYWOOD ACADEMY *APRIL 2021* (V22: 12/04/21)

*United by our values, we place children and
young people first in everything we do*

Introduction to CLT Covid 19 Secure risk management from 8th MARCH 2021

This V22 risk register replaces all prior versions and should be read in conjunction with, and aligned to the Government updated operational guidance for schools (12th April 2021), and all subsequent Government updates related to Covid 19 risk management in education settings, local action levels and education tiers guidance:

Please note that, as COVID-19 is a rapidly evolving situation, guidance may change with little notice. Updated versions of the strategy will therefore be numbered and dated.

<https://www.gov.uk/government/collections/guidance-for-schools-coronavirus-covid-19>

Note: To ensure ongoing review and update of this risk management document

- 1. DAILY ACTIVE MONITORING ACROSS ALL SITES IS A PRIORITY. (COVID 19/STANDARD H&S CHECKS)**
- 2. DAILY ACTIVE MONITORING OF GOVERNMENT UPDATE GUIDANCE IS A PRIORITY.**
- 3. THIS RISK REGISTER MUST BE REVIEWED AT ACADEMY/SITE LEVEL AND WHERE ADDITIONAL, SITE SPECIFIC, RISKS ARE IDENTIFIED, THIS MUST BE RECORDED THROUGH ADDING ADDITIONAL LINES AND MITIGATION FOR EACH RISK AREA.**
- 4. PRE- SEPTEMBER 2020: COMPLETION OF THE STRATEGY IMPLEMENTATION CHECKLIST AND THE WIDER OPENING CHECKLIST WAS UNDERTAKEN AND SUBMITTED TO M. FAICHNEY.**
- 5. FROM SEPTEMBER 2021: COVID 19 SECURE AND STANDARD H&S ACTIVE MONITORING CHECKLISTS, ARE COMPLETED AND SUBMITTED WEEKLY. THE FULL RISK STRATEGY HAS ALSO BEEN UPDATED DECEMBER 20, JANUARY 21, MARCH 21 and APRIL 21.**

City Learning Trust Sites:

- o Central Team Offices – The Old Town Hall
- o Haywood Academy site
- o Haywood - City College BSOA site
- o Mill Hill Primary Academy site
- o Smallthorne Primary Academy site
- o Trentham Academy site

Risk is the threat that something, an event or action, will adversely affect the Trust's ability to meet compliance objectives. Risk management is the process by which such risks are identified, their severity assessed and cost effective actions are taken to address, or mitigate against them, to bring them down to acceptable levels.

Covid 19 Secure Risk management is consistent with:

- creating a culture of risk awareness throughout the organisation
- adopting an active, pro-active focused and proportionate approach, to ensure that the putting in place and maintaining of controls and contingency plans are appropriate and highly effectively in swiftly addressing risks to health, the likelihood of a risk happening and the potential impact if it does
- increasing, rather than reducing, innovation in response
- compliance with public health and government guidance, laws and regulations

Process:

There are four fundamental stages to the risk management process:

1. Identifying risks: having a process for identifying the risks that face the Trust
2. Assessing risks: assessing the probability and impact of those risks enabling management action to be prioritised
3. Addressing risks: putting in control measures to reduce risk.
4. Monitoring risks: pro-actively managing the risks and ensuring risks are regularly reviewed and mitigation is updated as needed.

Risk management is an inclusive process as it is the staff who best understand the risks the organisation faces and they will be key to the management of those risks. Feedback from the staff through the Central Team and Academy sites structure will help with the risk identification and mitigation. The responsibility for assessing, addressing and monitoring the risks will lie with the Executive (ELG), Senior Leadership Team (SLG) and the HR Director. The Risk Register will be reviewed in detail through Audit & Risk procedures.

Levels of risk:





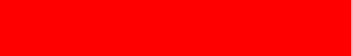
A current rating is given on the Red/Amber/Green (RAG) rating system based on the level of overall risk. Level of risk is identified by the potential impact and the likelihood of occurrence. Both are allocated a 5-point scale where 5 is the highest risk and 1 the lowest risk. The two factors are then multiplied together to give an overall rating. Where the level of risk has changed since the register was last reviewed, the previous number is indicated in brackets.

The RAG rating is assigned as follows:

Risk Status Key:	
Code:	Meaning:
Inc	Increasing
Stable	Static, no change

* Numbers in brackets refer to level of risk as of previous review and indicate whether the level has gone up or down. If there are no numbers in brackets, the level risk has not changed.

Dec	Decreasing
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Score:	Colour:
1-6	
7-8	
9-12	
13-19	
20-25	

Strategy Contents - Covering all aspects of Prevention and Response Controls.

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SECTION 1: TRANSMISSION

A: EFFECTIVE INFECTION CONTROL

Risk No	Risk Name (briefly describe the risk)	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Responsibility	Monitoring	Dates for review
A1	Coronavirus spread within the site community through direct transmission causes high risk to the health and well-being of the community.	4	5	20	ELG/SLG	Site Principals OTH- MF/ELG	Daily site monitoring. Weekly review Review/update in line with PHE guidance

MITIGATION STRATEGIES: Government/PHE protective factors guidance will be followed in full and as cited in other areas of this strategy.

- Social distancing protocol in operation on all sites and shared with all staff. ('no requirement' – primary students. 1m+ secondary students. Staff 2m from students 'where possible.' Staff advised to ensure they follow guidance on time with each student - 15 minutes maximum). Additional recommendation for continued use of face coverings in classrooms in secondary phase.
 - Reduced contact in place through measures regarding: Minimising contact across the site. Grouping children together (Bubbles), avoiding contact between groups, arranging classrooms with forward facing desks, staff maintaining distance from students and other staff as much as possible.
 - System in place to ensure any member of staff or student stays at home if unwell.
 - Uniform can be worn and is recommended.
 - Covid 19 secure **Prevention** infection controls 1- 9, below **are embedded and followed fully in practice on all sites.** This will be achieved through briefings to staff, staff ensuring that children know and understand the hygiene and social distancing protocols and through posters/information points around the site.
 1. **minimising contact with individuals who are required to self-isolate, by ensuring they do not attend school.**
 2. **Ensure face coverings are used in recommended circumstances.**
 3. **Ensure everyone is advised to clean their hands thoroughly and more often than usual.**
 4. **Ensure good respiratory hygiene system in place by promoting the 'catch it, bin it, kill it' approach.**
 5. **Maintain enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents. (See section E)**
 6. **Consider how to minimise contact across the site and maintain social distancing wherever possible.**
 7. **Keep occupied spaces well ventilated**

In specific circumstances:

 8. **Ensure individuals wear the appropriate personal, protective equipment (PPE) where necessary. (See section B)**
 9. **Promote and engage in asymptomatic testing, where available.**

Response to any infection: (PLEASE ALSO SEE SECTION D OF THIS STRATEGY)

 10. **Promote and engage with the NHS Test and Trace Process.**
 11. **Manage and report confirmed cases of Coronavirus (Covid 19) amongst the school community.**
 12. **Contain any out break by following local health protection team advice.**

Numbers 10-12 MUST be followed in every case where they are relevant.
 - Stocks and supplies of soap and sanitizer on all sites, and in all toilets/handwashing zones will be monitored, procured and sustained at all times. Weekly submission of stock levels form part of active monitoring and standard weekly deliveries to each site will be established and reviewed weekly.
 - Use of face coverings is in place:
 - **For secondaries:** in communal areas and corridors for students and staff, and remains a recommendation in classrooms, unless an exemption applies.
 - **For primary settings, and our central team,** face coverings will be worn, as appropriate, in any situation where social distancing cannot be guaranteed. This includes for staff working across sites, who will comply with requirements appropriate to phase.
- Exemptions relate to:
1. Anyone who cannot put on, wear or remove a face covering because of a physical impairment or disability, illness or mental health difficulties.
 2. Those who speak to or provide help to someone who relies on lip reading. Clear sound or facial expression to communicate.

- Staff work with children to explain, embed and revisit frequently the social distancing protocol routines.
- Staff understand steps they must take if they become aware of a suspected case. **Report information to the Principal immediately.**
- Staff understand steps they must take if they become aware that they have had contact with a person who has tested positively for the virus.
- All staff are aware of the NHS test and Trace system and the academy leaders actively promote and engage with this programme as needed, ***in all cases, informing HR and seeking HR advice and support as needed.***
- Schools should advise staff and parents ,as needed, about the Test and Trace Support Payment scheme and direct them to the link below to check eligibility. <https://www.gov.uk/government/publications/test-and-trace-support-payment-scheme-claiming-financial-support/claiming-financial-support-under-the-test-and-trace-support-payment-scheme>

Asymptomatic Testing – SECONDARY ACADEMIES **NOTE: A separate risk assessment is in place specifically for the Lateral Flow Testing Programme.**

- Secondary academies have moved from on-site testing to home testing for both staff and students.
- A small ‘on-site’ testing facility will remain in place to support assisted/supervised testing which may continue to be required.
- All guidance for home testing will be implemented fully.
- All staff have received the guidance and support information as required, through a staff training briefing.
- All parents and students have received key guidance, information, privacy notices and consent forms as required, in order to make an informed decision regarding engaging with the programme.
- Where a member of staff/student undertakes a self-administered LFT on site or at home and it is **negative**, they can attend work/school as normal, undertaking repeat LFT as scheduled as part of the asymptomatic testing programme.
- Where a member of staff/student undertakes a self-administered LFT on site or at home and it is **positive**, they, **and their immediate household** must ***immediately self-isolate*** and the colleague/student **must arrange to go for a PCR Test**. Close contacts at the academy information, for this colleague/student should be obtained at this stage and must self-isolate. If the PCR test is taken **within 2 days** of the positive lateral flow test, and is negative, it overrides the self-test LFD test and the member of staff/pupil can return to school/work but should then resume regular LFT repeat testing as part of the asymptomatic testing programme. Their immediate household and close contacts can also end the self-isolation, unless otherwise directed by NHS Test and Trace.
- If the PCR test is positive, they must remain in self-isolation for the 10 day period as directed, and members of their household/close contacts must also remain self-isolating.

Asymptomatic Testing – PRIMARY ACADEMIES **NOTE: A separate risk assessment is in place specifically for the Lateral Flow Testing Programme.**

- Our primary academies promote engagement with the Lateral Flow Home Testing Programme available for staff.
- All guidance for home testing will be implemented fully.
- All staff have received the guidance and support information as required, through a staff training briefing.
- Where a member of staff/student undertakes a self-administered LFT and it is **negative**, they can attend work/school as normal, undertaking repeat LFT as scheduled as part of the asymptomatic testing programme.
- Where a member of staff/student undertakes a self-administered LFT and it is **positive**, they, **and their immediate household** must **immediately self-isolate** and the colleague **must arrange to go for a PCR Test**. Close contacts at the academy for this colleague should be obtained at this stage and must self-isolate. If the PCR test is taken **within 2 days** of the positive lateral flow test, and is negative, it overrides the self-test LFD test and the member of staff can return to work but should then resume regular LFT repeat testing as part of the asymptomatic testing programme. Their immediate household and close contacts can also end the self-isolation, unless otherwise directed by NHS Test and Trace.
- If the PCR test is **positive**, they must remain in self-isolation for the 10 day period as directed, and members of their household/close contacts must also remain self-isolating.

Impact on risk through mitigation above	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Additional information: Risk can be further mitigated against and so lowered, through: <ul style="list-style-type: none"> • Active monitoring processes being implemented • Additional strategies outlined across sections below. Current scientific guidance records lower risk by implementation of all protective factors guidance.
	2	5	10 (Dec)	

B: PERSONAL PROTECTIVE EQUIPMENT

Risk No	Risk Name (briefly describe the risk)	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Responsibility	Monitoring	Dates for review
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B1	Misappropriation/mis-use of PPE or lack of identified, required PPE available to staff causes personal risk to health for members of the Trust community.	4	5	20	DCFO	MF/SB SBMs/DCFO	Daily site monitoring. Weekly review Review/update of PHE guidance
MITIGATION STRATEGIES: Government/PHE protective factors guidance will be followed in full and as cited in other areas of this strategy.							
<ul style="list-style-type: none"> All staff will receive clear information and updates as needed on protective factors public health guidance - requirement for, use of and training in effective use of PPE in education settings, as is clearly set out in: https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe Use of face coverings is in place: (Appendix 2) For secondaries: In communal areas and corridors for students and staff, and recommended to continue in classrooms, unless an exemption applies. For primary settings, and our central team, face coverings will be worn, as appropriate, in any situation where social distancing cannot be guaranteed. This includes for staff working across sites, who will comply with requirements appropriate to phase. Exemptions relate to: 1. Anyone who cannot put on, wear or remove a face covering because of a physical impairment or disability, illness or mental health difficulties. 2. Those who speak to or provide help to someone who relies on lip reading. Clear sound or facial expression to communicate. All staff will be provided with an information poster which outlines key steps to support effective use of PPE. (Via Marie Faichney) Children/Students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way. Prevention. Academy Leaders will complete risk assessments for any/all students this applies to ensure staff are fully advised/trained in use of PPE and procedures with individual children. Where a child, not already identified as being <i>routinely in need of intimate care</i>, requires changing or intimate care support, parents/carers will be contacted to attend and support as needed. Discussions will then take place with regard to any needs newly identified which may require a risk assessment and routine support procedure to be implemented. In the case of dealing with a child who is unwell, use of and procedures associated with PPE will be applied. Prevention In the case of dealing with individuals requiring first aid treatment, use of and procedures associated with PPE will be applied. Prevention Central Services procurement procedures will ensure use of local supply chains to obtain PPE. Where this is not possible, and there is unmet urgent need for PPE in order to operate safely, central services will approach the local authority resilience forum. Stock levels of all PPE will be monitored actively and weekly. Standard weekly deliveries to each site will be established and reviewed weekly. For secondary academies implementing Lateral Flow Testing (LFT) programmes, all PPE and equipment, training on use and monitoring of will be provided directly by the DfE/PHE. 							
Impact on risk through mitigation above		Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Additional information: Risk can be further mitigated against and so lowered, through: <ul style="list-style-type: none"> Active monitoring processes being implemented 		

1	5	5 (Dec)
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- Additional strategies outlined across sections above/below. Current scientific guidance records **lower risk by implementation of all protective factors guidance.**

C: SHIELDING/CLINICALLY VULNERABLE/LIVING WITH A PERSON IN THESE CATEGORIES

Risk No	Risk Name (briefly describe the risk)	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Responsibility	Monitoring	Dates for review
	NOTE: GUIDANCE MAY BE UPDATED. ONGOING REVIEW IS CRITICAL.						
C1	Staff and or children who are clinically extremely/vulnerable, or living with a person in these categories are exposed to risks to their health, or risks that compromise family members' health, whilst attending work/education provision on the site.	3	5	15	HR SLG	HR Director ELG	Daily site monitoring (Principals). Daily report to HR Weekly review Review/update in line with PH guidance

MITIGATION STRATEGIES: MITIGATION STRATEGIES: Government/PHE protective factors guidance will be followed in full., and as cited in other areas of this strategy. The government will write to individuals to inform them if they are advised to follow formal shielding and not attend the workplace.

- Are staff who were classed as **shielding/extremely clinically vulnerable**, aware of updates made to guidance in April 2021? ***From 1 April (when shielding advice is paused), CEV staff will be advised to continue to work from home where possible, but if they cannot work from home should attend their workplace.***
- Staff who previously received a shielding advice letter and so fall into this category must consult HR, providing medical information as required. HR will provide ELG/SLG with list of these staff who will then be supported, via line managers, to continue to work from home, where possible, informed by individual risk assessment recommendations or return to work where it is not possible to work from home, informed and supported by individual risk assessment recommendations.**
- Where there is any case that working from home is not possible, or a colleague in this category indicates that they do not wish to work from home, HR MUST BE INFORMED.**

Clinically Vulnerable

- Risk assessments for staff who are classed as clinically vulnerable must be regularly reviewed and re-visited by HR, who will advise on any additional mitigation needed, including with regard to working from home or taking on an alternative role/ changing working patterns temporarily. Staff in this category can also seek support and advice as required directly through HR.

- If a member of staff is clinically vulnerable (but not clinically extremely vulnerable), including those who are pregnant, they can attend their education or childcare setting. Being clinically vulnerable means that they may be at higher risk of severe illness from coronavirus. Clinically vulnerable staff should continue to take particular care to minimise contact with others outside their household. ***Staff who fall into this category must inform HR. HR will provide support and advice as needed, on an individual basis and will ensure a risk assessment is completed which mitigates any risk identified.***
 - RCOG updated guidance is available for pregnant women, containing advice for women from 28 weeks gestation, or with underlying health conditions who may be at greater risk. <https://www.rcog.org.uk/globalassets/documents/guidelines/2021-02-19-coronavirus-covid-19-infection-in-pregnancy-v13.pdf>
 - Leaders and Governors are aware of surveillance data regarding disparities in risk relating to age and sex, where people live, deprivation, ethnicity, people's occupation and care home residence' If a member of staff falls into one of these groups, they can attend their education or childcare setting. **Staff who fall into this category must inform HR. HR will provide support and advice as needed, on an individual basis, and will ensure a risk assessment is completed if required, which mitigates any risk identified.**
-
- Are staff who live with someone who is within the shielding/extremely clinically vulnerable category, aware of where advice on steps they should take is available?
HR must be made aware of staff who fall into this category. **HR will provide support and advice as needed, on an individual basis.** Staff who fall into this category will be offered support. This will include consideration of whether a **risk assessment is required/ has been undertaken** in cases as appropriate/if needed?
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- Are children/parents of children who were classed as **shielding/extremely clinically vulnerable**, or **clinically vulnerable** aware of the guidance and recent updates from Government? (April 2021)
 - From 1 April, all CEV pupils are expected to attend their school **unless they are one of the very small number of pupils under paediatric or other specialist care and have been advised by their GP or clinician not to attend.**
 - Academy staff will discuss any concerns parents may have about this, **and this will include a discussion around other specific accommodations that can be put in place to ensure that the student can regularly attend.**
 - All academies should ensure they have a list of these children, through clear information sharing and communication with parents and medical professionals as needed. These children will then be supported with either attending schools with **additional risk assessment mitigation in place, or supported with effective remote learning at home, if they are medically advised not to yet attend school. This remote learning programme will be monitored to ensure engagement with a curriculum in line with their peers.**
 - Academy leaders will engage with parents, EWS, School Health Teams and medical professionals, social care teams as needed for any concerns relating to these students.
 - The Director of SEND and Inclusion **must be advised regarding any students in this category** and will support/advise Academy Principals as needed and will keep students' risk assessments under review, including with regard to follow up with families and/or medical professionals regarding any students categorised as medically immunosuppressed.
 - Any clinically extremely vulnerable children who are advised not to attend school will be exempt from mandatory attendance guidance. Academy leaders can request a copy of the shielding letter sent to these 'at risk' students, to confirm they are not required in school.
 - Phone call updates/home visits and welfare checks procedures will be in place so that the young person/family are supported effectively by academy staff and enabled to 'keep in touch'.

- For any child or young person who lives in a household with someone who is extremely clinically vulnerable, has discussion taken place with parents with regard to steps advised in guidance?
- If a child or young person lives with someone who is clinically vulnerable, including those who are pregnant, they can attend their education or childcare setting. **All academies should ensure they have a list of these children, through clear information sharing and communication with parents. These children will then be supported with hand hygiene, respiratory hygiene and social distancing measures in school. Mandatory attendance guidance does apply.**

Impact on risk through mitigation above	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Additional information: Risk can be further mitigated against and so lowered, through: <ul style="list-style-type: none"> • Active monitoring processes being implemented. • Additional strategies outlined across sections above/below. Current scientific guidance records lower risk by implementation of all protective factors guidance.
	1	5	5 (Dec)	

D: ILLNESS/SUSPECTED CASES AND CONFIRMED CASES

Risk No	Risk Name (briefly describe the risk)	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Responsibility	Monitoring	Dates for review
D1	A child or a member of staff is unwell on site, with possible symptoms of Covid 19	5	5	25	MF/SLG	ELG/MF (HR)	Daily site monitoring. Weekly review Review/update in line with PH guidance
D2	A case of Covid 19 is suspected or confirmed in the setting	5	5	25	MF/SLG	ELG/MF (HR)	
D3	A colleague is contacted as part of TEST AND TRACE	5	5	25	MF/SLG	ELG/MF (HR)	
D4	Lateral Flow Testing programmes indicate a positive result	5	5	25	SLG	ELG/MF (HR)	

MITIGATION STRATEGIES: Government/PHE protective factors guidance will be followed in full and as cited in other areas of this strategy.

Attending the site/:

Students, staff and other adults must not come into the academy if:

- They have one or more of the COVID 19 symptoms, a new, continuous cough or a high temperature, loss of sense of taste or smell.
- A member of their household (including someone in their support bubble or childcare bubble if they have one) has COVID 19 symptoms.
- They are required to quarantine, having recently visited countries outside the Common Travel Area <https://www.gov.uk/uk-border-control/self-isolating-when-you-arrive>
- They (or a member of their household or support/childcare bubble) have had a positive test.

They must be advised to cease to attend for at least 10 days from the day after:

The start of their symptoms.

The test date if they did not have any symptoms, but have had a positive test (whether this be a Lateral Flow test (LFT) or a PCR test).

Ensure that all staff, everyone on site or visiting site is aware of the following:

- Anyone told to isolate by NHS Test and Trace or by the Local Health Protection Team has a legal duty to self-isolate. They can ONLY leave their home to avoid injury or illness or to escape risk of harm.
- Schools should advise staff and parents, as needed, about the Test and Trace Support Payment scheme and direct them to the link below to check eligibility. <https://www.gov.uk/government/publications/test-and-trace-support-payment-scheme-claiming-financial-support/claiming-financial-support-under-the-test-and-trace-support-payment-scheme>
- The isolation period for anyone with symptoms includes the day that the symptoms started **and** the next 10 days.
- They can find detailed advice at: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>
- Where anyone in the household, including the support and/or childcare bubble develops Covid 19 symptoms, or has a confirmed positive test, other members of their household, including their support and/or childcare bubble should self-isolate.
- If anyone tests positive whilst not experiencing symptoms, but develops symptoms during the isolation period, they must re-start the 10 day isolation period from the day they developed symptoms.

ALL ACADEMIES: There is a suspected/confirmed case of coronavirus on the site.

A child is taken unwell on the site:

- 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 of the child and with appropriate adult supervision if required. **If it is not possible to isolate them, move them to an area, which is at least 2 metres away** from other people.
- Ideally, **a window should be opened** for ventilation.
- If they need to go to the bathroom while waiting to be collected, **they should use a separate bathroom if possible**. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else. PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs). **A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn**
- 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.
- The individual should not use public transport if they are symptomatic. In *exceptional circumstances*, if parents/carers cannot arrange to have their child collected, if age-appropriate and safe to do so, the child should walk, cycle or scoot home.
- If a member of staff has helped someone who was unwell with a new, continuous cough, high temperature, loss of sense of taste/smell, they do not need to go home unless they develop symptoms themselves, the symptomatic person themselves test positive, they themselves test positive from an LFT as part of the local testing programme or they are advised to do so via NHS Test and trace or Local PHE. **They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell.**

Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. See also the COVID-19: cleaning of non-healthcare settings guidance. <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>

Symptomatic Cases

When a child, young person or staff member develops symptoms compatible with coronavirus, **they should be sent home and advised to self-isolate for 10 days**. Their fellow household members, support and/or childcare bubbles should also self-isolate for 10 days.

- All staff who are attending an education or childcare setting will have access to a test if they display symptoms of coronavirus, and are encouraged to get tested in this scenario. **Please contact Mare Faichney if you need support to arrange this.**
- All students who are attending an education or childcare setting will have access to a test if they display symptoms of coronavirus, and are encouraged to get tested in this scenario. **Please advise parents to contact: www.nhs.uk/ask-for-a-coronavirus-test or phone 119**. In the exceptional circumstance where an individual has barriers to accessing testing elsewhere, academies have a small supply of additional home tests which can be used.
- Where the child, young person or staff member tests negative, they can return to their setting, as long as they are well. Fellow household members, people in their support and/or childcare bubble, can also end self-isolation, as long as they are well.
- Where the child, young person or staff member tests positive, **academy leaders must advise Council's Local PHE Covid response team (as below) who will guide them through the actions they need to take. If a parent advises the academy of a positive test, refer the parent to Stay at home guidance and follow point1 below.**
- As part of the national test and trace programme, if other cases are detected within the cohort or in the wider setting, **The council's Local PHE Covid response Team will conduct a rapid investigation and will advise on the most appropriate action to take.**
- Academies will keep a record of students and staff in each group, to support swift and effective close contact tracing to identify who needs to self-isolate.

Reporting Cases

ACADEMY/SITE LEADERS MUST:

1. FOLLOW LOCAL PHE GUIDANCE IN REPORTING **SUSPECTED AND CONFIRMED CASES** INTO THE AUTHORITY. Report this matter immediately City Council's Covid Response Team who can advise on next steps: E mail Tracecovid19@stoke.gov.uk or phone 01782 231222.
2. PLEASE THEN ENSURE YOU ADVISE S. BATES/M. FAICHNEY – who will support with any additional follow up you have been advised to take regarding notifying Public Health England Telephone 0344 225 3560 (opt 0, 2) or online at <https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2l> and/or RIDDOR - reporting guidance <https://www.hse.gov.uk/news/riddor-reporting-coronavirus.htm>
3. Additional Support: For any CONFIRMED CASES: If you have a confirmed case of coronavirus (COVID-19) within your nursery, school or college – Principals/Senior Leaders can also DfE's existing helpline on 0800 046 8687. Select the option for reporting a positive case. You will then be advised on actions you need to take. This line is open 8am – 6pm Mon-Fri and 10am – 6pm Sat and Sun. ***This support line is available for if Academy Leaders wish to use it.***

A member of staff undertaking a PCR TEST arranged through the NHS – CLARIFICATION ON DIFFERENT SCENARIOS

GUIDANCE IS DIFFERENT DEPENDENT UPON WHETHER YOU HAVE GONE FOR TESTING BASED ON :

1) HAVING SYMPTOMS AND ARRANGING A TEST.

- If a member of staff has symptoms, and goes for a PCR test which comes back negative – they **no longer need to self isolate, as long as they are well/have no ongoing Covid 19 symptoms.**

2) YOU HAVE BEEN SENT FOR/REQUIRED TO ATTEND FOR A PCR TEST BASED ON SOMEONE YOU HAVE HAD CONTACT WITH TESTING POSITIVE:

- If someone has tested positive and named you as close contact colleague, as part of the test and trace follow up, you will be contacted and required to undertake a test. **If the test is negative in THIS context, you must complete the 10 days self-isolation.**

3) YOU HAVE BEEN REQUIRED TO ATTEND FOR A PCR TEST BASED ON HAVING A POSITIVE LATERAL FLOW TEST OR TWO 'VOID' LATERAL FLOW TESTS –If the PCR test is positive, you must self-isolate as instructed by NHS Test and Trace. If the PCR test is taken within 2 days of the LFT and is negative, against a previous LFT 'Positive' you may only return to work if confirmation of this is given by NHS Test and Trace.

PLEASE CONTINUE TO ADVISE M FAICHNEY IN ALL CASES

Impact on risk through mitigation above alongside other protective factors mitigation, which contribute to a reduction of risk in this area.

Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)
2	5	10

Additional information: Risk can be further mitigated against and so lowered, through:

- Active monitoring processes being implemented
- Additional strategies outlined across sections below.

Current scientific guidance records **lower risk by implementation of all protective factors guidance.**

SECTION 2: ACADEMY OPERATIONS E: CLASS GROUPS/SIZES AND ACADEMY STAFFING

Risk No	Risk Name (briefly describe the risk)	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Responsibility	Monitoring	Dates for review
E1	Ability to maintain effective infection control and reduce transmission with full re-opening of schools.	3	5	15	SLG	ELG	Daily site monitoring (Principals). Weekly review (SLG/ELG)
MITIGATION STRATEGIES: Government/PHE protective factors guidance will be followed in full and as cited in other areas of this strategy.							
Student numbers and students needs information.							
<ul style="list-style-type: none"> Year group 'mega bubbles'/class bubbles been planned to best suit the individual academy, in line with gov./PHE guidance on minimising contacts. Class sizes are limited to 30, where possible. Consideration has been given to measures within classrooms – Layout should be front facing, not circular groupings, unless a clear rationale for amending this relating to Early Years and infants. Distance measures between teacher/children are observed appropriately. Students will be supported as needed with information about and reminders regarding minimising contacts, social distancing, hand hygiene and respiratory hygiene. 							
Staffing and allocation of staffing to groups to minimise number of adults to pupil contact ratios.							
<ul style="list-style-type: none"> Planning has considered how to most effectively minimise cross over of staff between areas of the site and class/year group bubbles. This is revised as required relating to any local tier restrictions and guidance. Staff have been advised to retain 2m distancing from students in lessons, where possible, and use of face coverings/face shields by staff and students is applied in all classrooms, corridors and communal areas in secondary academies and for staff where the social distancing is not possible in primaries. Staff are clear about time with each student is limited to 15 minutes maximum within 2m and less than 1 minute within 1m and the need for face coverings/shields in these situations. Secondary Staff have been advised on the updated guidance on the recommendation for face masks by staff and students in lessons alongside in corridors, communal areas. Staff classed as extremely clinically vulnerable/clinically vulnerable have mitigation risk assessments. This has been supported by and agreed with HR. Where clinically extremely vulnerable staff are advised to continue to shield, HR work directly with staff to enable this. HR have been advised ref any staff for whom H&S /Equalities and duties risk assessments may be needed. Set in place – or agreed as 'not required', as appropriate. Staff are aware of the need to review RA with HR if and when Government guidance is revised. Staff are aware of the expectations around staff leave and travel, in line with Government guidance. Staff have been advised of all updates to strategy, associated operational changes and processes to access welfare support or raise any concerns. 							

Impact on risk through mitigation above	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Additional information: Risk can be further mitigated against and so lowered, through: <ul style="list-style-type: none"> Active monitoring processes being implemented Additional strategies outlined across sections above/below. Current scientific guidance records lower risk by implementation of all protective factors guidance.
	1	5	5 (Dec)	

F: ADDITIONAL STAFFING, CROSS SITE WORKING AND VISITORS TO SITE

Risk No	Risk Name (briefly describe the risk)	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Responsibility	Monitoring	Dates for review
F1	Ability to maintain effective infection control and reduce transmission with full re-opening of schools.	3	5	15	SLG	ELG	Daily site monitoring (Principals). Weekly review (SLG/ELG) Update in line with PH guidance

MITIGATION STRATEGIES: Government/PHE protective factors guidance will be followed in full and as cited in other areas of this strategy.

Agency and Peripatetic staff.

- Plans to minimise use of agency staff are in place. Where possible, contracts for longer periods are set.
- Agency staff are made fully aware of academy procedures and risk measures, and must comply with them at all times. Compliance of visiting staff is monitored, alongside substantive staff, as part of active monitoring.
- Where peripatetic staff attend sites, Covid 19 secure risk documentation between the Trust and providers are shared and reviewed to ensure agreed compliance.
- Where there are ITT colleagues on site/arrangements are in place which comply with Trust strategy. ITT staff are made fully aware of academy procedures and risk measures, and must comply with them at all times. Compliance of visiting staff is monitored, alongside substantive staff, as part of active monitoring.
- HR must be made aware of all recruitment needs, which will then be supported/managed through HR recruitment protocols.

Cross Site working

- Trust protocols are in place and have been shared across all teams. The Trust protocols for cross site working must be followed at all times and will form part of active monitoring. They are reviewed regularly as part of active monitoring and always in response to any change in govt. guidance/local tier restrictions.

Contractors and suppliers

<ul style="list-style-type: none"> Life cycle works and statutory H&S related contract work must continue as scheduled. Where possible, contractors will visit outside of academy working day hours. All sites have submitted Operational information to Engie/Premises Officers. Outside of essential works, Trust protocols are in place and have been shared across all teams. The Trust protocols for visitors to site must be followed at all times. 				
Other Visitors to site				
<ul style="list-style-type: none"> Trust protocols are in place and have been shared across all teams. The Trust protocols for visitors to site must be followed at all times. They are reviewed regularly as part of active monitoring and always in response to any change in govt. guidance/local tier restrictions. Minimising contacts on site is in place. 				
Impact on risk through mitigation above	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Additional information: Risk can be further mitigated against and so lowered, through: <ul style="list-style-type: none"> Active monitoring processes being implemented Additional strategies outlined across sections above/below. Current scientific guidance records lower risk by implementation of all protective factors guidance.
	1	5	5	

G: ENVIRONMENT AND SHARED SPACES/RESOURCES

Risk No	Risk Name (briefly describe the risk)	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Responsibility	Monitoring	Dates for review
G1	Risk of reduced infection control due to ill-considered environment and shared space planning.	2	5	10	SLG MF/AC	ELG	Daily site monitoring (Principals). Weekly review (SLG/ELG) Review/update in line with PH guidance
MITIGATION STRATEGIES: Government/PHE protective factors guidance will be followed in full and as cited in other areas of this strategy.							
<ul style="list-style-type: none"> Start/end of day times have been considered and separate entrances and exits designated, to ensure no large gatherings/ ensure bubbles are kept separate. The site has been zoned as is possible, to avoid cross over of bubbles. Designated outdoor spaces/playground areas have been allocated to each mega bubble/class. Plans are in place regarding access to/use of shared facilities such as the canteen/dining room/specialist teaching rooms Designated toilets for use have been planned to support minimising cross over/use. 							

- Desks/tables set to ensure all students face the same direction/no grouped seating, unless a clear rationale for amending this relating to Early Years and infants.
- Rotation of access to specialist teaching areas is being accommodated through timetable/weeks blocking and rotation, to minimise use by different groups daily.
- Orientation work focused on any changes regarding evacuation/emergency planning procedures is in place for staff/students.
- For key individual equipment, plans in place for individual sets.
- For shared resources, these are limited to bubbles, where possible and plans are in place for regular cleaning.
- For shared specialist resources, e.g. Music, D&T, PE, Science equipment, plans are in place for frequent, thorough cleaning and timing of use. Between bubbles, (including classes if a single class is an identified bubble) equipment is cleaned between use or not used again for 48 hrs (72hrs for plastics). **Subject leaders update additional risk assessments/CLEAPPS specific guidance is in place as needed.**
- Site checks and planned preventative maintenance works are undertaken daily to ensure H&S requirements are supported in each zone.
- Review of any specific risk associated for zones, and completion of any associated, additional risk assessments/updates to emergency planning procedures is undertaken and reviewed regularly.
- Cleaning routines are effectively implemented throughout the day and daily, with additional cleaning on all sites established.
- Site cover in place to support the meeting of site needs/checks across all zones daily.
- Protocols are in place for access to the site by service providers, parents and carers, visitors and dual site staff to support infection control and avoid group 'gatherings'.
- Use of face coverings is in place, in line with Government guidance, in classrooms, communal areas and corridors for students and staff in secondary settings, in communal areas and where social distancing guidance recommends for staff in primary settings and for all visitors to our sites.
- Parents have been made aware of the new arrangements and are updated with regard to any changes.

Ventilation

Mechanical ventilation systems – these should be adjusted to increase the ventilation rate wherever possible, and checked to confirm that normal operation meets current guidance (if possible, systems should be adjusted to full fresh air or, if not, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply. Where mechanical ventilation systems exist, they will be maintained in accordance with the manufacturers recommendations. **Please liaise with Sharon Bates regarding planned use of any mechanical ventilation systems.**

Natural ventilation.

- Doors are propped open, where safe to do so (bearing in mind fire safety and safeguarding), and windows are open to limit use of door handles and aid ventilation
- If necessary external opening doors may also be used (as long as they are not fire doors and where safe to do so)

Estates

Plans are in place to ensure all the usual pre-term, weekly and daily building checks are undertaken to make the school safe. (Please see wider opening checklist, life cycle and capital works schedules, PPM sheets and active monitoring checks) Wider opening active monitoring checklists and processes include:

- Consideration of the need for any additional resources on sites, e.g. waste bins/handwashing stations?
- Adequate ventilation being in place
- Restrictions in place regarding e.g. air conditioning units/hand dryers.

Focus has been given to: Covid specific plans alongside general legislation H&S strategy. Sharing of strategy with all parties. Monitoring, review and update procedures. Roles and responsibilities. Risk Assessments for specific areas/aspects. Consultation with staff. Processes for raising concerns/resolving issues.

Impact on risk through mitigation above	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Additional information: Risk can be further mitigated against and so lowered, through: <ul style="list-style-type: none"> • Active monitoring processes being implemented • Additional strategies outlined across sections above/below. Current scientific guidance records lower risk by implementation of all protective factors guidance.
	1	5	5	

H: PLAYGROUNDS/USE OF PLAY EQUIPMENT

Risk No	Risk Name (briefly describe the risk)	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Responsibility	Monitoring	Dates for review
H1	Transmission of infection via hard surface play Equipment.	2	5	10	Site Teams Duty Staff	Principals	Active monitoring (Principals and SLT).
H2	Lack of infection control when using playground Equipment.	2	5	10	Site Teams Duty Staff	Principals	Active monitoring (Principals and SLT).

H3	Lack of consideration for the needs of individual children who may use the equipment	2	5	10	Site Teams Duty Staff	Principals	Active monitoring (Principals and SLT).
MITIGATION STRATEGIES: Government/PHE protective factors guidance will be followed in full and as cited in other areas of this strategy.							
<u>Preparing a playground for wider re-opening.</u>							
<ul style="list-style-type: none"> Site leaders/Principals have ensured playground and/or exercise equipment is safe to use and that risks from damaged or defective equipment are addressed before wider opening. Consideration has been given to poor weather arrangements and discussed with Executive Team as required for identification of additional mitigation. 							
<u>Infection Control: Hand hygiene: 'Hands, Face, Space'.</u>							
<ul style="list-style-type: none"> Hand sanitiser gel or wipes should be easily accessible to staff on duty, for children to clean their hands with. Encourage all users to wash/sanitise hands more often than usual, for 20 seconds using soap and water or approved gel and foam sanitiser, particularly at the beginning and end of play. Use disposable paper towels in handwashing facilities where possible Advise users not to touch their faces, and to cough or sneeze into a tissue or arm when a tissue is not available. 'Catch it, kill it, bin it.' Remind children not to put their mouths on equipment or their hands in their mouths When communicating safety messages, ensure those with hearing or vision impairments can access these messages. Consideration should also be given on how to assist those with disabilities with complying with the changes. where practicable, provide hand sanitiser (automated where possible) or hand washing facilities at the entry and exit points 							
<u>Infection Control: Use of face coverings: 'Hands, Face, Space'.</u>							
<ul style="list-style-type: none"> Use of face coverings is in place, as needed, and in line with government policy and guidance, in communal areas and corridors for students and staff in secondary settings, and staff in primary settings. 							
<u>Infection Control: Social distancing: Hands, Face, Space'.</u>							
<ul style="list-style-type: none"> Promote and remind all users of the need for social distancing and minimising contact. Support this through effective number of equipment monitoring duty staff. 							
<u>If equipment is in an enclosed area:</u>							
<ul style="list-style-type: none"> An advisory limit on the maximum number of users able to use play equipment must be set, in line with current bubble group numbers. Signs must be available which communicate this maximum number. Where practicable, implement a booking system so that users can book a slot to use the equipment, supporting planned clean down in between use. 							

Equipment: - limit the number of users able to use a particular piece of equipment to minimise the transmission risk of COVID-19.

Potential measures include:

- Signs to communicate maximum number of users at one time
- Limit the available number of seats on equipment or numbers of swings available to promote social distancing.
- Set times equipment can be used and, if required, a time limit for use and use signs to communicate this to users.
- Use adjacent space for queues or waiting areas for users, using barriers, markings or signs where it is safe to do so.
- When implementing a queue or waiting area, consideration must be taken of its impact on the surrounding space and ensure it does not impede other users, particularly considering those with visual or hearing impairments, mobility problems and invisible disabilities
- Consider the introduction of a clearly marked one way system around the equipment, to help prevent users from coming into close contact with each other.
- Where equipment is less than 2 metres apart, pieces of equipment should be moved/closed off, to allow social distancing measures to be adhered to if possible. If not possible, 1 metre distance with risk mitigation is acceptable. The mitigations should be set out in the risk assessment. **(Add as specifically needed by site)**

Cleaning: This should include establishing cleaning regimes for:

- Playground equipment for children, usually up to age 14, such as slides, monkey bars and climbing frames
- Semi enclosed playhouses or huts for small children
- Enclosed crawl through 'tunnels' or tube slides
- Exercise bars.
- Entry and exit points such as gates
- Seating areas such as benches and picnic tables
- Providing more waste facilities and more frequent rubbish collection.

Considering children with additional needs:

- Planning must take into account the requirements of children with additional needs, linked to individual children's risk assessments.

Issues that are likely to be specific to this group include:

- An understanding that many need frequent reminders about rules of behaviour in playground settings
- Changes to familiar environments are likely to require longer periods of adjustment
- Children with physical and sensory disabilities may need assistance with moving from one place to the next
- Some children with additional needs such as autism find it difficult to adjust to changes and may need additional support/orientation.
- Some additional needs are not evident, such as hearing loss, and may therefore account for non-responsiveness to verbal instruction
- Queuing for apparatus can be a source of frustration, and the cause of agitation, and needs additional consideration for some children.
- Is there a higher risk of being involved in bullying incidents, which needs additional mitigation? **(Add as specifically needed by site)**

Keeping staff safe:

- By ensuring clear daily rotation of cleaning plans for playground equipment/surrounding areas
- By planning for managing queues of those waiting to use equipment
- By ensuring adequate numbers for stewarding equipment to ensure users comply with rules.
- If any individual risk assessment for a member of staff on duty or supporting a key pupil, shows that PPE is required, this should be provided and it must fit properly.

It is important that employees use face coverings properly and wash their hands before putting them on and before and after taking them off.

Academy leaders should support their staff in using face coverings safely. This means telling staff:

- Wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on, and before and after removing it
- When wearing a face covering, avoid touching your face or face covering, as you could contaminate them with germs from your hands
- Change your face covering if it becomes damp or if you've touched it
- Continue to wash your hands regularly
- Change and wash your face covering daily
- If the material is washable, wash in line with manufacturer's instructions. If it is not washable, dispose of it carefully in your residual 'black bag' waste. Do not put it in the recycling bin
- Practice social distancing wherever possible

Impact on risk through mitigation above	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Additional information: Risk can be further mitigated against and so lowered, through: <ul style="list-style-type: none">• Active monitoring processes being implemented• Additional strategies outlined across sections above/below. Current scientific guidance records lower risk by implementation of all protective factors guidance.
	1	5	5 (Dec)	

I: EDUCATION PROVISION

Risk No	Risk Name (briefly describe the risk)	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Responsibility	Monitoring	Dates for review
I1	Ability to provide a full curriculum offer which is broad and balanced and meets all learners needs.	2	5	10	SLG	ELG	Daily site monitoring (Principals). Weekly review (SLG/ELG)

MITIGATION STRATEGIES: Government/PHE protective factors guidance will be followed in full and as cited in other areas of this strategy.

Attendance

- School attendance became mandatory for all students from 8 March. (DFE: School Coronavirus Operational Guidance)
- The usual rules on school attendance apply. Leaders will continue to communicate clearly and consistently the expectations around school attendance to families and offer reassurance and support as needed and appropriate, to enable families to meet mandatory expectations.
- Students who have been confirmed as clinically extremely vulnerable can return to school from 1st April, unless they are one of the very small number of pupils under paediatric or other specialist care and have been advised by their GP or clinician not to attend.
- Leaders will ensure that remote education is provided for students who are unable to attend school because they are complying with government guidance or legislation around coronavirus (COVID-19).
- Leaders will also ensure that pastoral support is offered to students who are: • self-isolating • shielding • vulnerable
- Where students are not able to attend school, as they are following clinical or public health advice related to coronavirus (COVID-19), the absence will not be penalised.
- Academy leaders can request from parents a copy of the shielding letter sent to CEV children, to confirm that they are advised not to attend school or other educational settings.

ON SITE CURRICULUM

- A broad and ambitious curriculum is planned for, focusing on priority aspects within stages/subjects, to close gaps/accelerate progress, rather than reduce curriculum offer.
- RSHE in Secondaries and RHE in Primaries will be part of the curriculum offer to our students. Content is based on the needs of our students, with particular attention to the importance of positive relationships, as well as mental and physical health.
- Consideration has been given to staff moving across classes, minimising contacts as is possible whilst ensuring students can access subject specialists assigned to each mega bubble.
- Due regard has been given to social distancing and CLEAPSS guidance (PE/Science/D&T/Perf. Arts), to support how some subjects are delivered most safely. Subject leaders have developed subject specific risk assessments as required, with particular emphasis on practical aspects of PE, D&T, Science, Music and Performing Arts. These risk assessments have been checked and approved by Line Managers/Senior Leaders.
- Performances with an audience will not be hosted. Consideration will be given to alternatives such as live streaming and recording performances, subject to the usual safeguarding considerations and parental permission.

- Timetable planning/environment requirements/facilitated blocked weeks for access to specialist teaching areas, have been considered to support reduction in movement/use of specialist space, reduction in potential transmission/fulfilling of breadth of curriculum offers.

For PE

- PE lessons can be held indoors, including those that involve activities related to team sports, for example practising specific techniques, within the system of controls. *(large indoor spaces used, maximising natural ventilation flows (through opening windows and doors or using air conditioning systems wherever possible), distancing between pupils, and scrupulous attention to cleaning and hygiene.)*
- Outdoor provision in place as much as possible and all contact sports are avoided. PE leaders update as required against subject association guidance, including government guidance regarding team sports:
- External facilities can also be used in line with government guidance for the use of, and travel to and from, those facilities.
- For team sports, only consider those sports whose national governing bodies have developed guidance under the principles of the government’s guidance on team sport and been approved by the government such as sports on the list available at grassroots sports guidance for safe provision including team sport, contact combat sport and organised sport events. <https://www.gov.uk/guidance/coronavirus-covid-19-grassroots-sports-guidance-for-safe-provision-including-team-sport-contact-combat-sport-and-organised-sport-events>
- From 29 March, outdoor competition between different schools can take place.
- From 12 April, indoor competition between different schools can take place.

REMOTE CURRICULUM:

- Plans and systems are in place to enable immediate move to a remote learning curriculum, in line with the DFE contingency framework, in the case of a need to do so. <https://www.gov.uk/government/publications/coronavirus-covid-19-contingency-framework-for-education-and-childcare-settings/contingency-framework-education-and-childcare-settings-excluding-universities>
- Plans and systems are in place to provide remote learning, of a high quality which is in line with on-site curriculum learning, for any student/group of students absent due to isolation/medical needs.
- Information has been provided for all parents with regard to curriculum provision as needed.

Impact on risk through mitigation above	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Additional information: Risk can be further mitigated against and so lowered, through:
	1	5	5	<ul style="list-style-type: none"> • Active monitoring processes being implemented • Additional strategies outlined across sections above/below. Current scientific guidance records lower risk by implementation of all protective factors guidance.

J: EXTENDED PROVISION AND ENRICHMENT

Risk No	Risk Name (briefly describe the risk)	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Responsibility	Monitoring	Dates for review
J1	Ability to provide a full enrichment curriculum offer To meet the needs of all learners.	3	5	15	SLG	ELG	Daily site monitoring (Principals). Weekly review (SLG/ELG) Update in line with PH guidance
MITIGATION STRATEGIES: Government/PHE protective factors guidance will be followed in full and as cited in other areas of this strategy.							
Wrap around care/extended provision.							
<ul style="list-style-type: none"> Staff and parents have been made aware that this can resume and continue and from 12 April all parents may access wraparound and extra-curricular provision, without any restrictions on the reasons for which they may attend. Internal staffing provision will follow all academy/Trust risk strategy protective measures. Information will be available to parents regarding specific arrangements. Regarding external providers to our sites, they will be advised that they should continue to minimise mixing between children. This can be achieved by taking steps such as trying to keep children in the same school day bubble or school together, or in consistent groups. If the provision is taking place indoors and it is not possible to group children in the same bubble as they are in during the school day, providers should try to keep them in consistent groups of no more than 15 children and at least one staff member. A copy of the provider risk strategy will be held on site and checks will be undertaken to ensure that it fully complies with Trust arrangements. External providers will be required to provide our parents with/make available to parents, provider information on risk assessments/protective measures in place Activities taking place outdoors can happen in groups of any number. This is because the transmission risk is lower outside. Use of face coverings will follow national guidance for all extended provision and enrichment on academy sites. Where parents are using external childcare providers or out of school extra-curricular activities for their children, they will be advised to limit their use of multiple out-of-school settings providers, and to only use one out-of-school setting in addition to school as far as possible. They will also be encouraged to check providers have put in place their own protective measures. Parents can view guidance: https://www.gov.uk/government/publications/guidance-for-parents-and-carers-of-children-attending-out-of-school-settings-during-the-coronavirus-covid-19-outbreak/guidance-for-parents-and-carers-of-children-attending-out-of-school-settings-during-the-coronavirus-covid-19-outbreak 							
Alternative Provision							
<ul style="list-style-type: none"> Where students from the academy attend dual provision/alternative provision, this can continue, unless otherwise directed by Government. Individual risk assessments will be undertaken to balance and safeguard the provision entitlement with mitigate risk of transmission cross sites/groups. Academy leaders must have and keep up to date lists of students this involves, along with risk assessments. This process will be supported by the Director of SEND and Inclusion. 							
Off site visits. THIS ADVICE WILL BE KEPT UNDER GOVERNMENT REVIEW AND DATES REMAIN SUBJECT TO CHANGE							

- In line with the roadmap, schools can resume educational day visits from 12 April.
- Any educational day visits must be conducted in line with relevant coronavirus (COVID-19) secure guidelines and regulations in place at that time. This includes system of controls, such as keeping children within their consistent groups and the COVID-secure measures in place at the destination.
- Academy leads will undertake full and thorough risk assessments in relation to all educational visits to ensure they can be undertaken safely. As part of this risk assessment, consideration will be given to control measures to be used and academies will follow wider advice on visiting indoor and outdoor venues. All planning will be undertaken through EVOLVE, with due consideration of the health and safety guidance on educational visits when considering visits.
- Domestic residential educational visits are advised against until at least 'Roadmap' step 3, no earlier than 17 May.
- International visits cannot take place and guidance will be updated in time.

Contingency Communications

- If there is a confirmed case/outbreak on the site, information will be provided to all on site/off site extended provision providers as required, in line with actions required by Local PHE.

Impact on risk through mitigation above	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Additional information: Risk can be further mitigated against and so lowered, through: <ul style="list-style-type: none"> • Active monitoring processes being implemented • Additional strategies outlined across sections above/below. Current scientific guidance records lower risk by implementation of all protective factors guidance.
	1	5	5	

K: CATCH UP, ADDITIONAL INTERVENTION AND SUPPORT

Risk No	Risk Name (briefly describe the risk)	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Responsibility	Monitoring	Dates for review
K1	Ability to provide additional support to meet the needs of all learners.	3	5	15	SLG	ELG	Daily site monitoring (Principals). Weekly review (SLG/ELG)
MITIGATION STRATEGIES: Government/PHE protective factors guidance will be followed in full and as cited in other areas of this strategy.							
Catch up							
<ul style="list-style-type: none"> Rigorous monitoring of attendance, engagement and progression in learning is in place for students are on remote learning. Swift identification, monitoring and review is in place, of key individuals/groups for learning interventions required to enable home/academy support to close learning gaps. ELG, DLG and SLG planning in place for initiation and implementation of focused learning interventions, supported by Government funding. 							
Well being							
<p>Consideration has been and will continue to be given to the provision of pastoral extra- curricular and support activities to all students designed to:</p> <ol style="list-style-type: none"> support and maintain the rebuilding of friendships and social engagement. address and equip students to respond to issues linked to coronavirus (COVID-19). support students with approaches to improving their physical and mental wellbeing. (For resources and guidance, please see: https://www.minded.org.uk/Component/Details/685525) 							
Behaviour							
<ul style="list-style-type: none"> Policies have been updated as needed to support the whole community and retain a focus on minimising exclusions. Particular focus is planned, with support from the Director of SEND and Inclusion for support for students impacted by adverse experiences, lack of routines, trauma, SEMH. Training requirements for staff to enable them to support behaviour have been implemented as needed. 							
Safeguarding							

- Policies have been updated as needed, in light of additional factors around Covid 19 and the impact of this within and across the community.
- Consideration has been given to the provision of additional staffing support with regard to:
 1. Work with school health team to support needs of students.
 2. support for resilience, mental health and wellbeing including anxiety, bereavement and sleep issues
 3. supporting vulnerable children and keeping children safe
 4. Planning and implementation of Lateral Flow Testing (LFT) programmes in academies.

Impact on risk through mitigation above	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Additional information: Risk can be further mitigated against and so lowered, through: <ul style="list-style-type: none"> • Active monitoring processes being implemented • Additional strategies outlined across sections above/below. Current scientific guidance records lower risk by implementation of all protective factors guidance.
	2	5	10	

L: MANAGING COMPLEX NEEDS CASES

Risk No	Risk Name (briefly describe the risk)	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Responsibility	Monitoring	Dates for review
L1	Addressing vulnerabilities of children and young people with complex needs to ensure their health and that of staff working directly with them is not compromised .	3	5	15	SENCOs/ Inclusion Teams	Director of SEND	Review/update in line with Govt/Children's Services and Social Care guidance

MITIGATION STRATEGIES: Government/PHE protective factors guidance will be followed in full and as cited in other areas of this strategy.

- Clinically extremely vulnerable students returning to school will be supported through home/school planning and discussion with regard to additional mitigation required to support their return.
- Clinically extremely vulnerable students who remain advised to shield will be fully supported to engage in learning at home/remote learning and support to them and their families will be directed through the Director of SEND and Inclusion working with Academy Principals and Inclusion Teams.
- Vulnerable groups children are expected to be in school and Academy leaders will work proactively with parents and families and multiagency partners to ensure this. Where there is a case for a child from these groups to remain at home, through an identified professional recommendation, or government advisory letter, multi-agency support will be in place to support the child and the family.
- A RAG rating system is in place between academies and the Local Authority to monitor where there are risks, in order to implement appropriate action. Under national lockdown, children's services and social care provision will continue as they have been to protect & support the most vulnerable/disadvantaged children/young people.

<ul style="list-style-type: none"> Principals and the Director of SEND and Inclusion will support SENCOs in monitoring EHCP/SEND support students, and students with medical needs. Individual risk assessments will be in place to ensure full and appropriate monitoring and support for students with an EHCP and/or learning/medical need pending EHCP. 					
<ul style="list-style-type: none"> Principals and Inclusion leads will work with Children’s Services, Social Care and the School Health Hub to carefully monitor and support children on a CP/ CHN/Medical plan. 					
<ul style="list-style-type: none"> Inclusion teams and identified link staff for each site will support children and families engaged in Early Help. 					
<ul style="list-style-type: none"> Daily calls will be routinely in place for any students not attending school. Weekly calls and monitoring of engagement in learning will be in place for remote learning cases. 					
<ul style="list-style-type: none"> Parents are aware of expectations regarding attendance and the academy team work with the EWO to address and resolve any attendance concerns. 					
<ul style="list-style-type: none"> Risk assessments will be in place for behaviourally challenging/AP students returning to school to ensure protocols are followed and not compromised. 					
<ul style="list-style-type: none"> Mitigation of risk plans will be in place to support individual children and key staff working with them, with regard to use of face coverings where mandated and exemptions 					
<ul style="list-style-type: none"> Plans will be in place to ensure support assistance for students with identified needs to engage in Lateral Flow Testing programmes where consent is given for them to engage. 					
Impact on risk through mitigation above		Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Additional information: Risk can be further mitigated against and so lowered, through: <ul style="list-style-type: none"> Active monitoring processes being implemented Additional strategies outlined across sections above/below. Current scientific guidance records lower risk by implementation of all protective factors guidance.
		1	5	5 (Dec)	

M: TRANSPORT

Risk No	Risk Name (briefly describe the risk)	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Responsibility	Monitoring	Dates for review
M1	Ability to reduce transmission of infection, through Use of public/school transport.	3	5	15	SLG	ELG	Daily site monitoring (Principals). Weekly review (SLG/ELG) Update in line with PH guidance
MITIGATION STRATEGIES: Government/PHE protective factors guidance will be followed in full and as cited in other areas of this strategy.							
Dedicated School Transport							

Where any academy students are identified as travelling on dedicated school transport, leaders will verify with the provider that govt. recommendations are followed as below:

- Social distancing should be maximised within vehicles
- Children either sit with their 'bubble' on school transport, or with the same constant group of children each day
- Children should clean their hands before boarding transport and again on disembarking
- Additional cleaning of vehicles is put in place
- Organised queuing and boarding is put in place
- Through ventilation, fresh air (from outside the vehicle) is maximised, particularly through opening windows and ceiling vents

Children must not board home to school transport if they, or a member of their household, has symptoms of coronavirus (COVID-19).

Public transport.

- Academy leaders will encourage parents, staff and pupils to walk or cycle to school where possible, to ease pressures on public transport at peak times. Parents can access guidance via: <https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers>
- Where numbers suggest high % of travel on public transport, the academy will liaise with the Local Authority regarding additional measures recommended by the Dept. of Transport/LA for the local area.
- Consideration will be given to any associated decisions regarding staggering of start/end times which will support reducing pinch points in use of public transport.

Academy/Trust transport.

- Planning will focus on how students are grouped together on transport, (where possible this should reflect the bubbles that are adopted within academies)

Before, during and after use of academy transport, the following steps will be taken to minimise risk of infection/transmission.

- Thorough washing of hands/ Use of hand sanitiser upon boarding and/or disembarking
- Additional cleaning of vehicles
- Organised queuing and boarding where possible
- distancing within vehicles wherever possible
- The use of face coverings for children over the age of 11, where appropriate. (for example, linked to updated guidance regarding communal spaces and/or if they are likely to come into very close contact with people outside of their group or who they do not normally meet)

For any Positive case identified

When someone who tests positive has travelled in the same vehicle as other people, Academy leads will assess who counts as a close contact. In doing so, consideration will be given to the factors below:

- vehicle size
- degree of face-to-face contact
- length of time in close proximity
- whether a Perspex screen is in place

Impact on risk through mitigation above	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Additional information: Risk can be further mitigated against and so lowered, through: <ul style="list-style-type: none"> Active monitoring processes being implemented Additional strategies outlined across sections above/below. Current scientific guidance records lower risk by implementation of all protective factors guidance.
	1	5	5	

N: CLEANING AND WASTE

Risk No	Risk Name (briefly describe the risk)	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Responsibility	Monitoring	Dates for review
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M1	Ineffective cleaning of all sites. Lack of understanding of additional measures, to be implemented in the situation of a suspected case on site.	3	5	15	SBM/Site Supervisors	VL/MF SITE STAFF/ SBMs	Daily site monitoring Weekly review (AC) Review/update in line with PH guidance
MITIGATION STRATEGIES: Government/PHE protective factors guidance will be followed in full and as cited in other areas of this strategy.							
<ul style="list-style-type: none"> All sites are supported by an external cleaning service provider – with Covid 19 cleaning systems and procedures ensured. All Academy/Central Team leads will be provided with copies of contractor protocols. Academy leaders will ensure that all adults and children: frequently wash their hands with soap and water for 20 seconds and dry thoroughly, clean their hands on arrival at the setting, before and after eating, and after sneezing or coughing, are encouraged not to touch their mouth, eyes and nose, use a tissue or elbow to cough or sneeze and use bins for tissue waste ('catch it, bin it, kill it') Full opening planning supports zoning of areas/reduction in movement and footfall and de-cluttering of spaces to support cleaning and hygiene. The Deputy Finance Officer oversees all aspects of the cleaning contract, supported by the ED - Estates/HR Director, SBMs and site teams. The DFO and provider have implemented additional deep cleaning and sanitization protocols additionally as required beyond scheduled and additional cleaning regimes. The Provider will provide additional guidance to all Academy leaders and staff regarding cleaning protocols. For secondary academies, additional cleaning and clinical waste collection linked to Lateral Flow Testing programme areas will be implemented in line with guidance. 							
<p>In the case of any person being unwell on the site, (see section below), where there is a suspected/actual case of Covid 19, ELG and the HR Director, with SLG will</p> <ol style="list-style-type: none"> Seek advice as required from the DfE Public Health Advisors and local Public Health England (PHE) Health Protection Team (HPT) Ensure implementation of all steps in the government guidance. https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings <ul style="list-style-type: none"> Cleaning an area/Use of PPE and cleaning products use. Storage of waste pending outcomes from testing/disposal of products used and waste materials. Laundry 							
Impact on risk through mitigation above		Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Additional information:		
		1	5	5 (Dec)	<p>Risk can be further mitigated against and so lowered, through:</p> <ul style="list-style-type: none"> Active monitoring processes being implemented Additional strategies outlined across sections above/below. <p>Current scientific guidance records lower risk by implementation of all protective factors guidance.</p>		

O: CATERING

Risk No	Risk Name (briefly describe the risk)	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Responsibility	Monitoring	Dates for review
O1	Organisation of catering on site to support social distancing, reducing risk to effective infection control and health of the site community.	3	5	15	City Catering CLT Catering	VL SBMs	Daily site monitoring Weekly review /update in line with PH guidance
MITIGATION STRATEGIES: Government/PHE protective factors guidance will be followed in full and as cited in other areas of this strategy.							
<ul style="list-style-type: none"> All catering teams have relevant Covid 19 secure protocols in place and are aware and updated with regard to academy Covid 19 secure risk strategy areas and government guidance. https://www.gov.uk/government/publications/covid-19-guidance-for-food-businesses/guidance-for-food-businesses-on-coronavirus-covid-19 All sites implement zoning, to eradicate communal gathering areas and minimise footfall/sharing of spaces and resources, in line with social distancing protocols. All sites have assessed the most effective ways to accommodate lunch provision, including consideration of use of biometrics/sanitisation for this - menu options in line with legal guidance on provision. This includes planned staggering lunch times, making arrangements for lunches to be taken within zones and/or minimising use of facilities to appropriate numbers, with clean down protocols in between use by groups. Where active monitoring and review identify an opportunity to develop/adapt systems, revised planning is initiated and consulted upon appropriately. The DFO, V. Leon, will liaise with City Catering and with the Trust's Catering services to review catering protocols and ensure that they meet all H&S and government/PHE updated guidance and recommendations for preparation and serving of food, hot and cold. Site leads will be provided with copies of external provider protocols. Academy leaders have put steps in place to ensure use of staff areas does not conflict with zoning arrangements on the site. Use of any kitchen facilities has been included in this review and planning and shared use of equipment/communal areas has been appropriately provisioned. Social distancing protocols will apply to all students and staff whilst lunch is being taken, lunches are staggered and zoned appropriately to ensure this. Use of face coverings by secondary age students, in communal areas and corridors, will be applied appropriately and in line with guidance. Students must wear face coverings on entry to lunch and as exiting. Face coverings can only be removed whilst eating. Primary Principals and their Senior Leadership teams will consider and make plans to ensure that very young children are able to eat lunch, independent of any direct support from staff. This will include liaison with parents as required. Where arrangements need to be made for complex needs students, there will be a risk assessment in place to support this. Waste disposal is in line with catering services H&S protocols along with compliance with Covid 19 secure protective measures. Prior to full opening, external contractor cleaning and maintenance of kitchen equipment undertaken. 							

Impact on risk through mitigation above	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Additional information: Risk can be further mitigated against and so lowered, through: <ul style="list-style-type: none"> Active monitoring processes being implemented Additional strategies outlined across sections above/below. Current scientific guidance records lower risk by implementation of all protective factors guidance.
	1	5	5 (Dec)	

SECTION 3 CONTINGENCY

P: CONTINGENCY FRAMEWORK AND REMOTE LEARNING

Risk No	Risk Name (briefly describe the risk)	Probability (1-5)	Impact (1-5)	Total Risk (probability x impact)	Responsibility	Monitoring	Dates for review
K1	A local outbreak on site, or across the local area results in the academy needing to close, or partially close to a group/groups.	5	5	25	MF (OTH) SLG	ELG MF (HR)	Daily site monitoring. Weekly review Review/update in line with PH guidance.

MITIGATION STRATEGIES: Government/PHE protective factors guidance will be followed in full and as cited in other areas of this strategy.

Group(s) self-isolation recommended.

All staff will be made aware of:

- In some cases, health protection teams may recommend that a larger number of other students self-isolate at home as a precautionary measure, e.g. a year group. In the event that this is recommended, the CEO must be advised immediately.

Closure of a site/community area. *Following implementation of the Contingency Framework, an educational setting should not move to implement restrictive measures of the kind set out in the contingency framework without the explicit agreement of DFE*

All staff will be made aware that:

- If Principals have concerns regarding the ability to remain open, **the CEO must be advised immediately. No decision to close a site can be made until all required processes have been followed and a decision has been made, in accordance with guidance.**
- In the event that the DFE Public Health Advisors/ Local Authority Covid 19 response team direct the partial closure/closure of an academy/site, or additional actions are set locally, related to tiers in place, the CEO will be advised immediately of recommendations and actions will ensue as required.
- In all circumstances, priority will continue to be given to vulnerable children and young people and children of critical workers to attend full time.

Informing parents

All staff will be made aware that:

- In the event of the Public Health response team, or the CEO in discussions with the DFE/RSC, taking the decision to partially close/close a site/apply the contingency framework, guidance will be given with regard to information for parents and the local community.

Media Communications

All staff will be made aware that:

- In the event that an academy is contacted directly by the media, for any reason, no statement or information is to be provided. Contact details should be taken and contacts advised that a Senior colleague will respond accordingly. This information must then be immediately directed to the ELG (Executive Leadership Group) via Karen Greenhall. kgreenhall@citylearningtrust.org

Remote Learning

Planning: Remote education planning is in place for individual/groups of self-isolating students, to enable them to engage with curriculum learning as is taking place on site.

- Remote education planning in place for the rare scenario whereby the contingency framework comes into play. This includes support with devices for accessing provision.

Blended Learning:

- High-quality online and offline resources, teaching videos, live learning opportunities are prepared and linked to the academy's curriculum expectations and provision.
- Online platform tools will be consistently used, in order to allow interaction, assessment and feedback are ready and staff are trained in how to use them effectively.
- Printed resources, such as textbooks and workbooks are immediately available for students who do not have suitable online access.
- Plans are in place to work with families to enable delivery of a broad and ambitious curriculum for younger/SEND students.

For situations when teaching students remotely becomes necessary, plans are effectively in place to immediately be able to:

- Teach a planned and well-sequenced curriculum so that knowledge and skills are built incrementally, with a good level of clarity about what is intended to be taught and practised in each subject.
- provide frequent, clear explanations of new content, delivered by a teacher in the school or through high quality curriculum resources and/or videos
- Gauge how well students are progressing through the curriculum using questions and other suitable tasks, and provide feedback, at least weekly, using digitally facilitated or whole-class feedback where appropriate
- Enable teachers to adjust the pace or difficulty of what is being taught in response to questions or assessments, including, where necessary, revising material or simplifying explanations to ensure students' understanding
- Set work that is of equivalent length to the core teaching students would receive in school, and as a minimum: **primary:** 3 hours a day, on average, across the school cohort . For **secondary:** 4 hours a day, with more for students working towards formal qualifications this year.
- Have systems for checking, at least weekly, whether students are engaging with their work, and inform parents immediately where engagement is a concern

- Home working protocols are in place for staff for as/if needed.
- All staff have experience of working from home and expectations for this.
- All staff have experience of line management and welfare contact systems when home working.
- A CLT Curriculum, blended learning and online communications policy suite is available to all academies.

Welfare and support				
<p>For situations when individuals/groups are self-isolating, or the contingency framework is agreed and implemented.</p> <ul style="list-style-type: none"> Plans regarding keeping in touch contact to be made with each pupil/parent, when and how. Welfare and Inclusion leaders on each site are briefed regarding immediate protocols in the event of a group self-isolating/contingency framework being implemented. Systems are in place for checking, at least weekly, whether students are engaging with their work, and inform parents immediately where engagement is a concern Plans are in place for provision of meals support where needed, for FSM children. 				
<p>Impact on risk through mitigation <i>above alongside other protective factors mitigation, which contribute to a reduction of risk in this area.</i></p>	<p>Probability (1-5)</p>	<p>Impact (1-5)</p>	<p>Total Risk (probability x impact)</p>	<p>Additional information: Risk can be further mitigated against and so lowered, through:</p> <ul style="list-style-type: none"> Active monitoring processes being implemented Additional strategies outlined across sections below. Current scientific guidance records lower risk by implementation of all protective factors guidance.
	<p>3</p>	<p>4</p>	<p>10 (Dec)</p>	

APPENDIX 1: Government and H&S Guidance Links: Latest Government Guidance: <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak>

Additional guidance referenced in the updates from September 2020 through to April 2021 are listed below:

- RHE training module: <https://www.gov.uk/guidance/teaching-about-mental-wellbeing>
- Work with school health team - <https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>
- Test and Trace: <https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works#people-who-develop-symptoms-of-coronavirus>
<https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/>
- Stay at home guidance: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>
- Guidance on safe use of PPE: <https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe>
- Decontamination: <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>
- Safe working: <https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care>
- PHE Locality Teams: <https://www.gov.uk/guidance/contacts-phe-health-protection-teams>
- Getting Tested: <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>
- Shielding updates: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

10. Clinically vulnerable: <https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing#clinically-vulnerable-people>
11. Review of disparities in risks: <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>
12. Mental Health support: <https://www.gov.uk/government/news/extra-mental-health-support-for-students-and-teachers>
<https://covid.minded.org.uk/>
13. 15. Remote Education: <https://www.gov.uk/government/collections/case-studies-remote-education-practice-for-schools-during-coronavirus-covid-19>
<https://www.gov.uk/government/publications/coronavirus-covid-19-online-education-resources>
14. Safeguarding in Covid 19: <https://www.gov.uk/government/publications/covid-19-safeguarding-in-schools-colleges-and-other-providers>
15. Staff taking leave: <https://www.gov.uk/government/publications/coronavirus-covid-19-how-to-self-isolate-when-you-travel-to-the-uk/coronavirus-covid-19-how-to-self-isolate-when-you-travel-to-the-uk>
16. School Kitchens/Catering: <https://www.gov.uk/government/publications/covid-19-guidance-for-food-businesses/guidance-for-food-businesses-on-coronavirus-covid-19>
17. Legionella: <https://www.hse.gov.uk/coronavirus/legionella-risks-during-coronavirus-outbreak.htm>
18. Air conditioning and ventilation: <https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation.htm>
19. HSE: <https://www.hse.gov.uk/coronavirus/working-safely/index.htm>
20. RIDDOR Reporting: <https://www.hse.gov.uk/news/riddor-reporting-coronavirus.htm>
21. Educational visits: <https://www.gov.uk/government/publications/coronavirus-covid-19-travel-advice-for-educational-settings/coronavirus-travel-guidance-for-educational-settings>
22. Extra-curricular: <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>
23. Sport and physical exercise: <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-phased-return-of-sport-and-recreation>
<https://www.afpe.org.uk/physical-education/wp-content/uploads/COVID-19-Interpreting-the-Government-Guidance-in-a-PESSPA-Context-FINAL.pdf>
24. EEF Catch up Programmes guidance: <https://educationendowmentfoundation.org.uk/covid-19-resources/covid-19-support-guide-for-schools/>
25. Behaviour: <https://www.gov.uk/government/publications/behaviour-and-discipline-in-schools>
26. Assessment and Accountability: <https://www.gov.uk/government/publications/coronavirus-covid-19-school-and-college-performance-measures/coronavirus-covid-19-school-and-college-accountability>
27. Coronavirus Act 2020. <https://www.gov.uk/government/publications/remote-education-temporary-continuity-direction-explanatory-note>

28. Royal College of Obstetrics and Gynaecology guidance : <https://www.rcog.org.uk/globalassets/documents/guidelines/2021-02-19-coronavirus-covid-19-infection-in-pregnancy-v13.pdf>
29. <https://www.educationsupport.org.uk/> 08000 562561
30. Contingency Framework: https://www.gov.uk/government/publications/coronavirus-covid-19-contingency-framework-for-education-and-childcare-settings?utm_source=31%20December%202020%20C19&utm_medium=Daily%20Email%20C19&utm_campaign=DfE%20C19
31. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/976213/Face_coverings_in_education_April_2021.pdf

Appendix 2: UPDATED MARCH 2021 (No Change in April 21 guidance):

Please also see: Government Guidance on how to wear a face covering. <https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own/face-coverings-when-to-wear-one-and-how-to-make-your-own#how-to-wear-a-face-covering>

A face covering should:

- cover your nose and mouth while allowing you to breathe comfortably
- fit comfortably but securely against the side of the face
- be secured to the head with ties or ear loops
- be made of a material that you find to be comfortable and breathable, such as cotton
- ideally include at least two layers of fabric (the World Health Organisation recommends three depending on the fabric used)
- unless disposable, it should be able to be washed with other items of laundry according to fabric washing instructions and dried without causing the face covering to be damaged

When wearing a face covering you should:

- wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on

- avoid wearing on your neck or forehead
- avoid touching the part of the face covering in contact with your mouth and nose, as it could be contaminated with the virus
- change the face covering if it becomes damp or if you've touched it
- avoid taking it off and putting it back on a lot in quick succession (for example, when leaving and entering shops on a high street)

When removing a face covering:

- wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser before removing
- only handle the straps, ties or clips
- do not give it to someone else to use
- if single-use, dispose of it carefully in a residual waste bin and do not recycle
- if reusable, wash it in line with manufacturer's instructions at the highest temperature appropriate for the fabric
- wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser once removed.

Guidance for students:

Safe wearing and removal of face coverings:

Remember the importance of:

- Cleaning of hands before and after touching – including to remove or put on your face covering.
- Safe storage of face coverings in individual, sealable plastic bags between use.

Where your face covering becomes damp, it should not be worn, it should be replaced carefully. It is recommended that you bring a spare face covering to wear in case your face covering becomes damp during the day.

Key Instructions:

- Do not touch the front of your face covering during use or when removing it.
- Dispose of temporary face coverings in a 'black bag' waste bin (not recycling bin)
- Place reusable face coverings in a plastic bag you can take home with you.
- Wash your hands again before heading to your classroom.

APPENDIX 3 – LOCAL PHE Template to record school absences

In the event of a COVID-19 outbreak, the table will ensure that important information is recorded in one place and is easily accessible

Date	Name	Class	Reason for absence*	Date of onset of symptoms	Symptoms **	Has the child/staff been assessed by GP, NHS 111 etc? Y/N/NK	Has the child/staff been tested? Y/N/NK	Is the child/staff reporting a positive test result? Y/N/NK	Identified contact who will need to isolate if positive test	Is the child/staff in hospital? Y/N/NK	Action taken including who and which organisation notified

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Reason for absence*: Ill, Household member ill, Contact of a confirmed/suspected case, Shielding, Other e.g. dental appointments

Symptoms * T = Temp (>=37.8 C), C = Cough, D = Diarrhoea, V = Vomiting, ST = Sore Throat, H = Headache, N = Nausea, LST = Loss of smell/taste, Other

APPENDIX 4 – LOCAL PHE Template to record illness at school

In the event of a COVID-19 outbreak, the table will ensure that important information is recorded in one place and is easily accessible

Date	Name	Class	Date of onset of symptoms	Symptoms **	Time between detection of symptoms and isolation at school	Did the staff member wear PPE? Y/N	Identified contacts who will need to isolate if positive test

*** Symptoms T = Temperature ($\geq 37.8^{\circ}\text{C}$), C = Cough, D= Diarrhoea, V= Vomiting, ST = Sore Throat, H = Headache, N= Nausea, LST = Loss of smell/taste, Other.**

**** (PPE) Only required if social distancing could not be observed.**