



Response to DfE Guidance & Associated Risk Assessments

This response to the Government’s guidance and the associated risk assessment, is based on the DfE documents, “Schools COVID-19 operational guidance”, “SEND and specialist settings: additional COVID-19 operational guidance” (Identified as *Special School Specific*) updated on **27th September** 2021, and “COVID-19: management of staff and exposed patients or residents in health and social care settings” **updated on 23rd August** and should be read in conjunction with those guidance.

In a number of cases, the school has taken the decision to maintain levels of mitigation that are additional to those recommended within the Government guidance. This is on the basis of the additional vulnerabilities of the pupil population and the close contact nature of the work that we do. As such we already have in place many of the mitigations suggested for dealing with an outbreak. Should we breach the threshold for an outbreak, further additional measures will be considered.

This risk assessment does not directly comment on the level of risk, but rather how the school has implemented the protective measures recommended by Government. This is because of the variable nature of risk resulting from changes in prevalence and replication rates, and an absence of sufficiently clear evidence regarding levels of risk or the direct impact on reducing risk that any mitigating actions may have.

Risk Assessment		
Guidance Statement	Actions Taken	Limitations of actions taken and explanation of why.
<p>You must comply with health and safety law and put in place proportionate control measures.</p> <p>You must regularly review and update your risk assessments, treating them as ‘living documents’ as the circumstances at your school or college and the public health advice changes. This includes having active arrangements in place to monitor whether the controls are effective and working as planned.</p>	<p>Data associated with the prevalence of Covid-19 both within the immediate locality and within the broader school catchment will be used to inform decision making in combination with the updated Government guidance.</p> <p>Staff have had their second dose of the vaccine and are entitled to receive the booster dose.</p>	<p>Some staff and families do not make use of the digital communication system so will need to be contacted individually in the event urgent information needs to be shared.</p>

<p>For more information on what is required of educational leaders in relation to health and safety risk assessments and managing risk, see health and safety responsibilities and duties for schools.</p>	<p>Staff are encouraged to complete LFTs twice a week on Sundays and Wednesdays.</p> <p>The risk assessment has been reviewed in light of the updated guidance and will continue to be reviewed regularly in line with changes to guidance or the need to adapt operational practice within the school. This is also informed by the document, “COVID-19: management of staff and exposed patients or residents in health and social care settings” given our operational similarities.</p> <p>Active monitoring of adherence to the enhanced hygiene protocols will take place throughout the day by SLT. Key areas for improvement will be addressed through the daily staff briefing and monthly staff meeting, with teachers cascading information to class teams.</p> <p>Covid-19 Health and Safety to be a standing item on SLT Meetings and whole school staff Zoom meetings.</p> <p>Protective measures have been summarised and each class provided with a copy.</p> <p>Individual conversations will be available for those who have specific concerns or suggestions for improvements to practice.</p>	
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Mixing and bubbles		
Guidance Statement	Actions Taken	Limitations of actions taken and explanation of why.
<p>We no longer recommend that it is necessary to keep children in consistent groups ('bubbles'). This means that 'bubbles' will not need to be used in schools.</p> <p>As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and you no longer need to make alternative arrangements to avoid mixing at lunch.</p> <p>You should make sure your contingency plans (sometimes called outbreak management plans) cover the possibility that it may become necessary to reintroduce 'bubbles' for a temporary period, to reduce mixing between groups.</p>	<p>Whilst the Government has taken the decision not to continue with 'Bubbles', we believe that the mitigations that they can offer, combined with a limited impact on the delivery of education, means that it is in the best interests of the pupils and staff to maintain a level of separation and reduced contacts within the school's daily operation. As such the following mitigations will be in place.</p> <p>Class sizes are no more than ten pupils, supported at any one time by three support staff, one teacher and up to two midday carers.</p> <p>No more than one part-time arrangement in each class.</p>	<p>In order to maintain staffing levels when staff are absent, we are likely to need to make use of staff from other bubbles. This will be dynamically risk assessed in order to ensure that the most immediate and significant risk of harm is reduced and staff movements tracked for Track and Trace purposes.</p> <p>Most class groups will not be safe to operate without a full complement of staff, as such the immediate risk of harm resulting from insufficient staff will need to take priority over maintaining the integrity of the bubble.</p> <p>The Drama Room has no windows and is reliant on extractor fans to improve ventilation. As such doors should be left open between uses.</p>

Any decision to recommend the reintroduction of 'bubbles' would not be taken lightly and would need to take account of the detrimental impact they can have on the delivery of education

Classes will be combined to create four bubbles based on EYFS, Primary, Secondary, and Post-16. The classes within these individual bubbles will be able to share outside space, but will not routinely mix indoors at this stage. The exceptions to this are one age phase specific assembly every three weeks, ensuring that the hall is below 50% occupancy, and lunch in the hall which will be limited to three well spaced groups from the Primary bubble in order to maximise the space between them. (This is to support the maintenance of consistent expectations for classes who were experiencing this arrangement during the previous academic year.) Additional groups will eat in their classrooms or an alternative designated space.

Entry and exit to the hall, as well as the collection of meals will be actively managed by staff to avoid pinch points.

Equipment must continue to be wiped or sprayed with anti-bac spray prior to use and between uses by different children.

Shared teaching spaces will be available for use by classes from different bubbles across the school day. However, enhanced hygiene protocols must be observed, with a particular emphasis on ventilation and ensuring that frequently touched surfaces, equipment, chairs and tables within shared spaces will be cleaned by the classroom staff both before and after use by different groups.

One way systems and the use of alternative entrances and exits have been implemented where possible. Umbrellas have been procured to support this during inclement weather.

Where possible staff groups will be kept consistent and additional adults entering the classroom, such as therapists or social workers, will be kept to a minimum and social distancing observed where possible.

Where absence is required to be covered, a hierarchy of risk will be observed, where we will request cover in the following order:

1. Staff already working within the same class
2. Staff already working in the same age phase
3. Staff from an alternative age phase

Volunteers and placement students will work within one bubble where possible. Where this is not possible, contact with other bubbles will be minimised and social distancing observed where possible.

Track and trace will be implemented for all external staff and an internal record of staff movements between bubbles will be kept.

Class teachers will evaluate on an individual basis what proportionate adjustments can be made to further reduce risk, based on the specific requirements of the children within the class.

The majority of assemblies and staff meetings will continue to be delivered remotely, with one age phase specific assembly every three weeks and only Curriculum Workshops that require discussion or debate being face to face.

Staff tea making facilities have been distributed between the staff kitchen and iWise and bubble specific kettles and locations provided. (Primary - Staff Kitchen and Secondary - iWise)

Staff have bubble specific areas assigned for lunch. (Primary - Staff Room and Secondary Staff Work Room)

Tea Towels and Jay Cloths are not to be used, with blue paper roll being used instead.

No more than two people to be in the kitchen at any one time to maximise space between staff, and face coverings to be worn

Social distancing to be observed during lunch times and no more than one bubble is to be present. Outside space to be used where possible.

Tracing close contacts and isolation

Close contacts in schools are now identified by NHS Test and Trace and education settings are no longer expected to undertake contact tracing.

As with positive cases in any other setting, NHS Test and Trace will work with the positive case or their parent to identify close contacts. Contacts from a school setting will only be traced by NHS Test and Trace where the positive case or their parent specifically identifies the individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact. You may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.

Track and trace will be implemented for all external staff and an internal record of staff movements between bubbles will be kept. This is to support NHS Test and Trace, who are unlikely to be able to determine close contacts through information provided by the student or their family alone.

A supply of PCR tests will be maintained to support those families who will find it difficult to access a testing site, or whose child would find it easier to participate in testing whilst in the home.

It is highly unlikely that all students will be able to provide this information even when supported by their families. As such school will continue to maintain all existing Test and Trace protocols.

In order to maintain staffing levels when staff are absent, we are likely to need to make use of staff from other bubbles. This will be dynamically risk assessed in order to ensure that the most immediate and significant risk of harm is reduced and staff movements tracked for Track and Trace purposes.

Some class groups will not be safe to operate without a full complement of staff, as such the immediate risk of harm resulting from insufficient staff will need to take priority over maintaining the integrity of the bubble.

<p>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:</p> <ul style="list-style-type: none"> • 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 <p>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 <u>PCR test</u>. We would encourage all individuals to take a PCR test if advised to do so.</p> <p>Staff who do not need to isolate, and children and young people aged under 18 years 6 months who usually attend school, and have been identified as a close contact, should continue to attend school as normal. They do not need to wear a face covering within the school, but it is expected and recommended that these are worn when travelling on public or dedicated transport.</p>	<p>Due to the clinical vulnerabilities of many of the school's population, coupled with the close contact nature of the work of the school, including the regular intimate care, provision of medical interventions and therapies and close contact feeding, we have taken the decision to apply the guidance provided to <u>health and social care professionals</u> with regard to managing contact with a confirmed case of Covid-19.</p> <p>As such, staff identified as close contacts will be requested to take a PCR test and to remain at home until the result has been received. Additionally, those pupils who are able to participate in PCR testing will be encouraged to do so with the support of their families. This will be followed by daily LFT for a period of one week following contact with a confirmed case for staff and any pupils able to.</p> <p>Where families are in agreement that it is in the best interests of the child, remote learning will be provided whilst the test outcome is awaited.</p> <p>Where we are awaiting PCR test results from identified close contacts within the staff body, the following hierarchy of actions will be applied:</p>	
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18-year-olds will be treated in the same way as children until 6 months after their 18th birthday, to allow them the opportunity to get fully vaccinated. At which point, they will be subject to the same rules as adults and so if they choose not to get vaccinated, they will need to self-isolate if identified as a close contact.

Settings will continue to have a role in working with health protection teams in the case of a local outbreak. If there is a substantial increase in the number of positive cases in a setting (see [Stepping measures up and down](#) section for more information) or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures.

1. Normal education with redistribution of staff or additional staff called in
2. Activities, rather than fully structured lessons, delivered by minimum staffing required for safety
3. Reduction in numbers in a class to manageable level on a temporary or rotational basis, with family support
4. Emergency closure of a class, either temporarily for one day to instate arrangements for Stage 5, or for a longer period of time deemed necessary to be confident that staffing levels required for safe operation can be reinstated
5. Rotational class closures (eg two days in school, two days at home) with pupils in school staffed by those available

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Face Coverings

Face coverings are no longer advised for pupils, staff and visitors either in classrooms or in communal areas.

The government has removed the requirement to wear face coverings in law. Face coverings should be worn in crowded and enclosed spaces where you may come into contact with people you don't normally meet. This includes public transport and dedicated transport to school or college.

Whilst the Government has taken the decision not to continue with the use of Face Coverings in school, we believe that the mitigations that they can offer, combined with a limited impact on the delivery of education, means that it is in the best interests of the pupils and staff to maintain their use within the school's daily operation. As such the following mitigations will be in place.

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In circumstances where face coverings are recommended

If you have a substantial increase in the number of positive cases in your school (see Stepping measures up and down section for more information), a director of public health might advise you that face coverings should temporarily be worn in communal areas or classrooms (by pupils staff and visitors, unless exempt). You should make sure your contingency plans cover this possibility.

In these circumstances, transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. Transparent face coverings may be effective in reducing the spread of COVID-19. However, the evidence to support this is currently very limited. 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.

The main benefit from a transparent face covering is that they can aid communication, for example enabling lip-reading or allowing for the full visibility of facial expressions, but this 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.

School will continue to support those staff and pupils who wish to wear face coverings to do so.

All staff who feel that they would benefit from wearing a face covering, either to reduce the general risk to themselves, or to reduce the risk associated with particular task, roles or responsibilities, will be welcome to wear one.

Disposable face coverings will be provided to staff for the purpose of them carrying out their roles in school.

The school will secure a supply of disposable face coverings that can be used to support those families who find it difficult to access face coverings, or where a face covering has become soiled or unsafe. These will be for use during the school day.

All face coverings procured by the school will be the IIR Fluid resistant surgical masks.

Due to the nature of the pupils' requirements, the school will take a developmental approach to the use of face coverings by pupils in school. As such, only those who can independently manage and tolerate the use of face coverings will use them in and around the school.

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.

The use of face coverings may have a particular impact on those who rely on visual signals for communication. Those who communicate with or provide support to those who do, are exempt from any recommendation to wear face coverings in education and childcare settings.

You have a duty to make reasonable adjustments for disabled pupils to support them to access education successfully. Where appropriate, you should discuss with pupils and parents the types of reasonable adjustments that are being considered to support an individual.

No pupil or student should be denied education on the grounds of whether they are, or are not, wearing a face covering.

Staff will be sensitive to the emotional impact that the use of face coverings within the school may have and will take the time to discuss their use with pupils.

Staff will be requested to wear a face covering if they are unable observe social distancing when in the presence of staff from other bubbles or visitors.

Staff will be requested to wear a face covering when moving around the school outside of their bubble, including when taking children to or from transport.

Secondary age pupils who can independently manage and tolerate the use of face coverings will be asked to use them when moving around the school.

Staff will be asked to consider the impact of face cover wearing on the delivery of education, general communication or the support of complex behaviour and wellbeing, and where necessary put in place alternative protective measures such as sitting side by side or increasing the distance between themselves and the pupils as an alternative to wearing a face covering.

Face coverings will be worn by staff who regularly circulate within the school, such as the Senior Leadership Team. Visitors to the school will be requested to wear face coverings.

	<p>Pupils or staff who use face visors or shields will be advised not to do so unless there is a specific purpose. If they are in use then a risk assessment will take place.</p> <p>The school has made available information regarding the safe donning and doffing of PPE to support staff and pupils. Staff will talk pupils through the process of safely putting on and taking off of face coverings, using the PHE guidance documentation.</p> <p>The soiled face covering will be disposed of in the clinical waste if it is disposable, or put in a clear plastic bag and sent home if it is reusable.</p>	
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Stepping measures up and down

<p>You should have contingency plans (sometimes called outbreak management plans) outlining what you would do if children, pupils, students or staff test positive for COVID-19, or how you would operate if you were advised to take extra measures to help break chains of transmission. Given the detrimental impact that restrictions on education can have on children and young people, any measures in schools should only ever be considered as a last resort, kept to the minimum number of schools or groups possible, and for the shortest amount of time possible.</p> <p>Central government may offer local areas of particular concern an enhanced response package to help limit increases in transmission.</p>	<p>In the event of an outbreak, currently defined by the DfE as being:</p> <ul style="list-style-type: none"> • 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period <p>The school will contact the Local Authority and the local Health Protection Team to both advise them of the situation and seek additional advice and guidance.</p> <p>The initial steps to be taken will be, but not limited to, reverting to the mitigations that were in place across the school up until July 2021.</p>	
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For most settings it will make sense to think about taking extra action if the number of positive cases substantially increases. Information on what circumstances might lead you to consider taking additional action, and the steps you should work through, can be found in the contingency framework.

The contingency framework describes the principles of managing local outbreaks of COVID-19 in education and childcare settings. Local authorities, directors of public health (DsPH) and PHE health protection teams (HPTs) can recommend measures described in the contingency framework in individual education and childcare settings – or a small cluster of settings – as part of their outbreak management responsibilities.

This will include, but not be limited to, staggered arrivals and departures, staggered break times, the reestablishment of bubbles made up of no more than three classes and the cessation of visitors to the school, other than for essential health and safety and the provision of health and therapeutic input.

Further mitigations will be implemented as required, aligned to the systems in place in January 2021.

A summary document detailing the Outbreak Management Plan can be made available on request.

The school has a range of sources of support in the event of a confirmed case of Covid-19:

- PHE South East Health Protection Team flow chart located in the Headteachers' office.
- DfE Symptomatic children action list poster located in the Headteachers' office
- Thames Valley Health Protection Team phone number is 03442253861
- Thames Valley Health Protection Team email is TVPHE@phe.gov.uk
- Systems in place for the contacting of families and transport operators, both within school hours and out of hours.

Control Measures

You should:

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

I. Ensure good hygiene for everyone

Hand hygiene

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

Hand soap and hand sanitiser deployed to every classroom and at other key locations such as reception.

Staff support pupils to both understand the importance of, and complete, hand cleaning processes dependent upon level of need.

Pupils directly instructed to wash hands throughout the day, at key routine periods and in response to pupil specific need, such as having coughed into their hand.

All classrooms have access to hand basins either within or adjacent to the classroom.

Signage in place throughout the school to promote enhanced hygiene.

Due to the complexity of need, some pupils will be unable to wash hands thoroughly without direct adult support. This will necessitate additional close contact in order to support effective handwashing.

Due to the complexity of need, some pupils will be unable to understand or follow guidance on appropriate hygiene. This will necessitate additional close contact in order to support repeated effective handwashing.

	<p>Pupils will be closely monitored in their use of hand sanitiser in order to ensure that it is used appropriately.</p> <p>If individuals have a particular sensitivity to repeated hand cleaning, they will be supported with alternative products to ensure enhanced hygiene is maintained.</p> <p>Pocket size bottles of hand sanitiser will be made available for use on site and for off site visits</p>	
<p>Respiratory hygiene</p> <p>The 'catch it, bin it, kill it' approach continues to be very important.</p> <p>The e-Bug COVID-19 website contains free resources for you, including materials to encourage good hand and respiratory hygiene.</p>	<p>Tissues located in all classrooms and other key locations. Bins to be emptied daily as minimum, but more frequently if there are high levels of use.</p> <p>Signage in place to promote enhanced hygiene.</p> <p>Pedal bins deployed to all classrooms and main shared areas.</p> <p>Staff support pupils to both understand the importance of, and complete, good respiratory hygiene dependent upon level of need.</p> <p>Pupils directly instructed to use tissues in response to pupil specific need, such as having coughed or sneezed. This will be supported by highlighting the importance of hand hygiene.</p>	<p>Due to the complexity of need, some pupils will be unable to follow respiratory hygiene routines thoroughly without direct adult support. This will necessitate additional close contact in order to support effective respiratory hygiene.</p> <p>Due to the complexity of need, some pupils will be unable to understand or follow guidance on appropriate hygiene. This will necessitate additional close contact in order to support repeated effective respiratory hygiene.</p>

	<p>If pupils develop a desire to spit uncontrollably or use saliva as a sensory stimulant then a risk assessment will be put in place to determine whether any further mitigations are necessary.</p> <p>Anti-Bac sprays located in all classrooms and key locations for frequent through day use. Anti-bac wipes located in all classrooms and key locations for frequent through day use.</p>	
<p>Use of personal protective equipment (PPE)</p> <p>Most staff in schools will not require PPE beyond what they would normally need for their work. The guidance on the use of PPE in education, childcare and children’s social care settings provides more information on the use of PPE for COVID-19.</p>	<p>Staff will use routine PPE as usual. This will be supplemented by single use Fluid Resistant face masks and/or visor for feeding (e.g. tube feeding), personal, behavioural or medical care that requires sustained close contact or involves pupils with poor saliva control or who are likely to spit.</p> <p>Covid-19 response packs, containing four fluid resistant face masks, two pairs of medium gloves, two pairs of large gloves, four disposable aprons and two pairs of protective goggles, will be stored in all bubbles and strategic locations to ensure ease of access.</p> <p>Where a child is symptomatic, face mask, goggles, apron and gloves will be worn and isolation will take place in an empty classroom which will be cleaned once the pupil has been collected.</p>	<p>Due to the complexity of need, some pupils will be unable to observe social distancing or may require close contact support for behavioural or emotional reasons.</p> <p>Due to the school being at the limits of its physical capacity, the nearest available and suitable empty space may be some distance from the classroom.</p>

Staff will be requested to familiarise themselves with the information in the document “Donning and Doffing Standard Personal Protective Equipment (PPE)”

Staff have been provided with access to an instructional video regarding the donning and doffing of standard PPE.

PPE will be sourced through our normal suppliers.

PPE associated with contact with a symptomatic pupil or member of staff should be disposed of by placing it in a plastic clinical waste bag and sealed by tying the top. A member of SLT should then be informed.

The bag will then be dated and placed in a secure location before being disposed of in the clinical waste bin once the 72 hour period has elapsed, unless collection of the bin is more than 72 hours later, in which case it can be disposed of directly into the bin.

2. Maintain appropriate cleaning regimes, using standard products such as detergents

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

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

Anti-Bac sprays located in all classrooms and key locations for frequent through day use. Anti-bac wipes located in all classrooms and key locations for frequent through day use.

All classrooms and in use areas cleaned daily by contract cleaners.

Frequently touched surfaces, equipment, chairs and tables within shared spaces will be cleaned by the classroom staff both before and after use by different classes.

Emphasis has been placed on the need for staff and contract cleaners to complete additional cleaning of frequently touched areas such as handles and hand rails.

Communal doors, particularly those with high frequency use such as toilet doors, and those with numeric door locks to be cleaned with anti-bac wipes before and after use.

Due to the complexity of need of the pupils, it is likely that doors will need to be closed for safeguarding reasons. Signage will be used to promote the wiping of doors before and after use.

The volume of movement through numeric locked doors, necessary for safeguarding purposes will create additional risk. Staff will need to be vigilant in order to ensure that enhanced hygiene protocols are maintained.

	<p>Classroom staff to clean toilet surfaces and handles between use by different groups of pupils. This is reinforced with appropriate signage</p> <p>Individual toilets have been allocated for use by specific bubbles and where possible this has been extended to individual classes.</p>	
3. Keep occupied spaces well ventilated		
<p>When your school is in operation, it is important to ensure it is well ventilated and that a comfortable teaching environment is maintained.</p> <p>You should identify any poorly ventilated spaces as part of your risk assessment and take steps to improve fresh air flow in these areas, giving particular consideration when holding events where visitors such as parents are on site, for example, school plays.</p> <p>Mechanical ventilation is a system that uses a fan to draw fresh air or extract air from a room. These should be adjusted to increase the ventilation rate wherever possible and checked to confirm that normal operation meets current guidance and that only fresh outside air is circulated.</p>	<p>Staff are requested to keep windows and doors open where possible in order to maximise the flow of fresh air. Where this is not possible windows and doors should be opened during periods of non-occupancy in order to flush the room with fresh air.</p> <p>CO2 monitors in use and adjustments being made to ventilation when the need is indicated.</p> <p>Additional portable heaters have been procured and to be deployed where necessary to maintain a comfortable room temperature.</p> <p>Internal doors are kept open where possible in order to maximise the flow of air around the building.</p> <p>Internal fire doors are on an automated door closure system enabling them to remain open.</p>	<p>Some class groups contain pupils with complex respiratory issues and as such they will need to balance the risk of children becoming ill through exposure to cold conditions and the risk of not being able to implement additional ventilation. Where necessary additional clinical advice will be sought.</p> <p>Some pupil behave in a manner which results in them being a flight risk. In these situations, doors will not be able to be kept open and classes will prioritise the opening of windows.</p>

<p>If possible, systems should be adjusted to full fresh air or, if this is not possible, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply.</p> <p>Where mechanical ventilation systems exist, you should ensure that they are maintained in accordance with the manufacturers' recommendations.</p> <p>Opening external windows can improve natural ventilation, and in addition, opening internal doors can also assist with creating a throughput of air. If necessary, external opening doors may also be used (if they are not fire doors and where safe to do so).</p> <p>You should balance the need for increased ventilation while maintaining a comfortable temperature.</p> <p><u>The Health and Safety Executive guidance on air conditioning and ventilation during the COVID-19 pandemic and CIBSE COVID-19 advice provides more information.</u></p> <p>DfE is working with Public Health England, NHS Test and Trace, and the Scientific Advisory Group for Emergencies (SAGE) on a pilot project to measure CO2 levels in classrooms and exploring options to help improve ventilation in settings where needed.</p>	<p>Shared spaces should have windows and doors opened between uses by different classes in order to flush with fresh air.</p> <p>Fans will be deployed in to classrooms on a permanent basis to enhance airflow.</p> <p>Mechanical ventilation systems have been checked and comply with HSE recommendations.</p> <p>Mechanical ventilation systems are routinely serviced in line with manufacturers recommendations.</p> <p>There is currently no intention to have high visitor volume events located in site. This will be kept under review.</p>	
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4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19

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

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

If anyone in your school develops COVID-19 symptoms, however mild, you should send them home and they should follow public health advice.

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

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

Families and staff informed of isolation protocol should they or one of their household become unwell with Covid-19 symptoms.

Transport services informed of any child who should be self-isolating and the duration for which they should not be attending school.

If a child presents at school whilst they should be self isolating, then they will be treated as if they became unwell whilst in school and isolated from the school community by staff wearing appropriate PPE whilst awaiting their collection.

Staff are being provided with twice weekly voluntary access to Lateral Flow Testing via the Home Testing process. This will take place on Sundays and Wednesdays. Staff will be expected to notify the Headteacher email account of any positive or double void test outcomes.

Visual information in place around the school regarding the common symptoms and expected actions.

Individual conversations will be available for those who have a positive test outcome in order to determine the specific duration of any isolation period. Where this is unclear, guidance will be sought from PHE.

Due to the size of the school's catchment area and the fact that some families do not have access to transport, it is likely that we will need to transport symptomatic pupils home more frequently than in other settings.

Due to the complexity of need, some pupils will be unable to observe social distancing or may require close contact support for behavioural or emotional reasons.

Due to the school being at the limits of its physical capacity, the nearest available and suitable empty space may be some distance from the classroom.

<p>If a pupil is awaiting collection, they should be left in a room on their own if possible and safe to do so. A window should be opened for fresh air ventilation if possible.</p> <p>Appropriate PPE should also be used if close contact is necessary. Further information on this can be found in the use of PPE in education, childcare and children’s social care settings guidance. Any rooms they use should be cleaned after they have left.</p> <p>The household (including any siblings) should follow the PHE stay at home guidance for households with possible or confirmed coronavirus (COVID-19) infection.</p>	<p>Clear protocols are in place for responding to members of the school community who become symptomatic on site.</p> <p>In the event that school transports a pupil and/or members of their family who are symptomatic, for example to support access to Covid-19 testing, or to return home should the family not be able to collect, then a sixteen seater minibus will be used, with the driver wearing PPE and the pupil/family wearing face masks if they are able to do so. The family will be seated at the back of the vehicle in order to maximise the distance between them and the driver with the windows open.</p> <p>School’s own transport route has aligned its hygiene protocols with Oxfordshire County Council’s fleet transport systems.</p> <p>Covid-19 response packs, containing four fluid resistant face masks, two pairs of medium gloves, two pairs of large gloves, four disposable aprons and two pairs of protective goggles, will be stored in all bubbles and in strategic locations to ensure ease of access.</p> <p>Isolation will take place in the nearest suitable empty room which will be cleaned once the pupil has been collected.</p>	
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PPE associated with contact with a symptomatic pupil or member of staff should to be disposed of by placing it in a plastic clinical waste bag and sealed by tying the top. A member of SLT should then be informed.

The bag will then be dated and placed in a secure location before being disposed of in the clinical waste bin once the 72 hour period has elapsed, unless collection of the bin is more than 72 hours later, in which case it can be disposed of directly into the bin.

If a bathroom is required, a single occupancy bathroom will be prioritised and cleaned after use.

For some, otherwise independent pupils, the need to go to the bathroom may necessitate sustained close contact from more than one member of staff. In these situations, PPE, including face mask and goggles will be used, even if not being used for supervision.

School staff are reinforcing the need to self isolate with members of the school's wider community.

Coordination with other local schools is taking place to ensure that there is a collective knowledge of who should be isolating when families have children attending more than one school.

	<p>Template letter will be supplied to families via Parentmail in order to be able to communicate with all affected families simultaneously.</p> <p>Members of SLT will be available to field any questions or queries from families and provide support to any families who may need it.</p>	
<p>Asymptomatic testing</p> <p>Testing remains important in reducing the risk of transmission of infection within schools. That is why, whilst some measures are relaxed, others will remain, and if necessary, in response to the latest epidemiological data, we all need to be prepared to step measures up or down in future depending on local circumstances.</p> <p>Staff and secondary school pupils should continue to test twice weekly at home, with lateral flow device (LFD) test kits, 3 to 4 days apart. Testing remains voluntary but is strongly encouraged.</p> <p>There is no need for primary age pupils (those in year 6 and below) to test.</p> <p>Secondary schools should also retain a small asymptomatic testing site (ATS) on-site until further notice so they can offer testing to pupils who are unable to test themselves at home.</p>	<p>The school is supporting the use of twice weekly home testing. This will take place on Sundays and Wednesdays with positive or double void test outcomes being reported to the Headteacher email account.</p> <p>School will liaise with families of secondary aged pupils to determine which of them may want to support their child to access twice weekly home testing. We will then support them to do this.</p> <p>Staff identified as close contacts will be requested to take a PCR test and to remain at home until the result has been received. Additionally, those pupils who are able to participate in PCR testing will be encouraged to do so with the support of their families. This will be followed by daily LFT for a period of one week following contact with a confirmed case for staff and any pupils able to.</p>	<p>The nature of many of our pupils' needs means that regular asymptomatic testing is not possible, due to the difficulties pupils would have in tolerating the process of being tested.</p> <p>Take up by families for home testing of their children has been very low.</p> <p>The school has neither the physical nor staffing capacity to be able to retain a on site testing capacity. Additionally, there is currently no shared care protocol for the carrying out of asymptomatic testing and as such the school is unable to carry this out on site due to their being no clear lines of accountability or governance.</p> <p>There is little evidence regarding the efficacy of home testing when used with learning disabled children or adults. As such there is a possibility that the accuracy level may vary to that expected. School will work with families to emphasise the importance of adhering to the existing protocols and restrictions, irrespective of having a negative test outcome.</p>

<p>Asymptomatic testing in specialist settings (Special School Specific)</p> <p>We recognise specialist settings will have additional considerations to take into account when delivering asymptomatic testing and additional guidance on testing in specialist settings has been published.</p> <p>We recognise that self-swabbing may cause significant concerns for some children and young people with SEND.</p> <p>If necessary, settings should retain minimal testing capacity on site so they can offer testing to pupils and students who are unable to test themselves at home.</p> <p>Testing is voluntary and no child or young person will be tested unless informed consent has been given by the appropriate person.</p>	<p>School will liaise with families of secondary aged pupils to determine which of them may want to support their child to access twice weekly home testing. We will then support them to do this.</p>	<p>The nature of many of our pupils' needs means that regular asymptomatic testing is not possible, due to the difficulties pupils would have in tolerating the process of being tested.</p> <p>Take up from families of weekly asymptomatic testing has been very low.</p> <p>The school has neither the physical nor staffing capacity to be able to retain a on site testing capacity. Additionally, there is currently no shared care protocol for the carrying out of asymptomatic testing and as such the school is unable to carry this out on site due to their being no clear lines of accountability or governance.</p>
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Confirmatory PCR tests

Staff and pupils with a positive LFD test result should self-isolate in line with the [stay at home guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#). They will also need to [get a free PCR test to check if they have COVID-19](#).

Whilst awaiting the PCR result, the individual should continue to self-isolate.

If the PCR test is taken within 2 days of the positive lateral flow test, and is negative, it overrides the self-test LFD test and the individual can return to their setting, as long as the individual doesn't have COVID-19 symptoms.

Additional information on [PCR test kits for schools and further education providers](#) is available.

A supply of PCR tests will be maintained to support those families who will find it difficult to access a testing site, or whose child would find it easier to participate in testing whilst in the home.

Staff and pupils identified as close contacts will be actively encouraged to take a PCR test. Where we are awaiting PCR test results from identified close contacts within the staff body, the following hierarchy of actions will be applied:

1. Normal education with redistribution of staff or additional staff called in
2. Activities, rather than fully structured lessons, delivered by minimum staffing required for safety
3. Reduction in numbers in a class to manageable level on a temporary or rotational basis, with family support
4. Emergency closure of a class, either temporarily for one day to instate arrangements for Stage 5, or for a longer period of time deemed necessary to be confident that staffing levels required for safe operation can be reinstated
5. Rotational class closures (eg two days in school, two days at home) with pupils in school staffed by those available

Whilst PCR test results are awaited, their child will be offered support to access remote learning should this be agreed to be in the best interests of the child until the result is received.

Other considerations

Clinical studies have shown that children and young people, including those previously considered to be clinically extremely vulnerable (CEV), are at very low risk of serious illness if they catch the virus. The UK Clinical Review Panel has recommended that no children and young people under the age of 18 should be considered CEV and under-18s should be removed from the shielded patient list. The chief executive of the UK Health Security Agency and head of NHS Test and Trace has written to parents of these children to inform them.

Children and young people previously considered CEV should attend school and should follow the same COVID-19 guidance as the rest of the population. However, if a child or young person has been advised to isolate or reduce their social contact by their specialist, due to the nature of their medical condition or treatment, rather than because of the pandemic, they should continue to follow the advice of their specialist.

<p>All children aged 12 and over are now eligible for COVID-19 vaccination. Those aged 12 to 17 are eligible for a first dose of the Pfizer/ BioNTech COVID-19 vaccine, although 12 to 17 year olds with certain medical conditions that make them more at risk of serious illness, or who are living with someone who is immunosuppressed, are eligible for 2 doses. These children will be contacted by a local NHS service such as their GP surgery to arrange their appointments. All other 12 to 15 year olds will be offered the vaccine via the school-based programme. Young people aged 16 to 17 will be invited to a local NHS service such as a GP surgery or can <u>access the vaccine via some walk-in COVID-19 vaccination sites</u>.</p> <p>You can find out more about the in-school vaccination programme in <u>COVID-19 vaccination programme for children and young people guidance for schools</u>.</p> <p>You should ensure that key contractors are aware of the school's control measures and ways of working.</p>	<p>School has been supportive of the vaccine roll out and has hosted vaccination clinics delivered by NHS staff.</p> <p>Contractors are advised of expectations in advance of arrival for planned works.</p>	<p>The uptake of the vaccine has been variable so far and further communications and opportunities may be necessary to ensure that all who qualify and would like to be vaccinated are able to do so.</p>
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<p>Other considerations (Special School Specific)</p> <p>Some pupils and students with SEND (whether with EHC plans or on SEN support) will need specific help and preparation for the changes to routine that these measures will involve. Staff should plan to meet these needs, for example using social stories.</p> <p>To make sure pupils and students with medical conditions are fully supported, work with:</p> <ul style="list-style-type: none"> • local authorities • health professionals • regional schools’ commissioners • other services <p>Use individual healthcare plans to help pupils and students receive an education in line with their peers. In some cases, the pupil’s and student’s medical needs will mean this is not possible, and educational support will require flexibility.</p> <p>Further information is available in the guidance on supporting pupils at school with medical conditions.</p>	<p>Staff will work with pupils on an individualised basis in order to identify any pupils in need of additional support. Where necessary this support will be integrated into wider routines and learning opportunities.</p> <p>We will work with clinical staff to support them to observe the PPE requirements set out in their guidance. Where possible they will minimise contact and maintain as much distance as possible from pupils and other staff.</p> <p>No child will be denied education by the school on health grounds. Where attendance is not possible, the school will liaise with the family to put in place appropriate remote educational support.</p>	<p>There may be some confusion for staff and pupils where clinical staff are required to wear face coverings as part of their role, even if they are fulfilling a similar function to those we do not require face coverings for.</p>
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Consider whether you need any additional processes in place for pupils and students who regularly:

- attend more than one site or different providers
- move between a training provider and workplace as part of an apprenticeship, traineeship or supported internship

You should ensure that key contractors are aware of the school’s control measures and ways of working.

Inclusion arrangements are currently on hold and will be reviewed in partnership with our mainstream colleagues during the Autumn Term with the intention of restarting them as soon as it is collectively viewed to be safe to do so.

Any additional mitigations required will be agreed on a case by case basis.

Where possible, non-education related site visitors will be arranged for prior to 8:30 or after 3:30.

Track and trace will be implemented for all external staff and visitors, and an internal record of staff movements between bubbles will be kept.

Admitting children into school

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

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

Where families are reluctant to collect their child if symptomatic, or isolate where required to do so, a member of the SLT will liaise with the family if necessary in order to emphasise the importance of collective responsibility with regard to keeping the school community as safe as possible.

Where the school is clear that the correct course of action is for a child not to attend or be collected then this will be required.

Attendance

School attendance is mandatory for all pupils of compulsory school age and it is a priority to ensure that as many children as possible regularly attend school.

Where a child is required to self-isolate or quarantine because of COVID-19 in accordance with relevant legislation or guidance published by PHE or the DHSC they should be recorded as code X (not attending in circumstances related to coronavirus). Where they are unable to attend because they have a confirmed case of COVID-19 they should be recorded as code I (illness).

For pupils abroad who are facing challenges to return, code X is unlikely to apply. In some specific cases, code Y (unable to attend due to exceptional circumstances) will apply. Further guidance about the use of codes is provided in the [school attendance guidance](#).

Travel and quarantine

Where pupils travel from abroad to attend a boarding school, you will need to explain the rules to pupils and their parents before they travel to the UK. All pupils travelling to England must adhere to [travel legislation](#), details of which are set out in [government guidance on international travel](#).

At present, boarding school pupils who are ordinarily resident in the UK, including those who are unaccompanied and who are attending boarding schools on a child student visa or student visa, who have travelled from or through amber list countries (and have not been in a red country in the previous 10 clear days), are exempt from the requirements to quarantine and take a day 8 test. Those aged 11 to 17 need [proof of a negative COVID-19 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 travel test on or before day 2. More information is provided in the government's [quarantine and testing guidance](#).

From Monday 4 October 2021, the rules for international travel to England changed. [Check the rules for travel to England from abroad](#) for more information.

Additional guidance has been issued on the [quarantine arrangements for boarding school pupils travelling from red-list countries to attend a boarding school in England](#).

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

Remote education

Not all people with COVID-19 have symptoms. Where appropriate, you should support those who need to self-isolate because they have tested positive to work or learn from home if they are well enough to do so. Schools subject to the remote education temporary continuity direction are required to provide remote education to pupils covered by the direction where their attendance would be contrary to government guidance or legislation around COVID-19.

You should maintain your capacity to deliver high-quality remote education for the next academic year, including for pupils who are abroad, and facing challenges to return due to COVID-19 travel restrictions, for the period they are abroad.

Independent Schools (not including academies) are only covered by the remote education temporary continuity direction in relation to state-funded pupils in their schools. However, they are still expected to meet the Independent School Standards in full at all times.

The remote education provided should be equivalent in length to the core teaching pupils would receive in school.

Staff will assess the appropriateness of access to remote education on a pupil specific basis in partnership with families, and determine what is practical, deliverable in the home and likely to have the greatest impact on the child.

How to achieve what is in the best interests of the child will be negotiated with the family. No work will be provided for those off ill, only if they are well but absent from school.

Where access to remote learning is required, staff will liaise with the family of the pupils affected, in order to determine what educational and/or therapeutic support would be most appropriate.

The school has put in place a therapeutic and sensory lending library to support access to appropriate resources and equipment.

The school has made available iPads for deployment in to the home for those families who require them.

The school will liaise closely with paramedical and social care services to ensure they are aware of who is not on site and who needs to be supported in the home.

You should work collaboratively with families and put in place reasonable adjustments so that pupils with special educational needs and disabilities (SEND) can successfully access remote education.

Full expectations for remote education, support and resources can be found on the [get help with remote education service](#).

(Special School Specific)

Teachers are best placed to know how to most effectively meet pupils and students needs to ensure they continue to make progress if they are not in face-to-face education because they are following public health advice.

We recognise that some pupils and students with SEND may not be able to access remote education without adult support and so expect schools and colleges to work collaboratively with families and put in place reasonable adjustments so that pupils with SEND can successfully access remote education appropriate for their level of need.

Further details on delivering remote education for children and young people with SEND is set out in [remote education good practice](#). You should have systems for checking daily whether pupils and students are engaging with their work, and work with families to rapidly identify effective solutions where engagement is

Education recovery

We have announced a number of programmes and activities to support pupils to make up education missed as a result of the pandemic. Further information is available on [education recovery support](#). Specifically for schools, the document includes further information on:

- [recovery premium](#)
- tutoring (including the [National Tutoring Programme](#) and [16 to 19 tuition fund](#))
- teacher training opportunities
- curriculum resources
- [curriculum planning](#)
- specialist settings
- wider continuous professional development resources, including to support teacher wellbeing and subject-specific teaching

Pupil wellbeing and support

Some pupils may be experiencing a variety of emotions in response to the COVID-19 pandemic, such as anxiety, stress or low mood.

You can access useful links and sources of support on [promoting and supporting mental health and wellbeing in schools](#).

The evidence so far has been that the consistency of staff communication and behaviours, coupled with the familiarity of the environment, has provided pupils with significant reassurance. This has resulted in the vast majority of pupils managing the disruption to routine, or returning to school after sustained absence, without expressing negative emotions.

	<p>Staff will take an individualised approach to providing the pupils with the necessary emotional support required to secure a positive return to school.</p> <p>The School Nursing team is based on site, providing the opportunity for close liaison. This will include the identification and response to concerns regarding the health and wellbeing of pupils within the school.</p>	
School workforce		
<p>School leaders are best placed to determine the workforce required to meet the needs of their pupils.</p> <p>Social distancing measures ended in workplaces on 19 July and the government is no longer advising people to work from home.</p> <p>The shielding programme has now come to an end and adults previously considered CEV should, as a minimum, continue to follow the same <u>COVID-19 guidance</u> as everyone else. It is important that everyone adheres to this guidance but people previously considered CEV may wish to consider taking extra precautions. 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.</p>	<p>Staff who are defined as ‘clinically extremely vulnerable’, will be supported to work from home where this has been advised by a clinician.</p> <p>Where staff elect to attend work, a risk assessment will be completed with them in order to ensure that the risks are understood and adjustments made where possible.</p> <p>Where staff express concerns, this will be discussed with them on a case by case basis in order to support their emotional wellbeing and highlight any adjustments to usual practice being put in place to lower the risk.</p>	

<p>Employers should be able to explain the measures they have in place to keep CEV staff safe at work. The Health and Safety Executive (HSE) has published guidance on <u>protecting vulnerable workers</u>, including advice for employers and employees on <u>how to talk about reducing risks in the workplace</u>.</p>	<p>We are aware that pregnant women from 28 weeks' gestation, or with underlying health conditions at any point of gestation, may be at greater risk of severe illness if they catch COVID-19. This is also the case for pregnant women with underlying health conditions that place them at greater risk of severe illness if they catch COVID-19.</p> <p>As such, we will follow the <u>guidance and advice on COVID-19 and pregnancy from the Royal College of Gynaecologists</u>.</p> <p>All staff have been offered vaccination.</p>	
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School meals

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

More information on providing school meals during the COVID-19 pandemic is available.

Educational visits

Given the likely gap in COVID-19 related cancellation insurance, if you are considering booking a new visit, whether domestic or international, you are advised to ensure that any new bookings have adequate financial protection in place.

From this term, you can go on international visits that have previously been deferred or postponed and organise new international visits for the future. You should refer to the [Foreign, Commonwealth and Development Office travel advice](#) and the [guidance on international travel](#) before booking and travelling.

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

All educational visits will be planned on the basis of existing Covid guidelines and in line with existing EVC planning expectations. All trips will be accompanied with a specific Risk Assessment.

Where this relates to frequent short trips, such as those associated with the Post-16 Independent Living activities, these will also be accompanied by a suitable Covid and EVC Risk Assessment

No residential visits will be planned unless we are confident that the risks associated with COVID-19 can be mitigated to a level comparable to that within school.

No international residential visits will take place this academic year.

All future booking will be made on the basis of a careful evaluation of the financial risk associated with making the booking in order to minimise the risk of the school assuming financial liability for the trip.

You 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).

Wraparound provision and extra-curricular activity

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

Inspection

For state-funded schools, Ofsted has resumed its programme of routine inspections and will aim to inspect every state-funded school within the next 5 academic years. This will mean an extension of up to 6 terms in the inspection interval for those schools not inspected since the start of the pandemic. Within the 5-year period, Ofsted will continue to prioritise schools most in need of inspection, particularly those with the lowest Ofsted grades. It will also prioritise outstanding schools that were previously exempt from routine inspection that have gone the longest without a visit.

For independent schools (other than academies), both Ofsted and the Independent Schools Inspectorate (ISI) have resumed their programme of routine inspections and they will complete the current cycle of standard inspections – which was delayed by the pandemic – in 2022.

Home to School Transport (Special School Specific)

Advice is available in the [dedicated transport to schools and colleges COVID-19 operational guidance](#).

The government has removed the requirement to wear face coverings in law but expects and recommends that they are worn in enclosed and crowded spaces, including where you may come into contact with people you don't normally meet.

Children and young people aged 11 and over should wear a face covering when travelling on dedicated transport to secondary school or college.

We no longer recommend maximising distancing and minimising mixing, but unnecessary risks such as overcrowding should be minimised.

Those responsible for dedicated transport should keep their risk assessments updated to reflect any changes in guidance.

The majority of pupils are transported to school as a result of their complexity of need or the distance which they live from the school. A significant number will still need to use county transport.

Transport services have put in place their own protocols to minimise sustained close contact and how to respond to a suspected or confirmed case of Covid-19.

In the event of a confirmed case on one of the school transport routes, it will be expected all staff and pupils on that bus will be treated as close contacts and be expected to isolate until a PCR test result has been received. This is on the basis that our pupils cannot universally follow the Covid related protective measures and often require a high level of support to enter and exit the bus.

<p>Drivers and passenger assistants will not normally require personal protective equipment (PPE) on home to school transport. However, where the care and interventions that a child or young person ordinarily receives on home to school transport required the use of PPE before COVID-19, that should continue as usual. For more information, refer to the guidance on the <u>use of personal protective equipment (PPE) in education, childcare and children's social care settings, including for aerosol generating procedures (AGPs)</u>.</p> <p>In response to COVID-19, some local authorities asked parents to accept personal travel budgets or mileage allowances to take their child to school or college. This was permissible with the parent's consent. In Stage 4 they may consider such arrangements no longer necessary.</p>	<p>Families who wish to bring their children to school will be accommodated.</p> <p>The school's own transport contract processes align with that of Oxfordshire County Council.</p> <p>Bus use protocol is displayed within each minibus.</p> <p>Staff ensure that pupils and staff are distributed in such a way that ensure that pupils are safe and that the use of space is maximised.</p> <p>Handrails, seatbelt webbings, seatbelt locks and all used seats and headrests to be wiped down prior to use.</p> <p>At the end of use, all used vehicles to have hard surfaces wiped with antibacterial wipes and seats to be sprayed down with antibacterial spray.</p> <p>Enhanced hygiene protocols are followed and ventilation maintained.</p> <p>Those pupils able to independently use face coverings will be encouraged to do so.</p>	<p>It will not be possible to transport pupils in bubble specific groups, resulting in significant weaknesses in the integrity of the bubble approach.</p> <p>Some pupils will not be able to independently put on or remove face coverings, or will not tolerate their use.</p>
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Visiting specialists, support staff and wider provision (Special School Specific)

Specialists, therapists and other health professionals who support children and young people with SEND (for example speech and language therapists, physiotherapists, occupational therapists, educational psychologists and specialist teachers), should provide interventions as usual.

Where children and young people with an EHC plan are in receipt of health provision, recognising that the duties to deliver provision set out in an EHC plan are fully in force, you should work collaboratively with their local authority, Clinical Commissioning Group (CCG) and health providers to agree appropriate support in view of the latest and current local public health guidance.

Where children and young people with EHC plans are not attending their education setting because they are following public health advice, multi-agency professionals should collaborate to agree how to meet their duties to deliver the provision set out in the EHC plan. This may include face-to-face visits to the home, or virtual support by means of video or telephone calls, or via email.

The School Nursing team is based on site, providing the opportunity for close liaison. This will include the identification and response to concerns regarding the health and wellbeing of pupils within the school.

Clinics which require visiting professionals to see children who require adult support from across multiple bubbles (e.g. Vaccinations or eye Tests) will be supported to take place and will be risk assessed appropriately on a case by case basis.

The school will liaise closely with the paramedical services to ensure they are aware of who is not on site and who needs to be supported in the home.

Details of the schools systems and processes will be provided to all visitors to ensure adherence with school risk assessment.

The following are additional areas of consideration beyond those described within the Schools COVID-19 operational guidance, but which we feel are sensible precautions to continue to maintain.

Measures for arriving at, and leaving the setting		
	<p>Class groups will collect from, and return pupils to, the buses but within the normal time window. Staff will wear face coverings.</p> <p>Staff will actively manage the process to ensure that staff and pupils do not gather around the buses, or try and enter/exit the building at the same time.</p>	<p>The physical limitations of the school’s site mean that there are significant challenges with getting vehicles and people on and off the site without creating clustering or pinch points. The school will be partly dependent upon the wider community self policing the observance of social distancing.</p>
	<p>Parents who are dropping off their child will arrive no earlier than 9:20 and remain in their vehicle, wearing a face mask, until a member of staff arrives to collect their child. When collecting their child they will arrive between 3:00 and 3:10 and wait with their vehicle in the car park for their child to be brought to them.</p> <p>Parents dropping off at the school gate will be required to wear a face mask unless exempt and observe 2m social distancing, with signage in place to promote this.</p>	

Other considerations		
Visitors	<p>Details of the schools systems and processes will be provided on arrival to ensure adherence with school risk assessment by visitors and contractors.</p> <p>Visitors to the site will be expected to operate in a socially distanced manner where at all possible and wear a face covering unless exempt from doing so.</p> <p>Where possible, non-education related site visitors will be arranged for prior to 8:30 or after 3:30.</p> <p>Deliveries will be arranged as contactless where at all possible.</p>	<p>Due to the specific requirements of the pupils within the school, some visitors may need to have sustained close contact in order to fulfil the purpose of their visit, for example fitting mobility equipment. School will support visitors in observing their own protective measures, even where these are different to our own.</p>
	<p>Catering staff have their own direct entrance and exit to the kitchen and will observe social distancing where possible.</p> <p>Staff will collect meals from the kitchen to provide to pupils reducing the number of interactions with catering staff.</p> <p>Cleaning staff will predominantly work before the pupils arrive and after they have left, with classroom staff supporting the enhance cleaning protocol during the school day. They will be required to wear a face covering when on site.</p>	

Equipment

Staff will be advised to remove soft furnishings, soft toys and toys that are hard to clean (such as those with intricate parts), unless they have a specific, emotional, behavioural, therapeutic or educational purpose for either an individual child or children within the group.

Where pupils within a bubble are sharing toys or resources, these will be cleaned regularly with anti-bac spray and wipes.

Equipment will be reviewed in order to identify which can be cleaned as required and that which cannot. Equipment that has been used and where cleaning or disinfection is not possible or practical, should be labelled as not for use, with the date of when they can be put back in to circulation noted.

Staff will be advised to minimise the storage of resources and equipment within the classroom in order to maximise available floor space and circulation space.

Outside equipment should be wiped or sprayed with anti-bac spray prior to use and between use by children from different class groups, even when within the same bubble.

Equipment that has been used should also be sprayed or wiped at the end of the school day.

	<p>Children will be encouraged not to bring things in from home, unless they have a specific, emotional, behavioural, therapeutic or educational purpose for either an individual child or children within the group.</p>	
<p>Encouraging regular school attendance</p>		
	<p>A summary of the protective measures will be shared with all families and staff.</p> <p>School will discuss what specific concerns families may have, in partnership with colleagues from Health, in order to determine whether additional protective measures may be necessary for specific children to be able to attend.</p> <p>Staff will identify, on a pupil specific basis, any children who they feel may need an individualised approach to supporting their return to school. Any adjustments will be enacted on the basis of evidence of need and in partnership with families.</p> <p>Staff will focus on the building of friendships and the reestablishment of social engagement as part of their usual start of year activities and routines</p> <p>Staff will take an individualised approach to providing the pupils with any additional emotional support required.</p>	

School staff, in partnership with colleagues from Health, will work with families in order to determine any social, emotional, educational or health related changes that may have occurred during their time away from school, in order to ensure that the reestablishment of expectations are well matched to individual need.

The evidence so far has been that the consistency of staff communication and behaviours, coupled with the familiarity of the environment, has provided pupils with significant reassurance. This has resulted in the vast majority of pupils managing the disruption to routine, or returning to school after sustained absence, without expressing negative emotions.

Staff deployment

Where possible staff will continue to work in their designated class groups in order to provide pupils with consistency and maintain the integrity of the bubbles.

Where absence is required to be covered, a hierarchy of risk will be observed, where we will request cover in the following order:

1. Staff already working within the same class
2. Staff already working in the same age phase
3. Staff from an alternative age phase.

If, due to longer term absence or need, a member of staff is required to be redeployed to another class on a short term or permanent basis, this will be discussed in line with usual processes.

Class teams where training in specific interventions or processes is required, will receive that training in advance of the pupils returning. There will be sufficient staff trained within each team that incidental absence should not be problematic.

Some class groups will not be safe to operate without a full complement of staff, as such the immediate risk of harm resulting from insufficient staff will need to take priority over maintaining the integrity of the bubble.

	<p>We will continue to host volunteers as in many cases they are critical to the operation of the school. Volunteers will be located within one bubble and will be expected to follow the same enhanced hygiene routines and processes as all other staff.</p> <p>Details of the schools systems and processes will be provided as part of their induction to ensure adherence with school risk assessment.</p>	
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