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NOTE: Document review will be a continuous and will also take place under the following conditions.

- 1. Where there have been significant changes in the evolving advice from HM Government, Public Health England, and Department for Education.
2. When there are significant changes in Legislation to address any new hazards and/or risks.
3. After an unfortunate incident/accident that has identified gaps in a process.
4. Periodically, minimum bi-annually.

Table with 4 columns: Author, Name, Post, Date. Lists the authors and dates of various document updates.

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Contents

1.	INTRODUCTION	5
2.	POTENTIAL HARM POSED BY COVID-19.....	6
3.	GUIDANCE AND ADVICE.....	7
3.1	Trust workforce returning to work (including Clinically Extremely Vulnerable, Clinically Vulnerable, and BAME Community)	7
3.2	Negotiating flexible homeworking.....	9
3.3	Reporting confirmed positive COVID-19 situations, engaging with the NHS Test and Trace process, working collaboratively with the Local Authority (CCC/PCC) and UK Health Security Agency's (UKHSA's) Local Health Protection Team, and when people need to self-isolate	9
3.3.1	Adult becoming unwell whilst on the Trust's/Academy's settings	14
3.3.2	Pupil becoming unwell whilst on the Trust's/Academy's settings	16
3.4	Employee second jobs, i.e. voluntary, part-time, or temporary	19
3.5	Equality in the workplace	19
3.6	Ventilation.....	20
3.7	Foreign Travel.....	21
3.8	Off-Site Educational Enrichment Visits	22
3.9	Personal (i.e. frequent handwashing) and respiratory (i.e. catch it, bin it, kill it) hygiene communication and enforcement.....	22
3.10	Face Coverings in Education	23
3.11	Accident, First Aid, security, and other incidents	26
3.12	Cleaning regimes and safe waste disposal	28
3.13	Managing visitors and contractors.....	29
3.14	Personal protective equipment (PPE)	31
3.15	Estates and facilities	32
3.16	Catering	32
3.17	Sharing the results of the risk assessment, i.e. communication	33
3.18	Adult mental health and wellbeing.....	34
3.19	Pupil mental health and wellbeing	34
3.20	Contingency Plans (Remote Education, Special Educational Needs and Disability – SEND, Vulnerable Pupils, and Delivering Remote Education Safely).....	35
3.21	Asymptomatic Testing for all Staff and Pupils.....	38
3.22	Asymptomatic Testing Sites.....	41
3.23	Outbreak Management Plan.....	47

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1. Introduction

Coronaviruses are a group of viruses that cause respiratory tract infections that can range from mild to fatal. Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), and the new COVID-19 that materialised in 2019 are all viruses that fall into the coronavirus group.

The new coronavirus disease 2019 has been abbreviated by the World Health Organisation (WHO) as COVID-19, 'CO' stands for 'corona', 'VI' for 'virus', and 'D' for disease, and has identified it as not being an airborne virus.

Respiratory tract infections can be transmitted through respiratory droplets, droplet nuclei (i.e. *nano particle 10⁹*), or aerosol (i.e. spray) depending on their size. When the droplet particles are above a certain size they are referred to as '*respiratory droplets*', and when they are below a certain size, are referred to as '*droplet nuclei*'.

According to current evidence, COVID-19 virus is a 'sticky protein cell' that is primarily transmitted between people through respiratory droplets and contact routes including touch points.

Respiratory droplets are of a weight that they will fall to the ground at round 1-metre, thus the initial 2-metre social distance rule, and can remain on surfaces for some time depending on the type of material, e.g. 48 hours for fabric and up to 72 hours for plastics and hard rigid surfaces such as desks.

With the successful vaccination programme and as the country moves to Step-4 of the roadmap on 19th July 2021, the government will continue to manage the risk of serious illness from the spread of the virus. This marks a new phase in the government's response to the pandemic, moving away from stringent restrictions on everyone's day-to-day lives, towards advising people on how to protect themselves and other, alongside targeted interventions to reduce risk. As COVID-19 becomes a virus that we learn to live with, there is now an imperative to reduce the disruption to children and young people's education – particularly given that the direct clinical risks to children are extremely low, and every adult has been offered a vaccine.

Therefore, some methods of preventing or reducing the risk of COVID-19 transmission and infection are summarised below, however the list is not exhaustive:

- i. People that are ill must stay at home.
- ii. Maintain high levels of 'respiratory' hygiene, i.e. apply 'Catch It', 'Bin It', and 'Kill It' into your daily life.
- iii. Maintain high levels of 'personal' hygiene, i.e. more frequent washing of hands or use of hand sanitiser gel.
- iv. Avoid touching your face unnecessarily.
- v. Use of face coverings in spaces where there is an elevated risk of possible airborne transmission, i.e. communal spaces and classrooms.
- vi. Always keep occupied spaces well ventilated by either using natural ventilation methods, such as opening windows and doors, or by using mechanical forced ventilation systems, such as Air Handling Units (AHU).
- vii. Installation of CO₂ monitors to aid and support the monitoring of ventilation in occupied spaces.

- viii. Wherever possible, adults to maintain a safe distance between adult-to-adult and reduce face-to-face time in line with government guidance.
- ix. Ensure enhanced thorough cleaning regimes are in place and maintained.
 - x. For individual and very frequently used equipment, such as pencils and pens, it is recommended that staff and pupils have their own items that are not shared.
 - xi. Classroom based resources, such as books and games, can be used and shared within the group; these should be cleaned regularly, along with all frequently touched surfaces.
 - xii. Ensure that robust local processes are in place that enable a safe working and learning environment, and that these processes are followed.
 - o Local processes must capture systems of control that include prevention and protection measures for preventing/reducing the spread and infection of COVID-19.
 - o Outbreak management plans must be in place to cover the possibility that in some local areas it may become necessary to reintroduce 'bubbles' for a temporary period to reduce mixing between groups.
- xiii. Where necessary, wear appropriate personal protective equipment (PPE).
- xiv. Wherever practicably possible, sensibly, and responsibly avoid face-to-face meetings. The use of 'Microsoft Teams' and 'Zoom' has proven to be a great success when hosting remote meetings.
- xv. Actively engage with the NHS Test and Trace process.
- xvi. Actively engage with the Local Health Protection Team at UK Health Security Agency (UKHSA), i.e. East of England Control Centre Team.
- xvii. Actively engage with the Local Authority, i.e. Cambridgeshire County Council and Peterborough City Council.

2. Potential harm posed by COVID-19

The potential harm posed by COVID-19 is as listed below:

- Transmission and contracting disease.
- Continuous coughing or frequent episodes of coughing.
- Higher than normal body temperature.
- Severe fatigue.
- Mild to moderate respiratory illness for most people infected that have a good immune system.
- Older people and those with underlying medical conditions may develop serious, chronic, and life-threatening respiratory illness.

3. Guidance and advice

3.1 Trust workforce returning to work (including Clinically Extremely Vulnerable, Clinically Vulnerable, and BAME Community)

In relation to working in schools, whilst it is not possible to ensure a totally risk-free environment, the Office of National Statistics' analysis on [coronavirus \(COVID-19\) related deaths linked to occupations](#) suggests that staff in educational settings tend not to be at any greater risk from the disease than many other occupations. There is no evidence that children transmit the disease any more than adults.

Given the improved position, the balance of risk is now overwhelmingly in favour of people returning to their Academy's.

Staff must be advised, under the existing government advice and guidance, that it is safe for them to return to work.

- [Schools COVID-19 operational guidance \(publishing.service.gov.uk\)](#)
 - Updated January 2022

Clinically Extremely Vulnerable (Child, Young Adult, and Adult):

Following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be Clinically Extremely Vulnerable (CEV) people are no longer advised to shield but may wish to take extra precautions to protect themselves, and to follow the practical steps set out in the CEV guidance to minimise their risk of exposure to the virus.

In some circumstances, staff may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice. Whilst individual risk assessments are not required, employers are expected to discuss any concerns that people previously considered CEV may have.

Advice for those who are 'extremely clinically vulnerable' can be found in the link below.

- Guidance for people previously considered clinically extremely vulnerable from COVID-19
- [Guidance for people previously considered clinically extremely vulnerable from COVID-19 - GOV.UK \(www.gov.uk\)](#)
- Updated 24th December 2021

Clinically vulnerable (Child, Young Adult, and Adult):

Individuals who are considered to be 'clinically vulnerable' are advised to return and must adhere to the Trust's systems of control, prevention, and protection measures for preventing/reducing the spread and infection of COVID-19.

Further advice for those who are 'clinically vulnerable', including 'pregnant women' can be found in the link below.

- Coronavirus: how to stay safe and help prevent the spread
 - [Coronavirus: how to stay safe and help prevent the spread - GOV.UK \(www.gov.uk\)](#)
 - Updated 24th December 2021
- Pregnant women are considered to be in the 'clinically vulnerable' category and

Academy's will need to follow the following specific guidance for pregnant employees.

- Coronavirus (COVID-19): advice for pregnant employees
 - [Coronavirus \(COVID-19\): advice for pregnant employees - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/coronavirus-covid-19-advice-for-pregnant-employees)
 - Updated 14th December 2021
- COVID-19 vaccination: women of childbearing age, currently pregnant or breastfeeding
 - [COVID-19 vaccination: women of childbearing age, currently pregnant or breastfeeding - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/covid-19-vaccination-women-of-childbearing-age-currently-pregnant-or-breastfeeding)
 - Updated 22nd December 2021
- Royal College of Obstetricians and Gynaecologists
 - <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/#coronavirus>
- A 'New and Expectant Mothers Risk Assessment' must be completed, that is as soon as is practicably possible, to consider any risks to female employees or pupils of childbearing age from their environmental working conditions, or use of physical, chemical, or biological agents.

BAME communities:

Emerging UK and international data suggest that people from the 'Black', 'Asian', and 'Minority Ethnic' (BAME) communities in the general population are being disproportionately affected by COVID-19. The Trust recognises that these shocking figures have understandably led to widespread fear, anxiety, and grief amongst our BAME staff and their communities. The reason for the disparities is complex and there is ongoing research to understand and translate these findings for individuals in the future. However, while it may not be clear as to why the BAME communities in the general population are being disproportionately affected by COVID-19, we are still committed to ensuring the Health, Safety and Mental Wellbeing of all our BAME staff and their communities.

Staff from the BAME communities are advised to return to work and must adhere to all systems of control, prevention, and protection measures for preventing/reducing the spread and infection of COVID-19.

The Trust's Human Resources Department will work in collaboration with the Trust's Health and Safety Section in advising, guiding, and working with people that fall into either of these three groups, including their direct line manager.

- If required, the Health and Safety Section have a detailed 'COVID-19 Individual Risk Assessment' that can be used to record and implement additional specific mitigating measures to alleviate any worries and anxieties that a person in any of the groups mentioned in this section may have with regards to returning back to work.
- If required, the Human Resources Department have a 'COVID-19 Individual Work Assessment' that can also be completed for a person in any of the groups mentioned in this section.

3.2 Negotiating flexible homeworking

Wherever possible, flexible working can be considered and those wishing to pursue flexible working must negotiate the flexible working arrangements and seek approval in line with TDET's Flexible Homeworking Policy.

From 13th December office workers who can work from home should do so. Anyone who cannot work from home, such as those involved in the face-to-face provision of education, should continue to go to their place of work. Academy leaders are best placed to determine the workforce required to meet the needs of their pupils. Academy leaders will need to consider whether or not it is possible for specific staff undertaking certain roles to work from home without disrupting to face-to-face education.

The wellbeing, mental and physical health, and personal security of those working from home will be monitored by their direct line manager and all provisions will be made available to help those working from home to stay connected with the rest of the workforce, especially if the majority of their colleagues are on-site. New ways of working will be adopted to achieve this and will include the use of ICT, i.e. remote access to work systems, Microsoft Teams and Zoom video meeting etc.

Safe working from home advice and guidance, including online assessment, published by TDET's Health and Safety Section, and communicated to all staff.

TDET has Adult Mental Health First Aid provisions in place that are managed by TDET's Health and Safety Section. Provisions and how to reach out to an appointed Adult Mental Health First Aider have been communicated to all staff.

The Trust's Human Resources Department will address and manage any well-being issues or concerns.

3.3 Reporting confirmed positive COVID-19 situations, engaging with the NHS Test and Trace process, working collaboratively with the Local Authority (CCC/PCC) and UK Health Security Agency's (UKHSA's) Local Health Protection Team, and when people need to self-isolate

HM Government and NHS guidance:

- Schools: COVID-19 Operational Guidance
 - [Schools COVID-19 operational guidance \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
 - Updated January 2022
- NHS: Test and Trace: what to do if you are contacted
 - [NHS Test and Trace: what to do if you are contacted - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
 - Updated 23rd December 2021
- NHS: When to self-isolate and what to do
 - [When to self-isolate and what to do - Coronavirus \(COVID-19\) - NHS \(www.nhs.uk\)](https://www.nhs.uk)
- COVID-19: Guidance for households with possible coronavirus infection
 - [COVID-19: guidance for households with possible coronavirus infection - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

- [Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/stay-at-home-guidance-for-households-with-possible-or-confirmed-coronavirus-covid-19-infection)
- Updated 30th December 2021

Please Note:

Government guidance stipulates that all settings will only need to do close contact tracing up to Step-4 (19th July 2021) of the roadmap. From Step-4 (19th July 2021) onwards, close contact tracing will be identified via NHS test and Trace and education settings will no longer be expected to undertake close contact tracing. Educational settings may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.

From 16th August 2021, children under the age of 18-years old will no longer be required to self-isolate if they are contacted by NHS Test and Trace as a close contact of a positive COVID-19 case. Instead, children will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a PCR test. All individuals are encouraged to take a PCR test if advised to do so. 18-year-olds will be treated in the same way as children until 4-months after their 18th birthday, to allow them the opportunity to get fully vaccinated. At which point, they will be subject to the same rules as adults and so if they choose not to get vaccinated, they will need to self-isolate if identified as a close contact.

Settings will continue to have a role in working with the health protection teams in the case of a local outbreak. If there is an outbreak in a setting or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures.

It does not necessarily mean that anyone showing symptoms of COVID-19 actually has the disease. However, HM Government and UK Health Security Agency (UKHSA) are advising people who are showing symptoms of COVID-19 to stay at home, self-isolate, follow existing HM Government and UK Health Security Agency (UKHSA) guidance, and adhere to the National Health Service (NHS) 'Test and Trace' protocol, i.e. apply for a COVID-19 test within the first 3-days of experiencing any COVID-19 symptoms. The test is best taken within the first 5-days of the symptoms being experienced.

People who are showing COVID-19 symptoms and have been tested and confirmed positive for COVID-19, are infectious to other people 2-days before the onset of their symptoms and up to 10-days afterwards.

People who have not shown any COVID-19 symptoms, however, tested and confirmed positive for COVID-19, are infectious to other people 2-days prior to the date of their test and up to 10-days afterwards.

Ongoing research is showing that when a person contracts COVID-19, their bodies produce sufficient antibodies in response and to counteract the invasion and threat of COVID-19. Unfortunately, this can potentially result in a person continually being tested positive for COVID-19, that is if it's a COVID-19 test that looks for antibodies.

Guidance defines 'close contact' as:

- Direct close contact – face to face contact with an infected individual for any length

of time, within 1 metre, including being coughed on, a face-to-face conversation, or unprotected physical contact (skin-to-skin).

- Proximity contacts - extended close contact (within 1 to 2 metres for more than 15 minutes) with an infected individual.
- Travelling in a small vehicle, like a car, with an infected person.

There will be a requirement to notify others that have been in 'recent' close contact with someone who is 'showing' symptoms of COVID-19 or who has 'recently' been tested and confirmed positive for having COVID-19.

- In such cases where others need to be notified, General Data Protection Regulations (GDPR) should be complied with wherever possible, and 'permission' should be sought for 'sharing data'. However, due to the insignificant/low risk nature of the data in question being shared, Health and Safety Regulations and the necessity to comply with them will 'trump' General Data Protection Regulations (GDPR).
- Anyone sharing such insignificant/low risk data should act 'responsibly' and 'professionally' when doing so.

Individuals are not required to self-isolate if they live in the same household as someone with COVID-19, or are a close-contact of someone with COVID-19, and any of the following apply:

- They are fully vaccinated
- They are below the age of 18-years and 6-months
- They have taken part in or are currently part of an approved COVID-19 vaccine trial
- They are not able to get vaccinated for medical reasons

NHS Test and Trace will be responsible for contact tracing and will contact and advise all close contacts with a positive case to take a PCR test as soon as possible. We encourage all individuals to take a PCR test if advised to do so by NHS Test and Trace. Close contacts will also be advised to carry out daily LFD tests for 7 days, limit close contact with people outside their household (especially in closed spaces), wear face covering in an enclosed space where social distancing cannot be maintained, and limit contact with anyone who is clinically extremely vulnerable. The daily LFD test should be done before leaving home for the first time each day and if the test result is positive, the individual must self-isolate immediately.

From 11th January 2022, the Government temporarily suspended the requirements for a confirmatory PCR test to taken within 2 days following a positive LFD test result. Under this new approach, anyone who receives a positive LFD test result should report their result on GOV.UK, must notify their Line Manager immediately as soon as the results are known, and must self-isolate immediately, but will not need to take a follow-up confirmatory PCR test. After reporting a positive LFD test result, the infectious individual will be contacted by NHS Test and Trace so that their close contacts can be traced.

There are a few exceptions to this revised approach.

- Firstly, people who are eligible for the £500 Test and Trace Support Payment (TTSP) will still be asked to take a confirmatory PCR if they receive a positive LFD result, to enable them to access financial support.
- Secondly, people participating in research or surveillance programmes may still be

asked to take a follow-up PCR test, according to the research or surveillance protocol.

- Finally, around one million people in England who are at particular risk of becoming seriously ill from COVID-19 have been identified by the NHS as being potentially eligible for new treatments. They will be receiving a PCR test kit at home by mid-January to use if they develop symptoms or if they get a positive LFD result, as they may be eligible for new treatments if they receive a positive PCR result. This group should use these priority PCR tests when they have symptoms as it will enable prioritised laboratory handling.

In line with the reduced self-isolation approach announced on 22 December, anyone who tests positive will be able to leave self-isolation 7 days after the date of their initial positive test if they receive 2 negative LFD results, 24 hours apart, on days 6 and 7.

Rapid lateral flow tests are most useful at identifying COVID-19 in people without any symptoms. The tests are over 80% effective at finding people with high viral loads who are most infectious and most likely to transmit the virus to others. Analysis by NHS Test and Trace shows LFD tests to have an estimated specificity of at least 99.97% when used in the community. This means that for every 10,000 lateral flow tests carried out, there are likely to be fewer than 3 false positive results. LFD tests identify the most infectious people. These people tend to spread the virus to many people and so identifying them remains important.

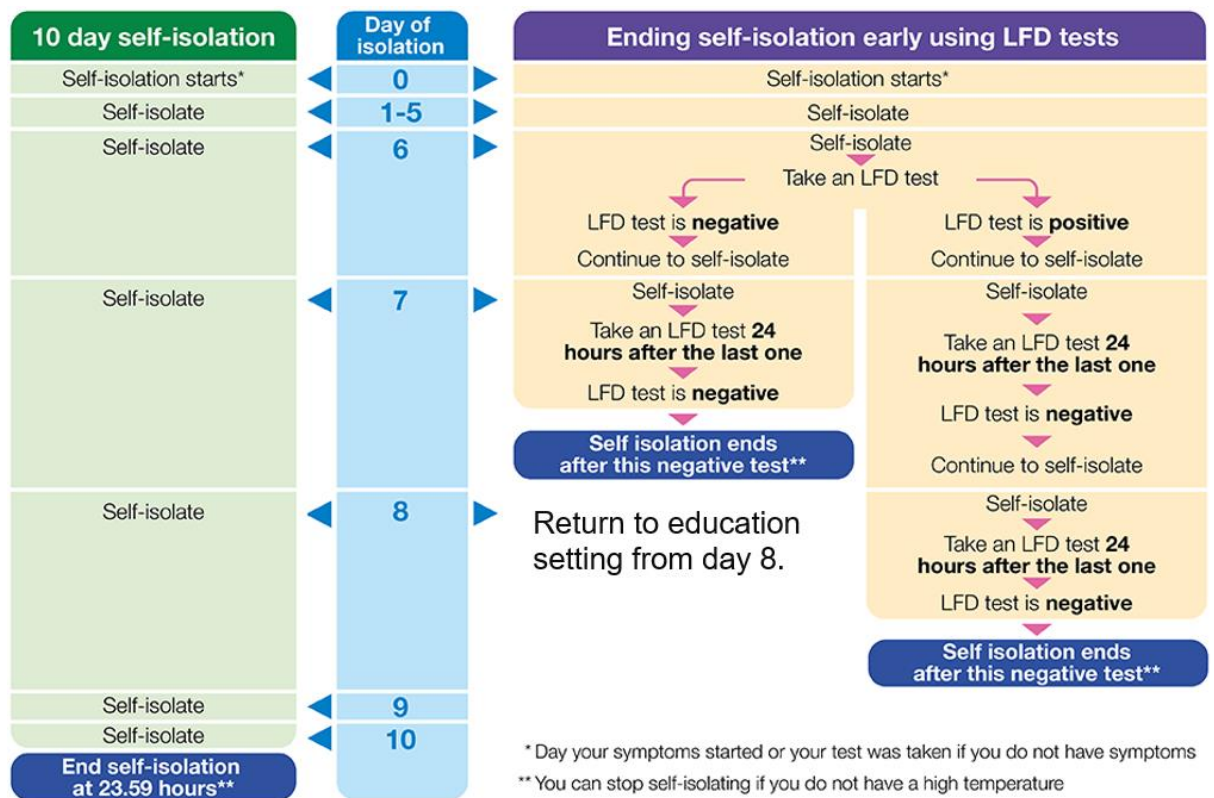
Children who are aged under 5 years old who are identified as close contacts do not need to do daily LFD tests and would only be advised to take a PCR test if the positive case is in their own household. Under 5's who test positive should isolate for 10 days but parents have the discretion of doing LFD tests on Days 6 & 7 if they want their child to end isolation earlier.

Confirmed positive (+) COVID-19 Polymerase Chain Reaction (PCR) test result

- A person having a confirmed COVID-19 Polymerase Chain Reaction (PCR) positive test result, must self-isolate for 10-days from the onset of their symptoms, i.e. symptomatic, or date of test if showing no symptoms, i.e. asymptomatic.
- They must only return to school if they do not have symptoms other than cough or loss of sense of smell/taste. This is because a cough or anosmia can last for several weeks once the infection has gone.
- If they still have a high temperature, they should keep self-isolating until their temperature returns to normal.
- It is possible to end self-isolation after day 7, following 2 negative LFD tests taken 24 hours apart. The first negative LFD test should not be taken before the sixth day, i.e. 1st negative LFD test to be taken on day 6 and the 2nd negative LFD test to be taken on day 7.
- Those leaving self-isolation early as a result of these changes (note, previously the legal requirement for self-isolation was 10 days) are strongly advised to limit close contact with others outside their household and wear a face covering, especially in crowded, enclosed, or poorly ventilated spaces and limit contact with anyone who is at higher risk of severe illness if infected with COVID-19. This advice should be followed until 10 full days from when the individual concerned started their self-isolation period.
- If the PCR test result is negative, the individual concerned. can end self-isolation and resume daily activities as normal.

- You should not take any more LFD tests after the 10th day of your isolation period, and you may stop self-isolating after this day. This is because you are unlikely to be infectious after the 10th day of your isolation period. Even if you have a positive LFD test result on the 10th day of your self-isolation period you should not take any more LFD tests after this day. If you are concerned, you may choose to keep following the above advice until 14 days after the start of your self-isolation period.
- If you have previously received a positive COVID-19 PCR test result, you are usually advised not to take another PCR test within 90 days of this result. You should only have a PCR test within 90 days of a previous positive PCR test if you develop any new symptoms of COVID-19.
- DfE Guidance - Even if someone has tested positive for COVID-19 within the last 90 days, they are strongly encouraged to take part in LFD testing on-site through ATS or at home once they have completed their isolation period for their prior infection.

Ending 10-Day Self-Isolation Early after Day-7



Confirmed positive (+) COVID-19 Lateral Flow Device (LFD) test result

- People who do not show symptoms of COVID-19, i.e. asymptomatic, but have been tested and confirmed positive for COVID-19 using the Lateral Flow Device (LFD) test must stay at home, self-isolate, and follow existing HM Government, UK Health Security Agency (UKHSA), and NHS Test and Trace guidance.
- From 11th January 2022, the Government temporarily suspended the requirements for a confirmatory PCR test to taken within 2 days following a positive LFD test result. Under this new approach, anyone who receives a positive LFD test result should report their result on GOV.UK, must notify their Line Manager immediately as soon as the results are known, and must

self-isolate immediately, but will not need to take a follow-up confirmatory PCR test. After reporting a positive LFD test result, the infectious individual will be contacted by NHS Test and Trace so that their close contacts can be traced.

- There are a few exceptions to this revised approach.
 - Firstly, people who are eligible for the £500 Test and Trace Support Payment (TTSP) will still be asked to take a confirmatory PCR if they receive a positive LFD result, to enable them to access financial support.
 - Secondly, people participating in research or surveillance programmes may still be asked to take a follow-up PCR test, according to the research or surveillance protocol.
 - Finally, around one million people in England who are at particular risk of becoming seriously ill from COVID-19 have been identified by the NHS as being potentially eligible for new treatments. They will be receiving a PCR test kit at home by mid-January to use if they develop symptoms or if they get a positive LFD result, as they may be eligible for new treatments if they receive a positive PCR result. This group should use these priority PCR tests when they have symptoms as it will enable prioritised laboratory handling.
- In line with the reduced self-isolation approach announced on 22 December, anyone who tests positive will be able to leave self-isolation 7 days after the date of their initial positive test if they receive 2 negative LFD results, 24 hours apart, on days 6 and 7.
- Rapid lateral flow tests are most useful at identifying COVID-19 in people without any symptoms. The tests are over 80% effective at finding people with high viral loads who are most infectious and most likely to transmit the virus to others. Analysis by NHS Test and Trace shows LFD tests to have an estimated specificity of at least 99.97% when used in the community. This means that for every 10,000 lateral flow tests carried out, there are likely to be fewer than 3 false positive results. LFD tests identify the most infectious people. These people tend to spread the virus to many people and so identifying them remains important.

If you continue to feel unwell after your self-isolation period and have not already sought medical advice, you should use the NHS 111 online COVID-19 service. If you do not have internet access, call NHS 111 or dial 999 for medical emergencies.

You and others do not need to continue self-isolating if you tested negative for COVID-19. However, you could still have another virus, such as a cold or flu, in which case it is still best to avoid contact with other people until you get better.

Anyone 'showing' symptoms of COVID-19 will be prohibited to come onto the Academy's premises and will be instructed to stay at home, self-isolate, get themselves tested, follow existing HM Government and UK Health Security Agency (UKHSA) guidance, and adhere to NHS 'Test and Trace' protocol, i.e. apply for a COVID-19 test within the first 3-days of experiencing any COVID-19 symptoms.

3.3.1 Adult becoming unwell whilst on the Trust's/Academy's settings

If any members of staff, visitor, or contractor becomes unwell and starts showing symptoms of COVID-19 should abide by the following 'statutory' and 'mandatory' directives:

- Immediately notify their direct Line Manager or responsible member of staff, if they are a visitor or contractor, by the safest method so as to avoid any risk of COVID-19 transmission.
- If physically present on the Academy's premises, will self-isolate in a safe place, and as soon as it is practicably possible, will leave the Academy's premises safely and in a control manner so as to reduce the risk of COVID-19 transmission, go home, self-isolate at home and follow existing HM Government, UK Health Security Agency (UKHSA), and NHS Test and Trace guidance.
 - There is no requirement for anyone else from the workplace to go home and start self-isolating at this moment in time, that is unless they start showing symptoms themselves.
- Adhere to NHS 'Test and Trace' protocol, i.e. apply for a COVID-19 test within the first 3-days of experiencing any COVID-19 symptoms. Note, the test is best taken within the first 5-days of symptoms.
- Must keep their direct Line Manager or the responsible member of staff, if they are a visitor or contractor, updated with their health condition on a daily basis.
- Only if tested positive for COVID-19, the direct Line Manager responsible for the person tested and confirmed positive for COVID-19, upon notification will immediately notify the relevant obligatory regulatory bodies, i.e. Principal and a responsible SLT member.
 - The responsible SLT member will immediately, without delay, notify the Trust's Health and Safety Manager of the situation and furnish him with the following information:
 - Name and date-of-birth of the individual confirmed positive for COVID-19.
 - Date when the individual became unwell.
 - Date when the individual was last present in the setting (i.e. last day of attendance).
 - Date of test and when results were known.
 - The responsible SLT member will also record and log the situation as it unfolds, including all conversations.

In the event of a possible outbreak:

- The Trust's Health and Safety Manager will immediately, without delay, contact and notify the Local Authority's (CCC/PCC) of the possible outbreak.
- Either NHS Test and Trace, the Local Authority's (CCC/PCC) adviser, or if escalated, UK Health Security Agency (UKHSA) Local Health Protection Team (East of England LHPT) will work with the Trust's Health and Safety Manager and the Academy in the situation to guide them through the actions they need to take.
- The Trust and Academy will be advised and definitively directed on all situations by either NHS Test and Trace, the Local Authority's (CCC/PCC) adviser or if escalated, UK Health Security Agency (UKHSA) Local Health Protection Team (East of England LHPT).
- The Trust's Health and Safety Manager will mediate between the Academy and either NHS Test and Trace, the Local Authority's (CCC/PCC) adviser, or if escalated, UK Health Security Agency (UKHSA) Local Health Protection Team (East of England LHPT).
- Only if the situation is attributed to occupational exposure, the Trust's Health and Safety Manager will notify the Health and Safety Executive (HSE) by completing and

submitting their online F2508 RIDDOR form.

Summary of reporting confirmed positive COVID-19 situations:

In any confirmed positive COVID-19 situation, i.e. symptomatic or asymptomatic, the person concerned must immediately, without delay, notify their direct Line Manager who must then immediately, without delay, notify a responsible SLT member who must then immediately, without delay, notify the following obligatory regulatory bodies.

- Principal.
 - Principal will be responsible for notifying Trust Executive Body.
- Trust Health and Safety Section for notifying the following external authorities.
 - Local Authority's (CCC/PCC), or if escalated, UK Health Security Agency (UKHSA) Local Health Protection Team (East of England LHPT).
 - HSE (RIDDOR), only if attributed to occupational exposure.
- Head of Human Resources.
 - Absence/sickness management.

COVID-19 Emergency Grab Bags containing the appropriate essential personal protective equipment (PPE), i.e. fluid resistant surgical face mask (also known as type IIR), disposable plastic gloves and aprons, eye protection (e.g. face visor or goggles), will be strategically located around the Academy and locations will be communicated to all members of staff just in case they need to use PPE in the event of a likely risk of COVID-19 transmission, i.e. breaching the 2-metre safe distance and where contact is necessary in aiding someone who is showing symptoms of the disease. The Health and Safety Section will review and advise on the correct essential PPE and contents of the 'COVID-19 Emergency Grab Bag'.

Members of staff do not need to go home if they have aided someone who was taken unwell and showing symptoms of COVID-19, that is unless they develop symptoms themselves. The members of staff concerned will be instructed to wash their hands thoroughly for 20 seconds immediately after aiding the person that was unwell and showing symptoms of COVID-19.

The Trust's Health and Safety Section will be on hand to advice and guide all Academies within the Trust should any of the above scenarios arise.

3.3.2 Pupil becoming unwell whilst on the Trust's/Academy's settings

If the person showing symptoms of COVID-19 is a pupil, then the following protocols will be upheld:

- Depending on the scenario, the pupil or the pupil's parent(s)/legal guardian(s)/carer(s) should abide by the following 'statutory' and 'mandatory' directives:
 - The pupil's parent(s)/legal guardian(s)/carer(s) should immediately notify the Academy by the safest method so as to avoid any risk of COVID-19 transmission if the pupil is showing symptoms of COVID-19 at home and refrain from sending their child into the Academy's environment.
 - If the pupil is physically present in a group on the Academy's premises, the pupil should immediately notify a responsible member of staff by the safest method so as to avoid any risk of COVID-19 transmission.
 - A responsible member of staff should immediately carry out a

dynamic assessment to verify the symptoms, and when confirmed, contact the pupil's parent(s)/legal guardian(s)/carer(s) and instruct them to collect their child from the Academy and take them home in a safe and controlled manner so as to avoid the risk of COVID-19 transmission, self-isolate their child at home, apply for a test, and follow existing HM Government, UK Health Security Agency (UKHSA), and NHS Test and Trace guidance.

- There is no requirement for anyone else within the group to go home and start self-isolating themselves at this moment in time, that is unless they themselves start showing symptoms of COVID-19.
- If the pupil is awaiting collection, then the following protocols will be strictly applied:
 - The pupil will be moved, if possible, to a room where they can be isolated behind a closed door and depending on the age of the pupil will be supervised by an appropriate member of staff.
 - If it is not possible to isolate the pupil in a room behind a closed door, the pupil will be moved into an open area that is 2-metres away from other people.
 - If the pupil needs to go to the toilet while waiting to be collected, they will use a separate toilet that will be cleaned and disinfected using standard cleaning products immediately after use and before being used by anyone else.
- There is no requirement to relocate the group into another room at this moment in time as showing symptoms does not necessarily mean that you have COVID-19. However, the immediate working area/space where the unwell pupil was working must be 'thoroughly' cleaned and all hard surfaces within 2-metres disinfected immediately after safely removing the unwell pupil from his/her working area/space.
- Pupil showing symptoms must be given a directive to stay at home, start self-isolating, apply for a test, and follow existing HM Government, UK Health Security Agency (UKHSA), and NHS Test and Trace guidance.
 - Household members of the pupil showing symptoms must follow existing HM Government, UK Health Security Agency (UKHSA), and NHS Test and Trace guidance.
- Parents/Guardians/Carers of the pupil showing symptoms must adhere to the NHS 'Test and Trace' protocol, i.e. apply for a COVID-19 test within the first 3-days of their child experiencing any COVID-19 symptoms. Note, the test is best taken within the first 5-days of symptoms.
- Parents/Guardians/Carers of the pupil showing symptoms must keep the Academy updated on a daily basis with the health condition of their child.
 - Where parent(s)/legal guardian(s)/carer(s) of the pupil fail to contact and update the Academy, the Academy should make every effort to contact them for an update and remind them of the importance to adhere to the strict protocols during this unprecedented public health threat.
- Parents/Guardians/Carers of the pupil showing symptoms must immediately share

results of their child's COVID-19 test as soon as they are known.

- If tested positive for COVID-19, a responsible member of staff upon notification will immediately, without delay, notify their direct Line Manager who must then immediately, without delay, notify a responsible SLT member who must then immediately, without delay, notify the following obligatory regulatory bodies.
 - Principal.
 - Principal will be responsible for notifying Trust Executive Body.
 - Trust Health and Safety Section for notifying the following external authorities.
 - Local Authority's (CCC/PCC), or if escalated, UK Health Security Agency (UKHSA) Local Health Protection Team (East of England LHPT).
 - HSE (RIDDOR), only if attributed to occupational exposure.
- The responsible SLT member will immediately, without delay, record and log the 'situation' as it unfolds, including all conversations.
 - Name and date-of-birth of the pupil confirmed positive for COVID-19.
 - Date when the pupil became unwell.
 - Date when the pupil was last present in the setting (i.e. last day of attendance).
 - Date of test and when results were known.

In the event of a possible outbreak:

- The Trust's Health and Safety Manager will immediately, without delay, contact and notify the Local Authority's (CCC/PCC) of the possible outbreak.
- Either NHS Test and Trace, the Local Authority's (CCC/PCC) adviser, or if escalated, UK Health Security Agency (UKHSA) Local Health Protection Team (East of England LHPT) will work with the Trust's Health and Safety Manager and the Academy in the situation to guide them through the actions they need to take.
- The Trust and Academy will be advised and definitively directed on all situations by either NHS Test and Trace, the Local Authority's (CCC/PCC) adviser or if escalated, UK Health Security Agency (UKHSA) Local Health Protection Team (East of England LHPT).
- The Trust's Health and Safety Manager will mediate between the Academy and either NHS Test and Trace, the Local Authority's (CCC/PCC) adviser, or if escalated, UK Health Security Agency (UKHSA) Local Health Protection Team (East of England LHPT).
- Only if the situation is attributed to occupational exposure, the Trust's Health and Safety Manager will notify the Health and Safety Executive (HSE) by completing and submitting their online F2508 RIDDOR form.

COVID-19 Emergency Grab Bags containing the appropriate essential personal protective equipment (PPE), i.e. fluid resistant surgical face mask (also known as type IIR), disposable plastic gloves and aprons, eye protection (e.g. face visor or goggles), will be strategically located around the Academy and locations will be communicated to all members of staff just in case they need to use PPE in the event of a likely risk of COVID-19 transmission, i.e. breaching the 2-metre safe distance and where contact is necessary in aiding someone who is showing symptoms of the disease. The Health and Safety Section will review and advise on the correct essential PPE and contents of the 'COVID-19 Emergency Grab Bag'.

Members of staff do not need to go home if they have aided someone who was taken unwell and showing symptoms of COVID-19, that is unless they develop symptoms themselves. The members of staff concerned will be instructed to wash their hands thoroughly for 20 seconds immediately after aiding the person that was unwell and showing symptoms of COVID-19.

The Trust's Health and Safety Section will be on hand to advice and guide all Academies within the Trust should any of the above scenarios arise.

3.4 Employee second jobs, i.e. voluntary, part-time, or temporary

Employees have a moral and legal duty to inform the Academy's Leadership Team and the Trust's Human Resources Department of any potential second jobs, i.e. voluntary, part-time, or temporary, that they have outside of the Academy or Trust.

The Academy's Leadership Team will work closely and in partnership with the Trust's Human Resources Department and Health and Safety Section in reviewing and assessing the nature of the employees second job during this COVID-19 pandemic, i.e. is there an elevated risk of the employee contracting the disease in their second job and transmitting it generally in society as well as when working for the Academy or Trust.

Considerations will be given to the following to reduce the risk of COVID-19 transmission and infection where employees have a second job outside of the Academy or Trust that poses an elevated risk of contracting the disease and transmitting it generally in society as well as when working for the Academy or Trust:

- A clear open dialogue will be held with the employee informing them of the elevated risks posed for infection and transmission by their second job.
- Professionally, responsibly, and sensibly with a considered approach negotiate 'safe' protocols for working safely.

The Trust's Human Resources Department will work in collaboration with the Trust's Health and Safety Section in advising and guiding the person concerned, including their direct line manager.

3.5 Equality in the workplace

Everyone will be treated equally, and no one will be discriminated against any particular circumstances of their protected characteristics, i.e. age, religion or belief, sexual orientation, disability, sex (gender), gender reassignment, ethnicity, pregnancy and maternity, marriage and civil partnership.

Human Resources and the Health and Safety Section will advise, guide, and work with staff and their direct line managers, and with pupil(s) and their academy's, whose protected characteristics might either expose them to a different degree of risk, or when any new protocols (i.e. working/learning procedures) may be deemed inappropriate or challenging for them. Further assessments may need to be undertaken by the persons direct Line Manager who will be assisted by a relevant group, i.e. Human Resources or Health and Safety Section, and any additional measures or adjustments will be discussed with all

parties involved, including the person with the protected characteristic, for example,

- Making reasonable adjustments to avoid disabled people being put at a disadvantage.
- Making reasonable adjustments for not placing new and expectant mothers at any greater risk.
- Making sure that steps taken do not have an unjustifiable negative impact on some groups compared to others, i.e. groups with caring responsibilities and groups with religious commitments.

3.6 Ventilation

It is important to ensure good ventilation and maximising this wherever possible, for example:

- Where it is safe to do so and bearing in mind safeguarding in particular, use natural ventilation methods, such as opening windows and propping open doors, as long as they are not fire doors that cannot be closed in the event of a fire.
 - In cooler weathers, windows should be opened just enough to provide constant background ventilation and opened more fully during breaks to purge the air in the space that was occupied.
 - Opening internal doors can also assist with creating a throughput of air and may also be used, as long as they are not fire doors that cannot be closed in the event of a fire.
 - If necessary and where it is safe to do so, bearing in mind safeguarding in particular, external doors may also be used, as long as they are not fire doors that cannot be closed in the event of a fire.
- Use mechanical forced ventilation systems, such as Air Handling Units (AHU's).
 - These should be adjusted to increase the ventilation rate, i.e. Air Change Per Hour (ACH or ACPH), wherever possible and checked to confirm that the rates meet existing guidance.
 - If possible, systems should be adjusted to full fresh air in with no recirculation. If this is not possible, then so far as is reasonably practicable, systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply.

Carbon dioxide (CO₂) monitors provided by the Department for Education (DfE) will be installed at strategic locations within buildings to support and aid the monitoring of ventilation within occupied spaces.

Further advice on ventilation can be found in the Chartered Institution of Building Services Engineering's (CIBSE's) guidance on 'Coronavirus and Heating Ventilation and Air Conditioning (HVAC) Systems'.

- <https://www.cibse.org/coronavirus-covid-19/coronavirus,-sars-cov-2,-covid-19-and-hvac-systems>

Further advice on ventilation can also be found in the Health and Safety Executive's (HSE's) guidance on 'Air Conditioning and Ventilation during the Coronavirus Outbreak'.

- <https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation.htm>

3.7 Foreign Travel

Travel disruption is still possible and national control measures may be brought in with very little notice.

Latest advice about travelling abroad, including the latest information on coronavirus, safety and security, entry requirements and travel warnings can be found on the HM Government link below.

- [Foreign travel advice - GOV.UK \(www.gov.uk\)](https://www.gov.uk/foreign-travel-advice)
- [Red, amber, green lists: check the rules for travel to England from abroad - GOV.UK \(www.gov.uk\)](https://www.gov.uk/red-amber-green-lists)

Academies within the Trust will communicate openly with staff to explain the challenges around travelling abroad in the current unfavourable prevailing climate, and how 'quarantine' and 'self-isolation' could 'significantly impact' educational delivery.

IMPORTANT NOTE: Staff are reminded that it is the Trust's policy, that all staff must get holiday approval from their Principal/Head Teacher/Line Manager first before booking, confirming, and even paying their deposit for their holiday with any travel agent.

Some circumstances could be treated as 'extraordinary', for example:

- An employee who has extenuating circumstances such as an immediate close family funeral abroad.
- Pre-booked holidays that cannot be cancelled without incurring significant financial cost, i.e. insurers will not reimburse cost, that were arranged before quarantine could have been envisaged.
- Pre-booked holidays that the tour operator has not cancelled but has instead rescheduled on fixed dates which, if cancelled by the customer, would be at financial cost to them.

Staff that may want to return home, i.e. travel abroad, to visit family over the festive period would definitely not fall into the bracket of 'extraordinary' reasons when compared with an immediate close family funeral example above. However, an Academy may decide that this is an important thing for some staff to do, and if they do not go, it could adversely affect their mental health and wellbeing significantly. Each staff request will be assessed on its own merit, and the Academy may seek professional advice and guidance from the Trust's Human Resources Department.

An Academy may want to be more sympathetic in the above extraordinary circumstances, however, if an employee has booked a holiday to take place over the festive period, with no extraordinary reason to do so and is fully cognisant to the possibility of them needing to quarantine or indeed be held up abroad, then the Academy will seek professional advice and guidance from the Trust's Human Resources Department and may consider asking the employee to:

- If available, take additional paid annual leave.
- Make up the 14-days leave over a period of time possibly during closure periods.
- Take unpaid special leave.

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

Children aged 11 to 17 need proof of a negative COVID19 PCR test to travel to England (children aged 10 and under are exempt from this) and those aged 5 to 17 must take a COVID-19 PCR travel test on or before day 2.

3.8 Off-Site Educational Enrichment Visits

When booking a new visit, whether domestic or international, Academies are advised to ensure that any new bookings have adequate financial protection in place.

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

Academies should be aware that the travel list (and broader international travel policy) is subject to change and green list countries may be moved into amber or red. The travel lists may change during a visit and Academies must comply with international travel legislation and should have contingency plans in place to account for these changes.

Latest advice about travelling abroad, including the latest information on coronavirus, safety and security, entry requirements and travel warnings can be found on the HM Government link below.

- [Foreign travel advice - GOV.UK \(www.gov.uk\)](https://www.gov.uk/foreign-travel-advice)
- [Red, amber, green lists: check the rules for travel to England from abroad - GOV.UK \(www.gov.uk\)](https://www.gov.uk/red-amber-green-lists)

Academies should speak to either the visit provider, commercial insurance company, or the Risk Protection Arrangement (RPA) to assess the protection available. Independent advice on insurance cover and options can be sought from the British Insurance Brokers' Association (BIBA) or Association of British Insurers (ABI). Any Academy holding ATOL or ABTA refund credit notes may use these credit notes to rebook educational or international visits.

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

3.9 Personal (i.e. frequent handwashing) and respiratory (i.e. catch it, bin it, kill it) hygiene communication and enforcement

Letters sent to Parents and legal Guardians/Carers regarding their moral and legal duty to uphold and maintain their family's personal (i.e. frequent handwashing) and respiratory (i.e. catch it, bin it, kill it) hygiene at all times.

A clear directive given to all staff, pupils, volunteers, and visitors to uphold and maintain their personal (i.e. frequent handwashing) and respiratory (i.e. catch it, bin it, kill it)

hygiene at all times.

All staff given a clear directive that they must encourage and enforce pupils to maintain their personal (i.e. frequent handwashing) and respiratory (i.e. catch it, bin it, kill it) hygiene, and actively intervene and challenge those that fail to maintain good personal (i.e. frequent handwashing) and respiratory (i.e. catch it, bin it, kill it) hygiene.

Signs and poster will be prominently displayed in strategic locations around the Academy premises to increase the awareness of:

- handwashing frequency,
- handwashing techniques,
- avoid touching your face, and
- catch it, bin it, kill it, i.e. cough or sneeze into a tissue which can be binned safely, or into your arm if a tissue is not available.

Wherever possible, that is so far as is reasonably practicable, paper towels and appropriate lined lidded waste bins that enclose the hazard, i.e. potential COVID-19 contaminated waste, will be provided as an alternative to hand dryers in handwashing facilities.

Where appropriate and adequate handwashing facilities are not available, the use of hand sanitiser gels stations will be considered and strategically placed around the Academy. Hand sanitiser gel stations will be manned, and the use of the hand sanitiser station will be supervised to avoid incorrect use, over usage, and stop people filling their own bottles with gel for later use. Hand sanitiser gels stations will definitely be placed in prominent areas immediately entering the building, i.e. main reception area, where handwashing facilities are not immediately available, this will help control COVID-19 from entering into the Academy's 'safe' zone.

Once in the 'safe' zone, frequent handwashing will be encouraged over the use of hand sanitiser gels.

Estates and facilities department will conduct a physical site survey with the Health and Safety Section and the Academy's Principal/Head Teacher (or members of their SLT) to review their existing handwashing provisions and if necessary, consider additional mobile handwashing equipment to be strategically placed, and how best to strategically place hand sanitiser gel stations.

3.10 Face Coverings in Education

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

The government recommends that face covering should be worn, that is unless an individual is exempt on either health or medical grounds, by Year-7 pupils and above, staff and adult visitors when moving around the premises, outside of classrooms, such as in corridors and communal areas. This is a temporary measure.

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

Where pupils in year 7 and above are educated, pupils in these Academies must also wear a face covering when travelling on public transport and should wear it on dedicated transport to and from the Academy.

The government does not ordinarily expect teachers to wear a face covering in the classroom if they are at the front of the class, to support education delivery, although settings should be sensitive to the needs of individual teachers and assess each individual situation on a case-by-case basis.

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

Face coverings do not need to be worn when outdoors.

The Trust fully understands its duty to comply with the Equality Act 2010 which includes making reasonable adjustments for disabled staff and pupils. To support pupils to access education successfully, no pupil should be denied education on the grounds that they are not wearing a face covering. All settings should have a clear directive, promote, and encourage when, where, and who should be wearing a face covering.

Transparent Face Coverings

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

- Lip reading
- Clear sound
- Facial expression

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

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

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

Face visors or shields can be worn by those exempt from wearing a face covering but they are not an equivalent alternative in terms of source control of virus transmission. They may protect the wearer against droplet spread in specific circumstances but are unlikely to be effective in preventing the escape of smaller respiratory particles when used

without an additional face covering. They should only be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately.

Circumstances where people are not able to wear face coverings

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

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

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

Access to face coverings

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

All settings should have a small contingency supply available for people who:

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

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

Safe wearing and removal of face coverings

All settings should cover a process for when and how face coverings are worn within their settings and how they should be removed. All settings should communicate this process clearly to pupils, staff and visitors and allow for adjustments to be made for pupils who may be distressed if required to remove a face covering against their wishes, particularly those with SEND.

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

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

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

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

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

3.11 Accident, First Aid, security, and other incidents

UK Health Security Agency (UKHSA) have confirmed that *"personal protective equipment (PPE) is not required when administering First-Aid on an asymptomatic person"*, that is unless 'normal' First-Aid procedure specify otherwise, i.e. when there is blood involved.

HM Government have also confirmed in their guidance that *"anyone requiring First-Aid should continue to receive care in the same way. No additional PPE is needed because of coronavirus (COVID-19) for anyone who does not have coronavirus (COVID-19) symptoms"*, that is unless 'normal' First-Aid procedure specify otherwise, i.e. when there is blood involved.

The Academy's 'First Aider Needs Assessment' will be reviewed by the Academy's Senior Leadership Team (SLT) and TDET's Health and Safety Section to ensure that adequate and appropriate First Aid Provisions are maintained, i.e. Appointed Person (AP), Emergency First Aid (EFA), First Aid at Work (FAW), Paediatric First Aid (PFA), and Adult Mental Health First Aid (AMHFA).

NOTE:

- With all the risk management protocols and mitigating safety control measures in place, the nature of the working and learning activities performed within an Academy and the risk of harm associated with them are deemed to be low.
- With the above bullet point in mind, very basic 'emergency' First-Aid kits can be considered within groups.
 - Members of staff within their groups are permitted under 'in loco parentis', i.e. a legal doctrine that has been established through precedents in English common law/civil law, to carry out very basic everyday emergency First-Aid, i.e. clean a graze and dress it.
- Dedicated First-Aid rooms can be used, and groups can be compromised in any emergency health (i.e. injury or ill-health) and safety (i.e. fire evacuation) situation as long as personal and respiratory hygiene and cleaning regimes are upheld and maintained at all times before and after any emergency situation.

COVID-19 Emergency Grab Bags containing the appropriate essential personal protective equipment (PPE), i.e. fluid resistant surgical face mask (also known as type IIR), disposable plastic gloves and aprons, eye protection (e.g. face visor or goggles), will be strategically located around the Academy and locations will be communicated to all members of staff just in case they need to use PPE in the event of a likely risk of COVID-19 transmission, i.e.

breaching the 2-metre safe distance and where contact is necessary in aiding someone who is showing symptoms of the disease. The Health and Safety Section will review and advise on the correct essential PPE and contents of the 'COVID-19 Emergency Grab Bag'.

Estates and facilities department will conduct a physical site survey with the Health and Safety Section and the Academy's Principal/Head Teacher (or members of their SLT) to review strategic locations for the safe and secure stowage and access of the 'COVID -19 Emergency Grab Bags'.

HM Government and National Institute for Health Protection (NIHP) have stipulated in their guidance that COVID-19 transmission risk in non-healthcare setting is significantly lower than those seen in healthcare settings. Therefore, due to the pure nature of activities and operations within academies, people in academies are not deemed to be at the same risk of contracting the disease as those in Care Homes and Hospitals. Therefore, with this in mind, there is no immediate requirement to wear any personal protective equipment (PPE) when aiding others in the event of any unforeseen emergency situation, including First Aid, that is, unless the person in distress is showing symptoms of COVID-19 or where 'normal' First-Aid procedure specify otherwise, i.e. when there is blood involved. Please note that if normal protocols specify the use of personal protective equipment (PPE) when administering First-Aid for a particular injury or ill health regardless of whether the person in distress is showing COVID-19 symptoms or not, then personal protective equipment should be taken from their normal stock and worn, not from the COVID-19 Emergency Grab Bags.

In either of the scenarios above, i.e. aiding a distressed person showing or not showing symptoms, members of staff concerned will be given a 'consistent' clear directive to wash their hands thoroughly for 20 seconds immediately after aiding the person that was in distress regardless of whether they were showing symptoms or not.

Further guidance on practicing First-Aid safely, including safe working arrangements, during the current health threat posed by COVID-19 can be sought by the Trust's Health and Safety Section.

The Health and Safety Executive have recently updated the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) to include the requirement to report possible or actual exposure to COVID-19 as a result of or in connection with a work activity. Any confirmed positive cases will be reported to the Health and Safety Section through the correct channels as soon as is practicably possible.

In the event of any unfortunate emergency evacuation, people will be given a clear directive to:

- Follow normal protocols, work collaboratively, and evacuate the building in a professional, sensible, and safe manner.
- Pay particular attention to personal sanitation measures immediately afterwards including either washing their hands thoroughly for 20-seconds or use hand sanitiser gel.

HM Government give guidance on caring for children who regularly spit, bite, lick or require physical contact.

- Safe working in education, childcare, and children's social care settings, including

- the use of personal protective equipment (PPE)
- Use of PPE in education, childcare, and children’s social care guidance
 - [The use of personal protective equipment \(PPE\) in education, childcare and children’s social care settings, including for aerosol generating procedures \(AGPs\) - GOV.UK \(www.gov.uk\)](#)
 - Updated 20th July 2021
 - *“If non-symptomatic children present behaviours which may increase the risk of droplet transmission (such as biting, licking, kissing, or spitting) or require care that cannot be provided without close hands-on contact, they should continue to receive care in the same way, including any existing routine use of PPE”.*
 - *“The issues will be specific to each child or young person and individual responses will be required. Staff should review and update existing risk assessments”.*
 - *“In these circumstances, to reduce the risk of coronavirus (COVID-19) transmission, no additional PPE is necessary because these are non-symptomatic children in a non-healthcare setting and so the risk of viral transmission is very low”.*
 - However, additional space and frequent cleaning of surfaces, objects and toys will be required. Cleaning arrangements should be increased in all settings, with a specific focus on surfaces which are touched a lot.

The actions below will be followed immediately after experiencing and/or realising an unfortunate act of physical violence, i.e. spitting, biting, punching, kicking etc. Note, the list of actions below is not exhaustive.

- Immediately call for back-up assistance and use your negotiating skills to calm the perpetrator.
- Only when it is safe to do so, remove oneself safely and in a controlled manner from the scene.
- If applicable, immediately clean oneself hygienically as best as they possible can.
- If applicable, ascertain the nature and degree of the injury sustained, if any.
 - Has the perpetrator spat in someone’s face?
 - Has the biting injury penetrated through the victim’s skin, i.e. laceration injury?
 - Any other injury that may elevate the risk of COVID-19 infection?
- Be mindful and monitor any onset of any COVID-19 symptoms.
 - Immediately follow the Academy’s *‘Reporting confirmed positive COVID-19 situations, engaging with the NHS Test and Trace process, working collaboratively with the Local Health Protection Team at Health Security Agency (UKHSA) and Local Authority (CCC/PCC), and when people need to self-isolate’* as highlighted in section (3.3).

3.12 Cleaning regimes and safe waste disposal

Estates and facilities department will consult with their cleaning contractor and/or in-house cleaning teams to agree and arrange a thorough deep clean before staff and pupils return.

Disinfectant surface cleaning spray bottle and disposable paper towels will be made readily available at strategic locations to aid any surface cleaning that may be required immediately after each individual occupant’s use of a workstation, work or learning

equipment. Appropriate lidded bins will be provided at strategic locations to enclose the hazard, i.e. potential COVID-19 contaminated waste, when the item used for cleaning is disposed.

More frequent enhanced cleaning regimes will be in place within and around the Academy premises upon opening, particularly around 'common areas' and at potential 'touch points' including:

- Taps and washing facilities.
- Toilet flush and seats.
- Door handles and push plates.
- Handrails on staircases and corridors.
- Lift and hoist controls.
- Machinery and equipment control panels.
- Telephone equipment.
- Common area, office, classroom and laboratory equipment, including desks and chairs.
- Changing rooms and shower facilities in physical education curriculum.
- All areas used for eating wholesome food.

Different groups do not need to be allocated their own toilet blocks, but toilets will be cleaned regularly, and pupils must be encouraged to clean their hands thoroughly after using the toilet.

Cleaning teams will continue to abide with their cleaning protocols, CoSHH risk assessment, safe working procedures including the correct use of PPE and training.

All cleaning waste will be managed and disposed of responsibly and sensibly so as to reduce the potential risk of COVID-19 transmission. All waste bins will be lined with an appropriate bin liner and lidded so as to enclose the hazard, i.e. potential COVID-19 contaminated waste. All bin liners or waste bags will be securely tied before they are manually handled and correctly disposed.

Cleaning teams will adhere to the strict cleaning guidance provided by HM Government when a positive COVID-19 situation has been confirmed by NHS Test and Trace:

- COVID-19: cleaning of non-healthcare settings outside the home
- <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>
- Entry into the building, area, or room suspected to be contaminated will be prohibited and kept secure for **72-hours** and then thereafter undergo a thorough deep clean.

3.13 Managing visitors and contractors

All visitors, contractors and Academy host's will be encouraged to use either telephone systems or ICT remote working connections such as Microsoft Teams and Zoom to replace site meetings/visits.

Where site visits are required and/or unavoidable, the visitor or contractor will be given

clear guidance by the Academy's host and receptionist on the Academy's visiting protocols and at the same time be given strict directives on the importance to maintain their respiratory and personal hygiene. Any visitor or contractor failing to abide with the Academy's strict visiting protocols, i.e. maintaining respiratory and personal hygiene will be requested to leave the premises immediately, or even be escorted off the premises if necessary.

All visitors and contractors should give either the Receptionist or the Academy Host a signed declaration of the following before they are permitted to sign in or even given authorisation to enter the Academy's premises.

- Are they experiencing any symptoms of COVID-19 or have they experienced any COVID-19 symptoms within the last 10-days?
- Have they been identified as a 'close contact' to a person showing symptoms of COVID-19 and/or who has been tested positive for having COVID-19 within the last 10-days?
- Are they exempt from self-isolation?
 - Individuals are not required to self-isolate if they live in the same household as someone with COVID-19 or are a close-contact of someone with COVID-19, and any of the following apply.
 - They are fully vaccinated.
 - They are below the age of 18-years and 6-months.
 - They have taken part in or are currently part of an approved COVID-19 vaccine trial.
 - They are not able to get vaccinated for medical reasons.
 - Instead, they will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a PCR test. We encourage all individuals to take PCR test if advised to do so by NHS Test and Trace.
- Have they done a Lateral Flow device (LFD) test in the last 24-hours and was the result negative?

NOTE: Anyone answering either,

- 'yes' to the 1st bullet point (i.e. *Are they experiencing any symptoms of COVID-19 or have they experienced any COVID-19 symptoms within the last 10-days?*), and/or
- 'yes' to the 2nd bullet point (i.e. *Have they been identified as a 'close contact' to a person showing symptoms of COVID-19 and/or who has been tested positive for having COVID-19 within the last 10-days?*) and 'no' to the 3rd bullet point (i.e. *Are they exempt from self-isolation?*), and/or
- 'no' to the 4th bullet point (i.e. *Have they done a Lateral Flow device (LFD) test in the last 24-hours and was the result negative?*), **should not be permitted to sign in or even given authorisation to enter the Academy's premises.**

All staff will be given a clear directive to not encourage any unnecessary and non-business critical visits to the Academy. In the case of any visits that are deemed business critical, the Academy host will regulate, i.e. limit, and manage their visitor(s) and/or contractor(s) responsibly, sensibly, and professionally.

Specialists, therapists, clinicians, and other support staff for pupils with SEND must abide with the Academy's strict protocols as highlighted in this document.

Supply staff and other temporary or peripatetic staff, including volunteers, must also abide with the Academy's strict protocols as highlighted in this document.

Estates and Facilities contractors will not be given any 'Approval to Work' until they provide a suitable and sufficient task-based risk assessment for the activities that they are required to perform on the Academy's premises. The task-based risk assessment must include their control measure for managing the transmission risk of COVID-19. The Academy host responsible for the contractors will need to approve the task-based risk assessment before authorising any work to commence and if in any doubt can consult the Health and Safety Section.

Wherever possible, and so far as is reasonably practicable, every effort should be made by the Academy's host to review planned preventative and reactive maintenance schedules with the contractor so that work can be done out of core hours so that the interaction and overlap between people is reduced, therefore reducing the risk of COVID-19 transmission.

Wherever practicably possible, sensibly, and responsibly avoid face-to-face meetings. The use of 'Microsoft Teams' and 'Zoom' has proven to be a great success when hosting remote meetings.

3.14 Personal protective equipment (PPE)

The use of personal protective equipment (PPE) will only be promoted when a particular risk assessment, i.e. individual, and activity/task-based risk assessment, has confirmed a high risk of COVID-19 transmission and/or harm.

Personal protective equipment (PPE) specific risk assessments will be carried out to assess and ascertain whether the personal protective equipment (PPE) selected is suitable, sufficient, and fit for purpose for that particular task/activity.

NOTE:

- It is imperative to bear in mind that when inappropriate personal protective equipment (PPE) is being used, i.e. donned, worn, and doffed, or even when the correct personal protective equipment (PPE) is being inappropriately used, i.e. donned, worn, and doffed, the personal protective equipment (PPE) itself can become a hazard and can inevitably increase the risk of transmission and infection of the disease, COVID-19.

The Health and Safety Section will be at hand to advice and guide when selecting personal protective equipment (PPE) for a particular task/activity.

Personal Protective Equipment (PPE) will definitely be 'considered' in tasks that involve 'personal and intimate care', i.e. babies in nursery, pupils' in early years, and where there is a medical, physical or mental health condition making it applicable. If Personal Protective Equipment (PPE) such as appropriate gloves, aprons and face masks are deemed to be necessary for the task/activity at hand, then they will be made readily available to the members of staff concerned. Staff will be given a clear directive to pay particular attention to personal sanitation measures including washing their hands

thoroughly for 20-seconds immediately after undertaking a personal and intimate care task.

COVID-19 Emergency Grab Bags containing the appropriate essential personal protective equipment (PPE), i.e. fluid resistant surgical face mask (also known as type IIR), disposable plastic gloves and aprons, eye protection (e.g. face visor or goggles), will be strategically located around the Academy and locations will be communicated to all members of staff just in case they need to use PPE in the event of a likely risk of COVID-19 transmission, i.e. breaching the 2-metre safe distance and where contact is necessary in aiding someone who is showing symptoms of the disease. The Health and Safety Section will review and advise on the correct essential PPE and contents of the 'COVID-19 Emergency Grab Bag'.

Estates and facilities department will conduct a physical site survey with the Health and Safety Section and the Academy's Principal/Head Teacher (or members of their SLT) to review strategic locations for the safe and secure stowage and access of the 'COVID-19 Emergency Grab Bags'.

3.15 Estates and facilities

It is important that, prior to reopening for the autumn term, all the usual pre-term building checks are undertaken to make the academy safe. If buildings have been closed or had reduced occupancy during the coronavirus (COVID-19) outbreak, water system stagnation can occur due to lack of use, increasing the risks of Legionnaires' disease. Advice on this can be found in the HSE guidance on 'Legionella risks during the coronavirus outbreak'.

- <https://www.hse.gov.uk/coronavirus/legionella-risks-during-coronavirus-outbreak.htm>

Additional advice on safely reoccupying buildings can be found in the Chartered Institute of Building Services Engineers' guidance on 'Emerging from lockdown'.

- <https://www.cibse.org/coronavirus-covid-19/emerging-from-lockdown>

Estates and facilities department will ensure the following:

- That all relevant property statutory compliance checks have been completed and records updated on their maintenance management system, i.e. Every.
- Daily and weekly checks have been reinstated.
- Confirm all building service systems are good to go, i.e. water, heating, cooling, ventilation, gas, and electricity.

3.16 Catering

All academy kitchens will be fully open and operational from the start of the autumn term and normal legal requirements will apply about provision of food to all pupils who want it, including for those eligible for benefits-related free school meals or universal infant free school meals.

All academy kitchens must and will comply with the 'guidance for food businesses on coronavirus (COVID-19)'.

- <https://www.gov.uk/government/publications/covid-19-guidance-for-food-businesses/guidance-for-food-businesses-on-coronavirus-covid-19>

Although it is very unlikely that COVID-19 is transmitted through food or food packaging, as a matter of good hygiene practice your staff should wash their hands frequently with soap and water for at least 20 seconds. This should be done routinely, including:

- Before and after handling food.
- Before handling clean cutlery, dishes, glasses, or other items to be used by the customer.
- After handling dirty or used items, such as collecting used dishes from customer tables.
- After handling money.
- After touching high-contact surfaces, such as door handles.
- When moving between different areas of the workplace.
- After being in a public place.
- After blowing your nose, coughing, or sneezing. Coughs and sneezes should be caught in a tissue or the crook of your elbow.

Food packaging should be handled in line with usual food safety practices and staff should continue to follow existing risk assessments and safe systems of working.

All staff in catering will continue to adhere with the following:

- Food Standard Agency's (FSA's) guidance.
 - Personal hygiene and hygienic practices in food preparation.
 - Hazard Analysis and Critical Control Point (HACCP) processes.
- Trust's Food Safety Management System (FSMS) that includes existing food hygiene guidance and HACCP processes.

The catering leadership team will review their 'Food Safety Management System (FSMS)' when changes to their routine ways of working have been made in response to COVID-19.

3.17 Sharing the results of the risk assessment, i.e. communication

The results of this risk assessment will be shared with the whole workforce by publishing it under Health and Safety Section on the Academy's and TDET's intranet.

Notices will be displayed at prominent strategic locations throughout the academy building to show that guidance from HM Government, Public Health England, and Department for Education were followed.

Posters will be displayed at prominent strategic locations throughout the academy building, letters and flyers will be distributed to parents, carers, legal guardians, and members of staff to communicate what is meant by being COVID-19 secure and what measure have been taken to be COVID-19 secure.

3.18 Adult mental health and wellbeing

Everyone will be advised to be alert to mood or behavioural changes in any member of staff as a consequence of them experiencing anxiety, loss, bereavement, isolation, or loneliness caused by COVID-19 and potential local lockdown measure taken by the Government.

Employees suffering from any anxiety, loss, bereavement, isolation, or loneliness caused by COVID-19 will be encouraged to reach out to the Trust's and Academy's joint Adult Mental Health First Aid provision through the correct channels.

The Adult Mental Health First Aid Team will listen, advise, and guide any member of staff suffering from potential Post Traumatic Stress Disorder (PTSD) as a consequence of the effects of COVID-19 to the right professional help and will support the member of staff through their journey until some level of acceptable recovery is made.

Adult Mental Health First Aid provisions and how to reach out to an appointed Adult Mental Health First Aider have been communicated to all staff.

The Trust's Human Resources Department will address and manage any well-being issues or concerns.

The Department for Education is providing additional support for both pupil and staff wellbeing in the current situation. Information about the 'Extra mental health support for pupils and teachers' is available.

- <https://www.gov.uk/government/news/extra-mental-health-support-for-pupils-and-teachers>

The 'Education Support Partnership' provides a free helpline for school staff and targeted support for mental health and wellbeing.

- <https://www.educationsupport.org.uk/>

3.19 Pupil mental health and wellbeing

Pupils may be experiencing a variety of emotions in response to the coronavirus (COVID-19) outbreak, such as anxiety, stress, or low mood. This may particularly be the case for vulnerable children, including those with a social worker and young carers. It is important to contextualise these feelings as normal responses to an abnormal situation. Some may need support to re-adjust to the Academy's environment, others may have enjoyed being at home and be reluctant to return, a few may be showing signs of more severe anxiety or depression, whilst others will not be experiencing any challenges and will be keen and ready to return.

Everyone will be advised to be alert to mood or behavioural changes in any pupil as a consequence of them experiencing anxiety, loss, bereavement, isolation, or loneliness caused by COVID-19 and any potential local lockdown measure taken by the Government. Pupils suffering from any anxiety, loss, bereavement, isolation, or loneliness caused by COVID-19 will be assisted by the Academy's Child Mental Health and Wellbeing Teams.

DfE have published a training module on 'Teaching about mental wellbeing', which has been developed with clinical experts and schools, and will improve a teacher confidence in talking and teaching about mental health and wellbeing in the classroom. It was published early in the lockdown given the importance of supporting pupils' mental health and wellbeing at this time.

- <https://www.gov.uk/guidance/teaching-about-mental-wellbeing>

Academies should consider the provision of pastoral and extra-curricular activities to all pupils designed to:

- Support the rebuilding of friendships and social engagement.
- Address and equip pupils to respond to issues linked to coronavirus (COVID-19).
- Support pupils with approaches to improving their physical and mental wellbeing.

Academies should also provide more focused pastoral support where issues are identified that individual pupils may need help with, drawing on external support where necessary and possible. Academies should also consider support needs of particular groups they are already aware need additional help, and any groups they identify as newly vulnerable on their return to the Academy. To support this, teachers may wish to access the free 'MindEd learning platform for professionals', which includes a coronavirus (COVID-19) staff resilience hub with materials on peer support, stress, fear and trauma and bereavement.

- <https://covid.minded.org.uk/>

MindEd have also developed a 'coronavirus (COVID-19) staff resilience hub' with advice and tips for frontline staff.

- <https://covid.minded.org.uk/>

Academies should consider how they are working with school nursing services to support the health and wellbeing of their pupils; school nursing services have continued to offer support as pupils return to school. School nurses, as leaders of the 'healthy child programme' can offer a range of support including:

- <https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>
- Support for resilience, mental health and wellbeing including anxiety, bereavement, and sleep issues.
- Support for pupils with additional and complex health needs.
- Supporting vulnerable children and keeping children safe.

Academies and school nurses need to work together to ensure delivery of the healthy child programme (which includes immunisation), identifying health and wellbeing needs which will underpin priorities for service delivery.

3.20 Contingency Plans (Remote Education, Special Educational Needs and Disability – SEND, Vulnerable Pupils, and Delivering Remote Education Safely)

For individuals or groups of self-isolating pupils, remote education plans should be in place and meet the same expectations as those for any pupils who cannot yet attend the Academy setting at all due to whatever complexities posed by the unfavourable prevailing

public health threat, COVID-19.

Remote Education

Academies within the Trust must offer immediate remote education where a class, group or a small number of pupils need to self-isolate, or potential local restrictions require pupils to remain at home. They will also be expected to consider how to continue to improve the quality of their existing curriculum, for example through technology, and have a strong contingency plan in place for remote education provisions. This planning will be particularly important to support a scenario in which the logistical challenges of remote provisions are greatest, for example where large numbers of pupils are required to remain at home.

In developing these contingency plans, Academies within the Trust will be expected to consider and demonstrate the following:

- Use a curriculum sequence that allows access to high-quality online and offline resources and teaching videos and that is linked to the Academy's curriculum expectations.
- Give access to high quality remote education resources.
- Select the online tools that will be consistently used across the Academy to allow interaction, assessment and feedback and make sure staff are trained in their use.
- Provide printed resources, such as textbooks and workbooks, for pupils who do not have suitable online access.
- Recognise that younger pupils and some pupils with SEND may not be able to access remote education without adult support and so the Academy should work with families to deliver a broad and ambitious curriculum.

When teaching pupils remotely, Academies within the Trust will be expected to consider and demonstrate the following:

- Set assignments so that pupils have meaningful and ambitious work each day in a number of different subjects.
- 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 practiced in each subject.
- Provide frequent, clear explanations of new content, delivered by a teacher in the Academy or through high-quality curriculum resources or videos.
- Gauge how well pupils are progressing through the curriculum, using questions and other suitable tasks, and set a clear expectation on how regularly teachers will check work.
- 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 pupils' understanding.
- Plan a programme that is of equivalent length to the core teaching pupils would receive in the Academy, ideally including daily contact with teachers.

Special Educational Needs and Disability (SEND)

For pupils with SEND, their teachers are best placed to know how the pupil's needs can be most effectively met to ensure they continue to make progress even if they are not able to be in an Academy's settings due to self-isolating or potential intervening HM Government local restrictions. The requirement for Academies to use their best endeavours to secure

the special educational provision called for by the pupils' special educational needs, that is so far as is reasonably practicable, remains in place.

Academies should work collaboratively with families, putting in place reasonable adjustments as necessary, so that pupils with SEND can successfully access remote education alongside their peers.

Where a pupil has provision specified within their EHC Plan, it remains the duty of the local authority and any health bodies to secure or arrange the delivery of this in the setting that the plan names. However, there may be times when it becomes very difficult to do so, e.g. if they are self-isolating. In this situation, decisions on how provision can be delivered should be informed by relevant considerations including, e.g. the types of services that the pupil can access remotely, such as online teaching and remote sessions with different types of therapists. These decisions should be considered on a case-by-case basis, avoiding a one size fits all approach.

Vulnerable Pupils

Where pupils who are self-isolating and are within the definition of 'vulnerable', it is important that all Academies within the Trust put in place such systems that enable and allow them to keep in contact with all their vulnerable children.

When a vulnerable child is asked to self-isolate, Academies within the Trust must notify their social worker, that is if they have one. Responsible Academy leaders should then agree with the social worker the best way to maintain contact and offer support to the vulnerable pupil.

All Academies within the Trust should also have in place procedures to check if a vulnerable pupil is able to access remote education support, to support them to access it, that is as far as is practicably possible, and to regularly check if they are doing so.

Delivering Remote Education Safely

Keeping children safe online is essential, and the statutory guidance 'Keeping Children Safe in Education' provides Academies with information on what they should be doing to protect their pupils online.

- <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

Further support and advice on delivering online remote education safely is available from the following:

- SWGfl
 - <https://swgfl.org.uk/resources/safe-remote-learning/>
- LGfl
 - <https://www.lgfl.net/online-safety/default.aspx>
- HM Government Guidance: Safeguarding and remote education during coronavirus (COVID-19)
 - <https://www.gov.uk/guidance/safeguarding-and-remote-education-during-coronavirus-covid-19>

3.21 Asymptomatic Testing for all Staff and Pupils

A person infected with COVID-19 and presenting one or more of the known symptoms of the disease is referred to as 'symptomatic'.

A person infected with COVID-19 and presents no known symptoms of the disease is referred to as 'asymptomatic'. It is imperative to note and understand that an asymptomatic person is as contagious as a symptomatic person in transmitting and spreading the disease in society.

Unfortunately, many asymptomatic people, i.e. carriers of the disease, are overlooked and go undetected, and as a result, heavily contribute to the unacceptable infection rate in the United Kingdom, i.e. unacceptable increase in the R-number. With the unacceptable prevalence of the disease within society, it is therefore imperative that all staff and pupils are 'advised' and 'encouraged' to get themselves tested on a frequent basis so that any 'potential transmission chain' can be identified swiftly and broken very early. Breaking transmission chains is crucial and key to controlling and reducing the transmission and spread of this unfavourable prevailing health threat.

There are two different types of COVID-19 tests currently being undertaken in the United Kingdom, the 'Polymerase Chain Reaction (PCR)' and the 'Lateral Flow Device (LFD)' tests, both of which require a swab from the back of your throat and/or nose.

- Polymerase Chain Reaction (PCR) Test
Looks for RNA fragments of the virus, i.e. genetic coding material. Samples are sent to a laboratory where it is heated and cooled using special reagents to convert the virus's RNA into DNA, another form of genetic coding material, and then makes millions of copies of the DNA so that easier identification of the organism, i.e. virus, can be achieved. This process can take hours, requires sophisticated lab equipment and technicians, and is typically done one sample at a time, although there are machines that can process multiple samples. Although the sample needs to be sent to a lab, the time-consuming process does however deliver results that are almost 100% accurate in spotting infected people when there is virus on the swab.
- Lateral Flow Device (LFD) Test
Sometimes referred to as 'Antigen Tests' or 'Rapid Tests', look for antigens, i.e. a toxin or other foreign substance, which induces an immune response in the body, especially the production of antibodies and protein. Samples are mixed with a solution that unleashes specific viral proteins. That mixed solution combination is then applied to a paper strip that contains a bespoke antibody optimised to bind these proteins if they are present. Like a home pregnancy test the result is reflected as a band on the paper strip. This process does not require a laboratory and can be done in up to 30 minutes, but that speed comes at the cost of accuracy. Although these tests are reliable when an individual has a high viral load, they are far more prone to false-negative results if a person has low amounts of the virus in their body.

Please note that asymptomatic testing, whether it be self-testing at home or controlled testing at an asymptomatic testing site, is voluntary. The Trust together with its Academy

Senior Leaders will make every effort to ensure that all staff and pupils are reassured and encouraged to engage and participate in the asymptomatic testing regimes.

All Academies will ensure that they make the following provisions available for staff, and where applicable, pupils to be tested using the 'Lateral Flow Device (LFD)' tests.

- **Primary Academies**
Staff in the primary education setting will be advised and encouraged to participate in the Trust's/Academy's asymptomatic home-testing regime and will be issued with Lateral Flow Device (LFD) home-test kits. Staff voluntarily participating in the Trust's/Academy's asymptomatic home-testing regime will also be instructed to take two Lateral Flow Device (LFD) tests every week, with an interval of 3-5 days between each test.

Staff voluntarily participating in the Trust's/Academy's asymptomatic home-testing regime must immediately report a confirmed positive (+) result as soon as is practicably and conveniently possible to the responsible member of the Academy's Senior Leadership Team who will then, without delay, notify the Trust's Health and Safety Manager for further notification to the external regulatory bodies.

There is no requirement, that is at this moment in time, for primary aged pupils to participate in the Trust's/Academy's asymptomatic testing regime.

- **Secondary Academies**
Controlled Asymptomatic Testing Sites (ATS) at each secondary Academy will be set up by the Academy's respective Senior Leadership Team(s) with assistance from the Trust's Central Business Services Teams. The controlled asymptomatic testing provisions on site will be made available to all staff attending the Academy's setting.

All staff and pupils in the secondary education setting will be advised and encouraged to participate in the Trust's/Academy's asymptomatic testing regime and 'consent' for a controlled asymptomatic test to be taken must be obtained prior to the actual test being undertaken.

A responsible member from the Testing Team must immediately report a confirmed positive (+) result as soon as is practicably and conveniently possible to the responsible member of the Academy's Senior Leadership Team who will then, without delay, notify the Trust's Health and Safety Manager for further notification to the external regulatory bodies.

Staff and pupils in the secondary education setting will also be advised and encouraged to participate in the Trust's/Academy's asymptomatic home-testing regime and will be issued with Lateral Flow Device (LFD) home-test kits. Staff voluntarily participating in the Trust's/Academy's asymptomatic home-testing regime will also be instructed to take two Lateral Flow Device (LFD) tests every week, with an interval of 3-5 days between each test.

Staff and pupils voluntarily participating in the Trust's/Academy's asymptomatic home-testing regime must immediately report a confirmed positive (+) result as

soon as is practicably and conveniently possible to the responsible member of the Academy's Senior Leadership Team who will then, without delay, notify the Trust's Health and Safety Manager for further notification to the external regulatory bodies.

Staff and pupils with a positive LFD test result should:

- Self-isolate immediately in line with the following guidance from HM Government.
 - [Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/stay-at-home-guidance-for-households-with-possible-or-confirmed-coronavirus-covid-19-infection)
 - Updated 30th December 2021
- From 11th January 2022, the Government temporarily suspended the requirements for a confirmatory PCR test to taken within 2 days following a positive LFD test result. Under this new approach, anyone who receives a positive LFD test result should report their result on GOV.UK, must notify their Line Manager immediately as soon as the results are known, and must self-isolate immediately, but will not need to take a follow-up confirmatory PCR test. After reporting a positive LFD test result, the infectious individual will be contacted by NHS Test and Trace so that their close contacts can be traced.
- There are a few exceptions to this revised approach.
 - Firstly, people who are eligible for the £500 Test and Trace Support Payment (TTSP) will still be asked to take a confirmatory PCR if they receive a positive LFD result, to enable them to access financial support.
 - Secondly, people participating in research or surveillance programmes may still be asked to take a follow-up PCR test, according to the research or surveillance protocol.
 - Finally, around one million people in England who are at particular risk of becoming seriously ill from COVID-19 have been identified by the NHS as being potentially eligible for new treatments. They will be receiving a PCR test kit at home by mid-January to use if they develop symptoms or if they get a positive LFD result, as they may be eligible for new treatments if they receive a positive PCR result. This group should use these priority PCR tests when they have symptoms as it will enable prioritised laboratory handling.
- In line with the reduced self-isolation approach announced on 22 December, anyone who tests positive will be able to leave self-isolation 7 days after the date of their initial positive test if they receive 2 negative LFD results, 24 hours apart, on days 6 and 7.
- Rapid lateral flow tests are most useful at identifying COVID-19 in people without any symptoms. The tests are over 80% effective at finding people with high viral loads who are most infectious and most likely to transmit the virus to others. Analysis by NHS Test and Trace shows LFD tests to have an estimated specificity of at least 99.97% when used in the community. This means that for every 10,000 lateral flow tests carried out, there are likely to be fewer than 3 false positive results. LFD tests identify the most infectious people. These people tend to spread the virus to many people and so identifying them remains important.

3.22 Asymptomatic Testing Sites

All Academies in the secondary setting will ensure that they make Asymptomatic Testing Site (ATS) provisions available for staff and pupils to be tested using the Lateral Flow Device (LFD) tests.

The setting up of a controlled asymptomatic testing site at each secondary Academy will be spearheaded by the respective Academy's Senior Leadership Team with assistance from the Trust's Central Business Services Teams.

A responsible Team Leader will be nominated for each Academy and will be responsible for the following:

- Registering their Academy as an Asymptomatic Testing Site (ATS) with DfE and NHS Test and Trace as well as registering themselves as a Team Leader for their respective asymptomatic testing site.
- Will work with the Trust's Central Business Services Teams in setting up the asymptomatic testing site in such a way that ensures that it is suitable, i.e. fit for purpose, and sufficient, i.e. adequate, to meet the potential needs and demands of the asymptomatic testing requirements, i.e. small or large scale testing.
- Ensuring that the test team are all fully trained and competent in their role.
- Ensuring that the test team fully understand their roles and responsibilities.
- Ensuring that the test team have also registered themselves with DfE and NHS Test and Trace for their respective asymptomatic testing site.
- Will ensure that everyone involved in the asymptomatic testing site follows the relevant 'guidance' from the Department of Health and Social Care's (DHSC's) '*Clinical Standard Operating Procedure (SOP) for Mass Testing with Lateral Flow Antigen Testing Devices in Schools and Colleges*' Nation Testing Programme version 2.3 published on 31/12/2020.
- Will ensure that the test team are briefed on and made fully aware of this guidance document/risk assessment.

Asymptomatic testing site will comply with the Department of Health and Social Care's (DHSC's) '*Clinical Standard Operating Procedure (SOP) for Mass Testing with Lateral Flow Antigen Testing Devices in Schools and Colleges*' Nation Testing Programme version 2.3 published on 31/12/2020. The Trust's Health and Safety Section together with the respective Academy's Senior Leadership Team will ensure that measures are in place to comply with the named procedure.

The Trust's Health and Safety Section will be responsible for overseeing the 'Quality Management Plan' that will include observations, inspections, and an audit of the asymptomatic testing site. Results from any observation, inspection, or audit will be feedback to the Team Leader and their respective Test Team as well as to the respective Academy's Senior Leadership Team and Trust's Executive Body.

Asymptomatic testing provisions will be made available to the appropriate category of people that are advised and encouraged to be tested during the prevalence of this unfavourable public health threat.

Asymptomatic testing sites themselves have the potential to elevate the risk of infection transmission and spread significantly if not managed sensibly, responsibly, and

professionally. It is legally, morally, and financially imperative, so far as is reasonably practicable, to reduce and keep the risk of infection and spread at asymptomatic testing sites to an absolute minimum. The Trust's Health and Safety Section and the respective Senior Leadership Team(s) at each Academy will ensure that they have the appropriate and fitting mitigating control measure/system in place that constantly reduce the risk infection and transmission and keep it to a minimal always.

Asymptomatic testing sites will also strictly adhere to all the appropriate and applicable mitigating control measure/systems highlighted in this document.

Managing the risks of infection transmission and spread:

1. Contact between test-subjects and their tutor and/or teacher.

- Consent for testing obtained, checked, and stored in compliance with GDPR.
- All test-subjects are to be advised in advance not to attend if they have any symptoms of COVID-19, live with someone who is showing symptoms of COVID-19 (including a fever and/or new persistent cough), have returned within 10 days from a part of the world affected by the virus, or have been in close contact with someone who is displaying symptoms.
- Academy's COVID-19 Secure protocols to be communicated to all test-subjects prior to arranging and confirming their asymptomatic testing.
- COVID-19 secure signage displayed at prominent areas when entering the building as well as in and around the building, i.e. maintaining personal and respiratory hygiene etc.
- Suitable and sufficient enforcement of the Academy's COVID-19 Secure protocols, i.e. everyone will be empowered to intervene and challenge when they observe any unsafe act or condition.
- Everyone to use either hand-sanitiser or immediately wash hands thoroughly on entering the building.
- A three-stage enhance cleaning regime in line with HM Government's cleaning guidance will be implemented, i.e. immediate cleaning after each test, regular cleaning of all potential touchpoints, and a thorough clean at the end of the day.
- No physical handling of any documents between test-subjects and others, and vice versa, except Lateral Flow Device (LFD) barcode stickers.

2. Contact between queuing test-subjects with one another.

- Queue management system will be put in place when arriving and queuing for testing.
- Suitable and sufficient floor signage to be used as a visual reminder to help maintain the queuing in a safe manner.
- Limited clutter in and around test area.
- Suitable and sufficient enforcement of the Academy's COVID-19 Secure protocols, i.e. everyone will be empowered to intervene and challenge when they observe any unsafe act or condition.
- A one-way system will be adopted to safely guide the test-subjects and others through the building.
- Training successfully completed by all staff involved in the testing process so that they fully understand their roles, responsibilities, the hazards, and

risk involved, the safe working practices including the use of Personal Protective Equipment (PPE).

3. Contact between the test-subject and the Asymptomatic Testing Site's 'welcoming' and 'registration' staff.

- Consent for testing obtained, checked, and stored in compliance with GDPR.
- Training successfully completed by all staff involved in the testing process so that they fully understand their roles, responsibilities, the hazards, and risk involved, the safe working practices, use of Personal Protective Equipment (PPE) including the donning and doffing of personal protective equipment.
- Staff will follow the relevant guidance from the Department of Health and Social Care's (DHSC's) *'Clinical Standard Operating Procedure (SOP) for Mass Testing with Lateral Flow Antigen Testing Devices in Schools and Colleges'* Nation Testing Programme version 2.3 published on 31/12/2020.
- Regular toolbox talks with all staff involved in the testing process.
- Daily reminders from the Team Leader on the strict adherence to training and compliance with the DHSC's SOP.
- Suitable and sufficient enforcement of the Academy's COVID-19 Secure protocols, i.e. everyone will be empowered to intervene and challenge when they observe any unsafe act or condition.
- Suitable and sufficient floor signage to be used as a visual reminder to help maintain the queuing in a safe manner.
- All test-subjects given clear instruction on how the process will work.
- A three-stage enhance cleaning regime in line with HM Government's cleaning guidance will be implemented, i.e. immediate cleaning after each test, regular cleaning of all potential touchpoints including documents and equipment, and a thorough clean at the end of the day.
- Online O365 GDPR compliant internal Academy COVID-19 testing registered maintained for in-academy procedures.

4. Contact between the test-subject and the Asymptomatic Testing Site's 'processor' staff, i.e. processing and analysing.

- Training successfully completed by all staff involved in the testing process so that they fully understand their roles, responsibilities, the hazards, and risk involved, the safe working practices, use of Personal Protective Equipment (PPE) including the donning and doffing of personal protective equipment.
- Personal Protective Equipment (PPE) worn by 'processor' staff include Fluid resistant (type 11R) surgical mask, disposable glove (changed after each test-sample), disposable plastic apron, and appropriate eye protection (safety spectacle, goggles, or visor).
- Staff will follow the relevant guidance from the Department of Health and Social Care's (DHSC's) *'Clinical Standard Operating Procedure (SOP) for Mass Testing with Lateral Flow Antigen Testing Devices in Schools and Colleges'* Nation Testing Programme version 2.3 published on 31/12/2020.
- Regular toolbox talks with all staff involved in the testing process.
- Daily reminders from the Team Leader on the strict adherence to training

and compliance with the DHSC's SOP.

- Suitable and sufficient enforcement of the Academy's COVID-19 Secure protocols, i.e. everyone will be empowered to intervene and challenge when they observe any unsafe act or condition.
- Suitable and sufficient floor signage to be used as a visual reminder to help maintain the queuing in a safe manner.
- Testing will only be carried out in areas with non-porous flooring.
- Test-subject carries out swabbing themselves whilst supervised by the processor.
- There will be risk assessed safe provisions for assisted swabbing, i.e. a dedicated area and nominated trained person.
- A three-stage enhance cleaning regime in line with HM Government's cleaning guidance will be implemented, i.e. immediate cleaning after each test, regular cleaning of all potential touchpoints including documents and equipment, and a thorough clean at the end of the day.

5. Contact between test-samples and the Asymptomatic Testing Site's 'processor', 'data capture and recorder' staff, i.e. logging and recording.

- Training successfully completed by all staff involved in the testing process so that they fully understand their roles, responsibilities, the hazards and risk involved, the safe working practices, use of Personal Protective Equipment (PPE) including the donning and doffing of personal protective equipment.
- Personal Protective Equipment (PPE) worn by staff include Fluid resistant (type 11R) surgical mask, disposable glove (changed after each test-sample), disposable plastic apron, and appropriate eye protection (safety spectacle, goggles, or visor).
- Staff will follow the relevant guidance from the Department of Health and Social Care's (DHSC's) '*Clinical Standard Operating Procedure (SOP) for Mass Testing with Lateral Flow Antigen Testing Devices in Schools and Colleges*' Nation Testing Programme version 2.3 published on 31/12/2020.
- Regular toolbox talks with all staff involved in the testing process.
- Daily reminders from the Team Leader on the strict adherence to training and compliance with the DHSC's SOP.
- A three-stage enhance cleaning regime in line with HM Government's cleaning guidance will be implemented, i.e. immediate cleaning after each test, regular cleaning of all potential touchpoints including documents and equipment, and a thorough clean at the end of the day.
- Online O365 GDPR compliant internal Academy COVID-19 testing registered maintained for in-academy procedures.
- Waste classified as clinical will be disposed of in line with clinical waste requirements by a licenced waste carrier.
- Site Teams will follow waste collection protocols and assign secure waste holding areas for waste collection.
- There will be suitable, sufficient, and correctly labelled waste disposal areas in the testing area.

6. Contact between the test-samples and the Asymptomatic Testing Site's 'cleaning and waste disposal' staff, i.e. test-sample and health-waste disposal.

- Personal Protective Equipment (PPE) worn by staff include Fluid resistant (type 11R) surgical mask, disposable glove (changed after each test-sample), disposable plastic apron, and appropriate eye protection (safety spectacle, goggles, or visor).
- Staff will follow the relevant guidance from the Department of Health and Social Care's (DHSC's) '*Clinical Standard Operating Procedure (SOP) for Mass Testing with Lateral Flow Antigen Testing Devices in Schools and Colleges*' Nation Testing Programme version 2.3 published on 31/12/2020.
- Regular toolbox talks with all staff involved in the testing process.
- Daily reminders from the Team Leader on the strict adherence to training and compliance with the DHSC's SOP.
- A three-stage enhance cleaning regime in line with HM Government's cleaning guidance will be implemented, i.e. immediate cleaning after each test, regular cleaning of all potential touchpoints including documents and equipment, and a thorough clean at the end of the day.
- Waste classified as clinical will be disposed of in line with clinical waste requirements by a licenced waste carrier.
- Site Teams will follow waste collection protocols and assign secure waste holding areas for waste collection.
- There will be suitable, sufficient, and correctly labelled waste disposal areas in the testing area.

7. Incorrect results communicated.

- Registration managed by Academy staff and test-subject's details checked with Academy's data.
- Support provided to pupils during the registration process to ensure accurate input of data.
- 3 identical barcode stickers provided to each test-subject at check in or registration.
- The test-subject registers their details to their unique identification (ID) barcode before test is undertaken.
- Barcodes are received and attached by trained site staff where the test-sample is collected.
- Barcodes are checked for congruence by another member of test site team when being analysed and applied to the Lateral Flow Device at this point.
- Quality assurance checks in place to ensure that all results have been uploaded correctly and that the Academy register and the DfE NHS Test and Trace have no gaps in data.

8. Damaged barcode, lost LFD, failed scan of barcode.

- Rule based recall of any individual who has not received a result within 8-hours of registration.
- Test-subjects are called for a retest.

- 9. Extraction solution containing Na_2HPO_4 (disodium hydrogen phosphate), NaH_2PO_4 (sodium phosphate monobasic), NaCl (sodium chloride).**
- These components do not have any hazard labels associated with them, and the manufacturer states that there are no hazards anticipated under conditions of use as described in the testing booklets. This is the case for exposure to: eye, skin, inhalation, ingestion, chronic toxicity, reproductive and developmental toxicity, and medical conditions aggravated by exposure.
 - Nitrile gloves which meet the Regulation (EU) 2016/425 will always be worn when handling the extraction solution.
 - Safety spectacles with side shields, or safety goggles which are tested and approved under appropriate government standards will always be worn when handling the extraction solution.
 - Impervious safety clothing/equipment will always be worn to protect the body from splashes or spillages, i.e. plastic aprons.
 - Extraction solution will not be poured down the drain and will be disposed of in line with the laboratory's chemical waste disposal procedures.
 - Spillages will be contained, and contaminated surfaces wiped immediately using the appropriate safe methods, and all cleaning materials disposed in line with the laboratory's waste disposal procedures.
 - Expired solution will not be used.
 - Training provided in handling potentially biohazardous samples, chemicals, and good laboratory practice.
 - Manufacturers Safety Data Sheet (MSDS) provided by Innova and procedures followed to mitigate against inhalation, skin contact or ingestion of these chemical solutions.
 - Suitable and sufficient enforcement of the Trust's overarching Health and Safety Policy, i.e. everyone will be empowered to intervene and challenge when they observe any unsafe act or condition.
- 10. Unauthorised access by members of the public.**
- Site security always maintained.
 - Visitor sign in and out protocols for the Academy's setting strictly adhered to always and additional checks made by reception staff at entrance to test site.
 - Parents and carers do not attend testing session unless by specific arrangements, i.e. approval.
- 11. Use of shared equipment.**
- Wherever possible, staff undertaking test will avoid sharing equipment.
 - Any shared equipment to be thoroughly cleaned after each individual use.
- 12. Uneven, damaged, or defective floor surfaces.**
- Test site team will check the integrity of the flooring at the start of each session.
 - Any loose floor coverings will be firmly fixed using duct tape.
 - People will be warned and safely directed away from any uneven, damaged, or defective floor surface that has the potential to cause harm.

13. Electrical equipment.

- All fixed and portable electrical equipment checked through PAT and FAT maintenance inspection and testing regimes.
- All computer equipment inspected and tested by the ICT Technicians.

14. Manual Handling.

- Test site team will be trained in manual handling if required.

3.23 Outbreak Management Plan

In the event of any outbreak, all Academies within the Trust must abide with the Trust's Critical and Major Incident Plan.

Given the detrimental impact that restrictions on education can have on children and young people, any measures in any respective Academy should only ever be considered as a last resort, kept to the minimum number of groups possible, and for the shortest amount of time possible.

In the event of an outbreak, the Trust and its respective Academy will work with the Local Authority (LA – CCC/PCC) Public Health Team and consider the information, advice, and guidance in the Governments contingency framework, see link below.

- [Managing coronavirus \(COVID-19\) in education and childcare settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/managing-coronavirus-covid-19-in-education-and-childcare-settings)
 - [Contingency framework: education and childcare settings \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/guidance/contingency-framework-education-and-childcare-settings)
 - Updated 17th August 2021
 - The contingency framework describes the principle of managing local outbreaks of COVID-19 in education and childcare settings. It covers all types of measures that settings should prepare for, and highlighting the actions required from start of the autumn term. It also sets out the thresholds for managing COVID-19 cases and when settings should consider seeking Public Health advice. The thresholds, detailed below, can be used as an indication for when to seek Public Health advice.
 - For most education and childcare settings, whichever of these thresholds is reached first.
 - 5 children, pupils, students, or staff, who are likely to have mixed closely, i.e. in a consistent group or cohort, test positive for COVID-19 within a 10-day period, or
 - 10% of children, pupils, students, or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period.
 - For special, residential settings, and setting that operate with 20 or fewer children, pupils, students, and staff at any one time.
 - 2 children, pupils, students and staff, who are likely to have mixed closely, i.e. in a consistent group or cohort, test positive for COVID-19 within a 10-day period.