



# Covid-19 Risk Assessment

September 2021

## 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.

This risk assessment was completed and shared with Trustees, Local Governors and all staff across the school for comment.

<b>Adaptation to school procedures (in place to reduce COVID-19 risk)</b>			
<b>Area of concern before measures taken to reduce risk:</b>			Risk before actions
Establishing new procedures with staff, children & parents and ensuring everyone has a good understanding of the measures in place Increasing COVID-19 transmission in the local authority Managing an outbreak Staff absence/ wellbeing due to contracting COVID-19			
<b>Aspect</b>	<b>School Procedures</b>	<b>DfE Guidance: Schools COVID-19 operational guidance</b>	<b>Risk</b>
<b>Reducing of mitigations</b>	-Communicate the changes to the measures to staff at the September INSET -Communicate the changes to parents in letter/newsletter sent before school opens in September -Share changes with governors -Explain key changes to children in assemblies and regular reminders from staff, e.g. good handwashing/hygiene	<b>Overview</b> The government continues to manage the risk of serious illness from the spread of the virus. Step 4 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 and young people'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 2 doses by mid-September. Our priority is for you to deliver face-to-face, high-quality education to all pupils. The evidence is clear that being out of education causes significant harm to educational attainment, life chances, mental and physical health. We have worked closely with the Department of Health and Social Care (DHSC) and Public Health England (PHE) to revise this guidance.	
<b>Mixing and bubbles</b>	-Outdoor areas no longer zoned -Continue with remote assemblies Continue this for at least half a term and then review	<b>Mixing and 'bubbles'</b> 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 for any summer provision (for example, summer schools) or in schools from the autumn term.	

	<p>-Encourage staff to continue to social distance where reasonably possible</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 in some local areas it may become necessary to reintroduce 'bubbles' for a temporary period, to reduce mixing between groups.</p> <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.</p>	
<p><b>Close contacts and isolation</b></p>	<p>-Ask parents/ staff to still inform us immediately in the case of a positive case in their household. They do not <u>have</u> to do this.</p> <p>-Contact parents when there has been a positive case in their child's year group.</p> <p>-Encourage parents to take their children for a PCR test if someone in their class tests positive for COVID-19.</p> <p>-Encourage regular LFT testing from parents/ staff.</p> <p>-Continue to use any local authority guidance to support safety plans in school.</p> <p>-See Contingency planning at the end of this document</p>	<p><b>Tracing close contacts and isolation</b></p> <p>Settings only needed to do contact tracing up to and including 18 July. Close contacts will now be identified via NHS Test and Trace and education settings will no longer be expected to undertake contact tracing.</p> <p>As with positive cases in any other setting, NHS Test and Trace will work with the positive case and/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 and/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.</p> <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"> <li>• they are fully vaccinated</li> <li>• they are below the age of 18 years and 6 months</li> <li>• they have taken part in or are currently part of an approved COVID-19 vaccine trial</li> <li>• they are not able to get vaccinated for medical reasons</li> </ul> <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 <a href="#">PCR test</a>. 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>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.</p> <p>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 <a href="#">Stepping measures up and down</a> 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.</p>	
<p><b>Face coverings</b></p>	<p>-Ask staff to continue to wear face coverings in communal areas or social distance</p>	<p><b>Face coverings</b></p> <p>Face coverings are no longer advised for pupils, staff and visitors either in classrooms or in communal areas.</p>	

	<p>-Ask parents to either wear a face covering or keep their distance from staff</p>	<p>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 and dedicated transport to school or college.</p> <p><b>In circumstances where face coverings are recommended</b></p> <p>If you have a substantial increase in the number of positive cases in your school (see <a href="#">Stepping measures up and down</a> 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>No pupil or student should be denied education on the grounds of whether they are, or are not, wearing a face covering.</p>	
<p><b>Contingency plans for positive cases or outbreaks</b></p>	<p>See contingency planning at the end of this document.</p>	<p><b>Stepping measures up and down</b></p> <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>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 <a href="#">contingency framework</a>. 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.</p>	
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<b>Control Measures</b>			
<p><b>Area of concern before measures taken to reduce risk:</b> Transmission of virus with reduced measures in place</p>			
<p><b>Preventative measures</b></p>	<ul style="list-style-type: none"> <li>-Regular reminders of good hand hygiene in assemblies, newsletters and in lessons.</li> <li>-Promote the 'catch it, bin it, kill it' approach through assemblies.</li> <li>-Staff are encouraged to wear face coverings in communal areas (but are not required to do so).</li> <li>-Regular enhanced cleaning of touch points, toilets, surfaces in classrooms, any resources that are shared with pupils or staff (including laptops, telephones).</li> <li>-Promote good ventilation, e.g. opening doors for a five minutes on colder days, keeping windows ajar when the weather allows this, use of air conditioning (where it is drawing in fresh air).</li> </ul>	<p><b>1. Ensure good hygiene for everyone</b></p> <p><b>Hand hygiene</b> 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.</p> <p><b>Respiratory hygiene</b> The 'catch it, bin it, kill it' approach continues to be very important. The <a href="#">e-Bug COVID-19 website</a> contains free resources for you, including materials to encourage good hand and respiratory hygiene.</p> <p><b>Use of personal protective equipment (PPE)</b> Most staff in schools will not require PPE beyond what they would normally need for their work. The guidance on the <a href="#">use of PPE in education, childcare and children's social care settings</a> provides more information on the use of PPE for COVID-19.</p> <p><b>2. Maintain appropriate cleaning regimes, using standard products such as detergents</b> 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 <a href="#">cleaning of non-healthcare settings</a>.</p> <p><b>3. Keep occupied spaces well ventilated</b> When your school is in operation, it is important to ensure it is well ventilated and that a comfortable teaching environment is maintained. 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. 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. 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. The <a href="#">Health and Safety Executive guidance on air conditioning and ventilation during the COVID-19 pandemic</a> and <a href="#">CIBSE COVID-19 advice</a> provides more information.</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><b>Engaging with Track &amp; Trace</b></p>	<ul style="list-style-type: none"> <li>-Regular reminders to parents that their child must not come to school if they have symptoms or a positive PCR test.</li> <li>-Regular reminders to parents that schools must continue to send any child (or adult) home, who develops symptoms.</li> <li>-Continue to isolate any children with symptoms until they are collected.</li> <li>-Staff should do a LFT before returning to school in September and then continue to test twice weekly until the end of September.</li> <li>-Staff or pupils with a positive LFT test should isolate and get a PCR test. If the PCR is negative, they can return to school.</li> </ul>	<p><b>4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19</b></p> <p><b>When an individual develops COVID-19 symptoms or has a positive test</b></p> <p>Pupils, staff and other adults should follow public health advice on <a href="#">when to self-isolate and what to do</a>. 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).</p> <p>If anyone in your school develops <a href="#">COVID-19 symptoms</a>, however mild, you should send them home and they should follow public health advice.</p> <p>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.</p> <p>For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household.</p> <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. Appropriate PPE should also be used if close contact is necessary. Further information on this can be found in the <a href="#">use of PPE in education, childcare and children's social care settings</a> guidance. Any rooms they use should be cleaned after they have left.</p> <p>The household (including any siblings) should follow the PHE <a href="#">stay at home guidance for households with possible or confirmed coronavirus (COVID-19) infection</a>.</p> <p><b>Asymptomatic testing</b></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>Over the summer, staff and secondary pupils should continue to test regularly if they are attending settings that remain open, such as summer schools and out of school activities based in school settings. Schools will only provide tests for twice weekly asymptomatic testing for pupils and staff over the summer period if they are attending school settings. However, testing will still be widely available over the summer and kits can be collected either from your local pharmacy or ordered online.</p>	

		<p>As pupils will potentially mix with lots of other people during the summer holidays, all secondary school pupils should receive 2 on-site lateral flow device tests, 3 to 5 days apart, on their return in the autumn term.</p> <p>Settings may commence testing from 3 working days before the start of term and can stagger return of pupils across the first week to manage this. Pupils should then continue to test twice weekly at home until the end of September, when this will be reviewed.</p> <p>Staff should undertake twice weekly home tests whenever they are on site until the end of September, when this will also be reviewed.</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>There is no need for primary age pupils (those in year 6 and below) to test over the summer period. They will be offered the 2 tests at an ATS at the beginning of the autumn term when they start at their secondary school as a new year 7. Schools may choose, however, to start testing year 6 pupils earlier, including in summer schools, depending on their local circumstances.</p> <p><b>Confirmatory PCR tests</b></p> <p>Staff and pupils with a positive LFD test result should self-isolate in line with the <a href="#">stay at home guidance for households with possible or confirmed coronavirus (COVID-19) infection</a>. They will also need to <a href="#">get a free PCR test to check if they have COVID-19</a>.</p> <p>Whilst awaiting the PCR result, the individual should continue to self-isolate.</p> <p>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 pupil can return to school, as long as the individual doesn't have COVID-19 symptoms.</p> <p>Additional information on <a href="#">PCR test kits for schools and further education providers</a> is available.</p>	
<p><b>Vulnerable staff and children</b></p>	<p>-We have no clinically extremely vulnerable children currently.</p> <p>-Meet with clinically extremely vulnerable staff to discuss measures in place and any additional precautions they wish to take.</p>	<p>All clinically extremely vulnerable (CEV) children and young people should attend their education setting unless they are one of the very small number of children and young people under paediatric or other specialist care who have been advised by their clinician or other specialist not to attend.</p> <p>Further information is available in the guidance on <a href="#">supporting pupils at school with medical conditions</a>. You should ensure that key contractors are aware of the school's control measures and ways of working.</p> <p><b>School workforce</b></p> <p>School leaders are best placed to determine the workforce required to meet the needs of their pupils. Clinically extremely vulnerable (CEV) people are advised, as a minimum, to follow the same guidance as everyone else. It is important that everyone adheres to this guidance, but CEV people may wish to think particularly carefully about the additional precautions they can continue to take. Further information can be found in the <a href="#">guidance on protecting people who are CEV from COVID-19</a>.</p> <p>Social distancing measures have now ended in the workplace and it is no longer necessary for the government to instruct people to work from home. 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 <a href="#">protecting vulnerable workers</a>, including advice for employers and employees on <a href="#">how to talk about reducing risks in the workplace</a>.</p> <p>We welcome your support in encouraging vaccine take up and enabling staff who are eligible for a vaccination to attend booked vaccine appointments where possible even during term time.</p>	
<p><b>Children or staff with Covid-19</b></p>	<p>-The school can refuse entry to any pupil if they have symptoms.</p>	<p><b>Admitting children into school</b></p>	



	-A member of SLT must speak to the parents as soon as reasonably possible if this situation arises.	In most cases, parents and carers will agree that a pupil with symptoms should not attend the school, given the potential risk to others. If a parent or carer insists on a pupil attending your school, you can take the decision to refuse the pupil if, in your reasonable judgement, it is necessary to protect other pupils and staff 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.	
<b>Attendance</b>	-Children who are self-isolating are registered as x, if they have COVID-19 then they should be recorded as I (illness). -Teachers must follow attendance procedures carefully and communicate with SLT if they have concerns about the attendance of one of their pupils.	<b>Attendance</b> 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 unable 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 <a href="#">school attendance guidance</a> .	
<b>Travel &amp; quarantine</b>	-Remind parents of the impact on children's education if they are required to isolate due to travel.	<b>Travel and quarantine</b> 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 <a href="#">travel legislation</a> , details of which are set out in <a href="#">government travel advice</a> . 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 <a href="#">proof of a negative COVID-19 test</a> 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 <a href="#">quarantine and testing guidance</a> . Additional guidance has been issued on the <a href="#">quarantine arrangements for boarding school pupils travelling from red-list countries to attend a boarding school in England</a> . 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.	
<b>Remote Education</b>	-See Saw established for all classes if need to work remotely. -If children are well enough to complete school work (if they are off due to a confirmed case) then the school will provide education via See-Saw or a paper pack (at a parents' request).	<b>Remote education</b> 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 <a href="#">remote education temporary continuity direction</a> 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 <a href="#">Independent School Standards</a> in full at all times.	

		<p>The remote education provided should be equivalent in length to the core teaching pupils would receive in school.</p> <p>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 <a href="#">get help with remote education service</a>.</p>	
<b>Catch-up</b>	-See Catch-up plan for more information	<p><b>Education recovery</b></p> <p>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 <a href="#">education recovery support</a>. Specifically for schools, the document includes further information on:</p> <ul style="list-style-type: none"> <li>• <a href="#">catch-up premium</a></li> <li>• recovery premium</li> <li>• <a href="#">summer school programme</a></li> <li>• tutoring (including the <a href="#">National Tutoring Programme</a> and <a href="#">16 to 19 tuition fund</a>)</li> <li>• teacher training opportunities</li> <li>• curriculum resources</li> <li>• specialist settings</li> <li>• wider continuous professional development resources, including to support teacher wellbeing and subject-specific teaching</li> </ul> <p>If running a summer school, you should follow the <a href="#">protective measures for holiday and after-school clubs, and other out-of-school settings during the coronavirus (COVID-19) outbreak</a>.</p> <p>Special schools and other specialist settings should refer to the <a href="#">additional operational guidance</a>.</p>	
<b>Pupil wellbeing</b>	<p>-Continue to monitor individuals and put in support where needed. High level ELSA support available in The Nest.</p> <p>-Pastoral support is in place for any children who are experiencing anxiety, stress or low mood.</p>	<p><b>Pupil wellbeing and support</b></p> <p>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 <a href="#">promoting and supporting mental health and wellbeing in schools</a>.</p>	
<b>School meals</b>	-Deputy/ SBM to arrange if a FSM child is self-isolating due to having COVID-19.	<p><b>School meals</b></p> <p>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.</p> <p>More information on <a href="#">providing school meals during the COVID-19 pandemic</a> is available.</p>	
<b>Educational visits</b>	School trips to resume, teachers to complete thorough risk assessment which includes consideration of hygiene and ventilation.	<p><b>Educational visits</b></p> <p>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.</p> <p>We continue to recommend you do not go on any international visits before the start of the autumn term. From the start of the new school term, you can go on international visits that have previously been deferred or postponed and organise new international visits for the future.</p> <p>You should be aware that the travel list (and broader international travel policy) is subject to change and green list countries may be moved into amber or red. The travel lists may change during a visit and you must comply with international travel legislation and should have contingency plans in place to account for these changes.</p>	



		<p>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.</p> <p>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. <a href="#">General guidance</a> about educational visits is available and is supported by specialist advice from the <a href="#">Outdoor Education Advisory Panel (OEAP)</a>.</p>	
<b>Wraparound care</b>	<ul style="list-style-type: none"> <li>-No limits on group numbers (except for adult to pupil ratios).</li> <li>-Bubbles no longer required (unless under a contingency plan).</li> <li>-SLT may require registers if working with Track &amp; Trace to identify close contacts.</li> <li>-Follow all the measures in this risk assessment.</li> </ul>	<p><b>Wraparound provision and extra-curricular activity</b></p> <p>More information on planning extra-curricular provision can be found in the guidance for <a href="#">providers who run community activities, holiday clubs, after-school clubs, tuition and other out-of-school provision for children</a>.</p>	
<b>Inspection</b>		<p><b>Inspection</b></p> <p>For state-funded schools, it is intended that Ofsted will return to a full programme of routine inspections from September 2021 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. Regulations will give effect to these arrangements. 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), it is intended that both inspectorates will return to a full programme of routine inspections from September 2021 and they will complete the current cycle of standard inspections – which was delayed by the pandemic – in 2022.</p>	
<b>Accountability</b>		<p><b>Accountability expectations</b></p> <p>We will not publish data based on exam and assessment results from summer 2021 in performance tables and you will not be held to account for this data. We will publish Key Stage 4 and 16 to 18 subject entries and destinations data at school and college level in performance tables in autumn 2021. For further information, see <a href="#">COVID-19: school and college accountability</a>.</p> <p>We will confirm the position on accountability for the academic year 2021 to 2022 in due course.</p>	

<b>Contingency Plans (in case of an outbreak)</b>		
<b>Aspect</b>	<b>School Procedures</b>	<b>DFE Guidance: Contingency framework: education and childcare settings</b>
<b>Collaboration</b>	Keep up to date with government guidance and update relevant documents.	Multi-agency collaboration and communication is important in ensuring consistency in approach across England wherever issues occur, so that no group of children, pupils or students is unfairly disadvantaged. Local authorities, DsPH and DfE's regional schools commissioners (RSCs) should maintain close working relationships through their regional partnership teams (RPTs). These teams are made up of: <ul style="list-style-type: none"> <li>• PHE regional directors</li> <li>• Contain regional convenors</li> <li>• Joint Biosecurity Centre (JBC) regional leads</li> </ul> Where decisions about measures in education and childcare settings are made at a national level, DfE will work with the Department of Health and Social Care (DHSC), JBC, NHS Test and Trace, the Chief Medical Officer, PHE and other government departments, as well as relevant local authorities and DsPH. The Government will review the available evidence and take into account the judgement of public health professionals.
<b>Roles and responsibilities</b>	Keep up to date with information coming from the local authority and local transmission rates.	Local authorities, DsPH and HPTs are responsible for managing localised outbreaks. They play an important role in providing support and advice to education and childcare settings. Local authorities, DsPH and HPTs can work with their regional partnership teams (RPTs) to escalate issues from the local level into the central Local Action Committee command structure. RPTs support local areas in managing outbreaks and provide advice and insights from across the country to the Chief Medical Officer and the Secretary of State for Health and Social Care to inform decision making. Through the Local Action Committee command structure, ministers consider and take decisions on measures on an area-by-area basis in light of all available evidence, public health advice and the local and national context. In rare circumstances, it may be necessary to escalate issues to ministers through other central government committees (for example incident management teams), but this should be by exception only.
<b>Contingency planning</b>	In the event of a school outbreak, SLT would meet to decide which measures to reintroduce. The headteacher will inform the chair of the board & CEO. The head call a virtual meeting to inform staff. Governors will be informed by the head or deputy. The deputy will lead on informing parents. The Vice-Principal will lead on organising any rotas for the zoning of outdoor areas and any other logistical issues.	All education and childcare settings should already have contingency plans (sometimes called outbreak management plans) describing what they would do if children, pupils, students or staff test positive for COVID-19, or how they would operate if they were advised to reintroduce any measures described in this document to help break chains of transmission. COVID-19 resilience and planning is now more important than ever. Settings do not need to reformat their existing contingency plans to specific templates, but the plans should be kept robust and up to date in light of the advice set out here. A good plan should cover: <ul style="list-style-type: none"> <li>• roles and responsibilities</li> <li>• when and how to seek public health advice</li> <li>• details on the types of control measures you might be asked to put in place (described in measures that settings should plan for and your sector's guidance) For each control measure you should include: <ul style="list-style-type: none"> <li>• actions you would take to put it in place quickly.</li> <li>• how you would ensure every child, pupil or student receives the quantity and quality of education and support to which they are normally entitled.</li> <li>• how you would communicate changes to children, pupils, students, parents, carers and staff</li> </ul> </li> </ul>
<b>When to take action</b>	An outbreak would be classed as 5 children or staff, who have been in the same area, e.g. classroom/hall,	The Operational Guidance sets out the measures that all education settings should have in place to manage transmission of COVID-19 day to day. For most settings it will make sense to think about taking extra action if the number of positive cases substantially increases. This is because it could indicate transmission is happening in the setting. The thresholds, detailed below, can be used by

	<p>to test positive for COVID-19 within a 10 day period.</p>	<p>settings as an indication for when to seek public health advice if they are concerned. For most education and childcare settings, whichever of these thresholds is reached first:</p> <ul style="list-style-type: none"> <li>• 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period; or</li> <li>• 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period</li> </ul> <p>For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time:</p> <ul style="list-style-type: none"> <li>• 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period</li> </ul> <p>Identifying a group that is likely to have mixed closely will be different for each setting. The annex gives examples for each sector, but a group will rarely mean a whole setting or year group. Higher education providers should continue to liaise with their DsPH. If and when outbreaks occur, providers should work with their local HPTs to identify any additional measures to put in place.</p> <p><b>All settings should seek public health advice if a pupil, student, child or staff member is admitted to hospital with COVID-19. They can do this by phoning the DfE helpline (0800 046 8687, option 1), or in line with other local arrangements. Hospitalisation could indicate increased severity of illness or a new variant of concern. Settings may be offered public health support in managing risk assessments and communicating with staff and parents.</b></p>	
<p><b>Actions to consider</b></p>	<p>In the case of an outbreak, review all current measures and continue what measures could be increased or reintroduced, including:</p> <ul style="list-style-type: none"> <li>-Bubbles</li> <li>-Virtual assemblies and meetings</li> <li>-Reduction of non-essential visitors</li> <li>-Ask parents to wear face coverings when on the playground</li> </ul>	<p>When the above thresholds are reached, education and childcare settings should review and reinforce the testing, hygiene and ventilation measures they already have in place. There is more detail on these in the annex to this document and in the guidance for each sector. Settings may wish to seek additional public health advice if they are concerned about transmission in the setting, either by phoning the DfE helpline (0800 046 8687, option 1) or in line with other local arrangements. A director of public health or an HPT may give settings advice reflecting the local situation. In areas where rates are high, this may include advice that local circumstances mean that the thresholds for extra action can be higher than set out above. If they judge that additional action should be taken, they might advise the setting to take some or all of the other measures described in this document, for example extra testing. All settings should make sure their contingency plans cover how they would operate if any of the measures described below were recommended for their setting or area.</p> <p><b>For all cases relating to staff, please also see the guidance for workplaces: NHS Test and Trace in the workplace Employers should call the Self-Isolation Service Hub on 020 3743 6715 as soon as they are made aware that any of their workers have tested positive. If cases amongst staff mean a setting meets the threshold, described above, employers will need to provide the 8-digit NHS Test and Trace Account ID (sometimes referred to as a CTAS number) of the person who tested positive, alongside the names of co-workers identified as close contacts. This will ensure that all workplace contacts are registered with NHS Test and Trace and can receive the necessary public health advice, including the support available to help people to self-isolate. Further guidance is available <a href="#">here</a>.</b></p>	
<p><b>Testing</b></p>	<p>In the case of an outbreak, remind staff &amp; parents of the importance of continuing to test using LFTs.</p>	<p>All settings should ensure their contingency plans reflect the possibility of increased use of testing by staff and, where they are already being offered testing, for pupils and students. This could include advice on more frequent testing, or on the reintroduction of asymptomatic test sites (ATS) (where they have been stood down). These measures may be advised:</p>	

		<ul style="list-style-type: none"> <li>• for an individual setting only, by DsPH as part of their responsibilities in outbreak management, or</li> <li>• for settings across areas that have been offered an enhanced response package or are in an enduring transmission area, where settings and directors of public health decide it is appropriate</li> </ul> <p>These additional testing measures would need to be agreed with settings and we encourage DsPH to consult settings and work with them to identify what support may be needed to do this. Secondary schools and colleges should consider how ATS could be implemented in a way that does not negatively impact the education they provide to their pupils and students. DsPH should keep DfE informed of all cases where they are considering recommending ATS for an education setting, via their RPT and RSC.</p>	
<b>Face coverings</b>	In the case of an outbreak, all staff must wear face coverings in all communal areas.	<p>Education settings should make sure their contingency plans cover the possibility that it may be advised that face coverings should temporarily be worn in settings in their area. This may include face coverings in communal areas and/or classrooms, for pupils, students and staff. Children of primary school age and early years children should not be advised to wear face coverings. Any guidance should allow for reasonable exemptions for their use. These measures may temporarily be advised:</p> <ul style="list-style-type: none"> <li>• for an individual setting only, by DsPH as part of their responsibilities in outbreak management, or</li> <li>• for settings across areas that have been offered an enhanced response package, or are in an enduring transmission area, where settings and DsPH decide it is appropriate</li> </ul> <p>In all cases any educational and wellbeing drawbacks in the recommended use of face coverings should be balanced with the benefits in managing transmission.</p>	
<b>Shielding</b>		<p>Shielding is currently paused. In the event of a major outbreak or VoC that poses a significant risk to individuals on the shielded patient list (SPL), ministers can agree to reintroduce shielding. Shielding would be considered in addition to other measures to address the residual risk to people on the SPL, once the wider interventions are taken into account. Settings should make sure their contingency plans cover this possibility. Shielding can only be reintroduced by national government</p>	
<b>Other measures, including attendance restrictions</b>		<p>Settings should make sure their contingency plans cover the possibility they are advised to limit:</p> <ul style="list-style-type: none"> <li>• residential educational visits</li> <li>• open days</li> <li>• transition or taster days</li> <li>• parental attendance in settings</li> <li>• live performances in settings</li> </ul> <p>Local authorities, DsPH and HPTs may recommend these precautions in individual settings or across an entire area.</p> <p>High quality face-to-face education remains a government priority. Attendance restrictions should only ever be considered as a short-term measure and as a last resort:</p> <ul style="list-style-type: none"> <li>• for individual settings, on public health advice in extreme cases where other recommended measures have not broken chains of in-setting transmission; or</li> <li>• across an area, on government advice in order to suppress or manage a dangerous variant and to prevent unsustainable pressure on the NHS.</li> </ul> <p>In all circumstances, priority should continue to be given to vulnerable children and young people and children of critical workers to attend to their normal timetables. Where measures include attendance restrictions, DfE may advise on any other groups that should be prioritised. Settings should make sure their contingency plans cover the possibility they are advised, temporarily, to limit attendance and should ensure that high quality remote education is provided to all pupils or students not attending.</p>	
See the full guidance for more information about remote education, safeguarding, vulnerable children, educational visits & school meals.			

