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| National Status  The government continues to manage the risk of serious illness from the spread of the virus. Step 4 of the roadmap marked 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 others, 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’s education - particularly given that the direct clinical risks to children are extremely low, and every adult has been offered a first vaccine and the opportunity for two doses by mid-September.  Our priority is to deliver face-to-face, high quality education and childcare to all children. The evidence is clear that being out of education and childcare causes significant harm to educational attainment, life chances, mental and physical health. | | | |
| **Concern/Risk** | | **Control Measure** | **Comments** |
| 1 | **The system of controls is not shared with, understood and followed by everyone in the school community**  COVID 19 symptoms –  New persistent cough  High temperature  Loss of smell or taste | We **should**  1. **Ensure good hygiene for everyone.**  **2. Maintain appropriate cleaning regimes, using standard products such as detergents.**  **3. Keep occupied spaces well ventilated.**  **4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19.**  Information sign for staff, visitors and building users Sep 2021  **Do**     * Use hand sanitiser on entry to the building * Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze * Put used tissues in the bin straight away and wash your hands afterwards * Take a lateral flowtest at home before coming onto the school site twice a week. Sundays and Wednesdays   Don't   * Touch your eyes, nose or mouth if your hands are not clean * Enter the school if you have any COVID 19 symptoms – High temperature, new continuous cough, a loss or change to your sense of smell or taste * If you think you might have coronavirus or you've been in close contact with someone with coronavirus ring NHS 111. Visit <https://www.nhs.uk/conditions/coronavirus-covid-19/> for further details.     1 **Ensure good hygiene for everyone.**  Hand hygiene - Frequent and thorough hand cleaning should now be regular practice. We should continue to ensure that children clean their hands on entry to the school . This should be continued at appropriate points during the day e.g. lunchtime.  Respiratory hygiene - The ‘catch it, bin it, kill it’ approach continues to be very important. The e-Bug website contains free resources for us, including materials to encourage good hand and respiratory hygiene.  Use of personal protective equipment (PPE) - Most staff in school will not require PPE beyond what they would normally need for their work.  **2 Maintain appropriate cleaning regimes,**  **,Touchpoints are cleaned throughout the day and heavy traffic areas e.g. children’s bathroom, staff bathroomdoor handles**  Washing your hands regularly, good respiratory hygiene (using and disposing of tissues), cleaning surfaces and keeping indoor spaces well ventilated are the most important ways to reduce the spread of COVID-19. This includes managing distance with parents.  Increased frequency of cleaning of general room surfaces reduces the presence of the virus and the risk of contact.  .  When cleaning surfaces, it is not necessary to wear personal protective equipment (PPE) or clothing over and above what would usually be used.  **Principles of cleaning after an individual with symptoms of, or confirmed, COVID-19 has left the setting or area**  Personal protective equipment (PPE) - The minimum PPE to be worn for cleaning an area after a person with symptoms of COVID-19, or confirmed COVID-19, has left the setting, is disposable gloves and an apron. Wash hands with soap and water for 20 seconds after all PPE has been removed.  Cleaning and disinfection -  Public areas where a symptomatic person has passed through and spent minimal time but which are not visibly contaminated with body fluids, such as corridors, can be cleaned thoroughly as normal.  All surfaces that the symptomatic person has come into contact with should be cleaned and disinfected, including all potentially contaminated and frequently touched areas such as bathrooms, door handles, telephones, grab rails in corridors and stairwells.  Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings – think one site, one wipe, in one direction.  Waste  Personal waste from individuals with symptoms of COVID-19 and waste from cleaning of areas where they have been (including PPE, disposable cloths and used tissues):  1.Should be put in a plastic rubbish bag and tied when full  2.The plastic bag should then be placed in a second bin bag and tied  3.This should be put in a suitable and secure place and marked for storage until the individual’s test results are known  This waste should be stored safely and kept away from children. It should not be placed in communal waste areas until negative test results are known, or the waste has been stored for at least 72 hours.  If the individual tests negative, this can be disposed of immediately with the normal waste. If COVID-19 is confirmed this waste should be stored for at least 72 hours before disposal with normal waste.  **3 Keep occupied spaces well ventilated**  When our school site is in operation, it is important to ensure it is well ventilated and that a comfortable environment is maintained. We should identify any poorly ventilated spaces as part of our 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.  Outdoor play and free-flow indoor/outdoor play is encouraged to reduce risk. Windows must be open to ensure air flow.  Education settings to receive carbon dioxide monitors (23/8/2021)  **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** -  Children, staff and other adults should follow public health advice on when to self-isolate and what to do. They should not come into the school if they have symptoms of coronavirus (COVID-19) 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 our school develops symptoms of coronavirus (COVID-19), however mild, we should send them home and they should follow public health advice.  For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household.  If a child is awaiting collection, appropriate PPE should be used if close contact is necessary. The household (including any siblings) should follow PHE’s stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection.  **Asymptomatic testing**  Early years staff should undertake twice weekly home tests whenever they are on site until the end of September, when this will also be reviewed.  **Confirmatory polymerase chain reaction (PCR) tests**  Staff and children with a positive rapid lateral flow test result should self-isolate in line with COVID-19: guidance for households with possible coronavirus infection. They will also need to get a free PCR test to check if they have COVID-19.  While awaiting the PCR result, the individual should continue to self-isolate.  If the PCR test is taken within 2 days of the positive rapid lateral flow test, and is negative, it overrides the rapid lateral flow test and they can return to the school, as long as the individual does not have COVID-19 symptoms.  **Admitting children back to the setting**  In most cases, parents and carers will agree that a child with symptoms should not attend the school, given the potential risk to others. If a parent or carer insists on a child attending our school, we can take the decision to refuse the child if, in our reasonable judgement, it is necessary to protect other children and staff from possible infection with COVID-19. Our decision would need to be carefully considered in light of all the circumstances and current public health advice.  **Arrangements for providing meals**  Where children qualify for benefits-related free school meals, because they meet the qualifying criteria, including receiving education both before and after lunch during term time, they should receive this support as normal. In any instance where an eligible child is self-isolating at home due to COVID-19, this support should continue to be provided (where possible) for example via the provision of a lunch parcel. | Cluster Staff handbook to be updated  Induction to site for all parents and children in Sep 2021.  No social distancing rules or bubbles |
| 2 | **Identify numbers of pupils returning and staffing resource** | All staff and pupils should be attending school.  Clinically extremely vulnerable (CEV) people are advised, as a minimum, to follow the same guidance as everyone else but CEV people may wish to think carefully about additional precautions they can continue to take.  All children who are CEV should attend school unless they are one of the very small number of children under paediatric or other specialist care who have been advised by their clinician or other specialist not to attend.  Children and staff travelling from abroad -  All children and staff travelling to England must adhere to travel legislation, details of which are set out in red and non-red list rules for entering England. Parents and carers should bear in mind the impact on their child’s learning and development which may result from any requirement to quarantine or isolate upon return.  The school uses agency staff to cover staff sickness absences or cluster staff. | The school encourages vaccine take up and enables staff who are eligible for a vaccination to attend booked appointments where possible. |
| 3 | **Staff have an understanding of their personal risk and of how sick they could be if they contracted COVID 19** | **Personal risks are known in relation to self, household and environment**  **Self**  Are you double vaccinated to reduce the risk of infection?  Age, weight, existing medical conditions/disabilities  Impact on finances of becoming unwell.  **Household**  Is everyone in your household double vaccinated?  Is anyone in your household in the CEV health category  **Environment**  Work environment is a school with up to 120 children aged 6months-4 years of age and up to 26 staff and some parents on site.  The school does not know the vaccination status of the parents nor the household. Vaccine uptake is low in some Birmingham wards  What places are you visiting?  Are they well ventilated? Are they crowded?  Do you know the vaccination status of the people that you know or strangers you are mixing with? | Staff are encouraged to use hand sanitiser before using a shared compute, on entry/exit etc. |
| 4 | **The changes to tracing close contacts and self-isolation is not understood** | Close contacts will now be identified via NHS Test and Trace and education and childcare settings will no longer be expected to undertake contact tracing.  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 a positive COVID-19 case and any of the following apply:  • they are fully vaccinated.  • they are below the age of 18 years 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 would encourage all individuals to take a PCR test if advised to do so.  Children who are aged under 5 years old who are identified as close contacts will only be advised to take a PCR test if the positive case is in their own household. Staff who do not need to self-isolate, and children who usually attend the setting, and have been identified as a close contact, should continue to attend the setting as normal. |  |
| 5 | **The approach to face coverings Is not understood** | Face coverings are no longer recommended for staff and visitors in corridors or communal areas.  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 where you may come into contact with people you don’t normally meet. This includes public transport.  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.  The use of face coverings may have a particular impact on those who rely on visual signals for communication.  Some people are less able to wear face coverings and the reasons for this may not be visible to others. | Parents who come into the school building **should** wear a mask if in a small room e.g. Family Support Room.. The school provides masks for single use in reception for staff & parents/visitors. |
| 6 | **Some children and or staff may be experiencing a variety of emotions in response to the COVID-19 pandemic, such as anxiety, stress or low mood.** | We may need to provide more focused support for individual issues, drawing on external support where necessary and possible. To support this, we may wish to access the free resource MindEd learning platform for professionals, which contains materials on peer support, stress, fear and trauma, and bereavement. MindEd has also developed coronavirus staff resilience tips with advice and tips for frontline staff.  Termly 1-1 supervisions in place  The school has a Mental First Aider.  Occupational health |  |
| 7 | **A local outbreak is identified and the school community does not know how to respond.** | **Stepping measures up and down**  A contingency plan (sometimes called outbreak management plans)is in place, outlining what we would do if children or staff test positive for COVID-19, or how the school would operate if it is advised to take extra measures to help break chains of transmission  A BCC COVID 19 Outbreak Management Plan V1 September 2021is in place covering:  1. Testing  2. Face Coverings  3. Shielding  4. Other measures  5. Attendance restrictions  The plan states that schools will only need to implement some, or all, of the measures in the plan in response to recommendations provided by the local authority, directors of public health, Public Health England, PHE health protection team or the national government. It may be necessary to implement the measures in the following circumstances:  To help manage a COVID-19 outbreak within the school. Actions will need to be considered when either of the following thresholds are met:  For most schools:   * There are 5 positive cases amongst pupils or staff who are likely to have mixed closely within a 10-day period * 10% of pupils or staff who are likely to have mixed closely test positive within a 10-day period * For special schools, residential settings, and settings with 20 or fewer pupils and staff: * There are 2 positive cases among pupils or staff who are likely to have mixed closely within a 10-day period * If COVID-19 infection rates in the community are extremely high, and other measures have failed to reduce transmission * As part of a package of measures responding to a ‘variant of concern’ (VoC) * To prevent unsustainable pressure on the NHS |  |
| 8 | **Parents and carers may not fully understand their responsibilities should a child show symptoms of COVID-19** | Key messages in line with government guidance are reinforced regularly via various communication methods (e.g. email, text, website, verbal )and during induction. Community languages are considered.  Clear procedures and record keeping are in place where a child falls ill whilst at school, with reference to the school’s infectious diseases policy  Ensure contact details of families are up to date.  On the 24 th August, the DfE blog site, the education hub, published:  Back to school what you need to know .  This makes clear to parents and pupils that:   * pupils no longer need to be in bubbles; * masks are no longer compulsory; * teachers no longer need to do contact tracing;   In terms of basic measures, parents are told:   * testing remains important in reducing the risk of transmission of   infection within schools ;   * ensuring good hygiene including frequent and thorough hand cleaning   and the ‘catch it, bin it, kill it’ approach;   * maintaining appropriate cleaning regimes; * keeping occupied spaces well ventilated; * following public health advice on testing, self isolation and managing   confirmed cases of COVID 19.   * 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. * A PCR test is recommended in the above cases. |  |
| 9 | **Staff may not fully understand their responsibilities if they or a child show symptoms of COVID-19** | Key messages are regularly reinforced in line with government guidance. Community languages are considered.  Clear procedures in place where a child or staff member falls ill whilst at school with reference to the school’s infectious diseases policy and flowchart from Public Health  Ensure contact details of families are up to date. |  |
| 10 | **Reporting COVID-19 cases to Ofsted** | We must notify Ofsted of any confirmed cases in the setting, whether a child or a staff member. We should also tell Ofsted if we have to close the setting as a result. It is a legal requirement as set out in paragraph 3.51 of the statutory framework for the early years foundation stage. Report as soon as you are able to, and in any case within 14 days. |  |