

<p>National guidance document Actions for early years and childcare providers during the COVID-19 pandemic Updated 17 August 2021</p>		
<p>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 for you 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. We have worked closely with the Department of Health and Social Care (DHSC) and Public Health England (PHE) to revise this guidance.</p>		
Concern/Risk	Control Measure	Comments
<p>1</p> <p>The system of controls is not shared with, understood and followed by everyone in the school community</p> <p>COVID 19 symptoms – New persistent cough High temperature Loss of smell or taste</p>	<p>We should</p> <ol style="list-style-type: none"> 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. <p>Information sign for staff, visitors and building users Sep 2021</p> <p>Do</p> <ul style="list-style-type: none"> ✓ Wear a face mask to enter the building and in communal areas ✓ 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 	<p>Cluster Staff Induction handbook (Sep 2021) sets out the policies and procedures followed in school and the expectations for working in school for all staff and new staff.</p> <p>Induction to site for all parents and children in Sep 2021.</p> <p>No social distancing rules or bubbles</p>

- ✓ Take a lateral flow test at home before coming onto the school site
- 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 regularly. This can be done with soap and water or hand sanitiser.

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.

		<p>2 Maintain appropriate cleaning regimes, using standard products such as detergents</p> <p>We 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.</p> <p>PHE has published guidance on <u>COVID-19: cleaning of non-healthcare settings outside the home Updated 19 July 2021</u> that school follows -</p> <p>The risk of spread is greatest when people are close to each other, especially in poorly ventilated indoor spaces and when people spend a lot of time together in the same room.</p> <p>Keeping your distance, 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</p> <p>Increased frequency of cleaning of general room surfaces reduces the presence of the virus and the risk of contact.</p> <p>Cleaning and disinfection -</p> <p>Regular cleaning plays a vital role in limiting the transmission of COVID-19. Reducing clutter and removing difficult to clean items can make cleaning easier. Increase the frequency of cleaning, using standard cleaning products such as detergents and bleach, paying attention to all surfaces but especially ones that are touched frequently, such as door handles, light switches, work surfaces, remote controls and electronic devices.</p> <p>Cleaning materials should be stored out of reach of children.</p> <p>As a minimum, frequently touched surfaces should be wiped down twice a day, and one of these should be at the beginning or the end of the working day. Cleaning should be more frequent depending on the number of people using the space, whether they are entering and exiting the setting and access to handwashing and hand-sanitising facilities. Cleaning of frequently touched surfaces is particularly important in bathrooms and communal kitchens.</p> <p>When cleaning surfaces, it is not necessary to wear personal protective equipment (PPE) or clothing over and above what would usually be used.</p> <p>Principles of cleaning after an individual with symptoms of, or confirmed,</p>	
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		<p>COVID-19 has left the setting or area</p> <p>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.</p> <p>Cleaning and disinfection -</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Use one of the options below:</p> <ul style="list-style-type: none"> • a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.) <p>or</p> <ul style="list-style-type: none"> • a household detergent followed by disinfection (1,000 ppm av.cl.). Follow manufacturer’s instructions for dilution, application and contact times for all detergents and disinfectants <p>or</p> <ul style="list-style-type: none"> • if an alternative disinfectant is used within the organisation ensure that it is effective against enveloped viruses <p>Avoid mixing cleaning products together as this can create toxic fumes. Avoid creating splashes and spray when cleaning. Spray onto the cloth and wipe rather than directly onto surfaces to reduce aerosol spray.</p> <p>Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined in the waste section below.</p>	
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		<p>measures are working, and helping balance the need for good ventilation with keeping classrooms warm. Expect to receive at least partial allocations during the autumn term.</p> <p>4 Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19</p> <p>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).</p> <p>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.</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. 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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	
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2	Identify numbers of pupils returning and staffing resource	<p>All staffing resource and pupils should be attending school.</p> <p>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.</p> <p>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.</p> <p>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, amber and green 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.</p> <p>The school uses agency staff to cover staff sickness absences or cluster staff.</p>	<p>The health status of each member of staff is known by the school and each employee makes the school aware of any changes in health status. The vaccination status of each member of staff is known by the school. The school encourages vaccine take up and enables staff who are eligible for a vaccination to attend booked appointments where possible.</p>
3	Staff have an understanding of their	Personal risks are known in relation to self, household and environment	The school is supportive of

	<p>personal risk and of how sick they could be if they contracted COVID 19</p>	<p>Self Are you double vaccinated to reduce the risk of infection? Age, weight, existing medical conditions/disabilities Impact on finances of becoming unwell.</p> <p>Household Is everyone in your household double vaccinated? Is anyone in your household in the CEV health category</p> <p>Environment Work environment is a school with approximately 100 children aged 2-4 years of age and 20 staff and some parents on site. The school does not know the vaccination status of the parents nor the household. Vaccine uptake (22/8/2021) is low in some Birmingham wards including Alum Rock & Sparkbrook & Balsall Heath East.</p> <p>Several co-located partners work at Adderley NS. Co-located partners should follow school control measures in communal areas and when entering and exiting the building. In Co-located partner areas staff should follow co-located partner control measures. There is a separate risk assessment for the hire of Adderley Nursery School training room.</p> <p>Vaccine uptake is low in some areas of Birmingham that have the highest case rates (22/8/2021). Highest rate Yardley 492 per 100 000 Rate in Alum Rock 187 per 100 000 Rate in Sparkbrook & Balsall Heath East is 257 per 100 000</p> <p>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?</p>	<p>staff wearing masks in communal areas and when talking to parents and in non-classroom locations to minimise personal risk. A clean desk policy is in place which means cleaning the equipment and desk before and after use. The school recommends that staff do not share workstations and equipment to reduce risk.</p>
4	<p>The changes to tracing close contacts and self-isolation I not</p>	<p>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.</p>	

	<p>understood</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 a positive COVID-19 case 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 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 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.</p>	
5	<p>The approach to face coverings is not understood</p>	<p>Face coverings are no longer be recommended for staff and visitors in corridors or communal areas.</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.</p> <p>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>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</p>	<p>Our small school sites are enclosed and crowded with limited ventilation from window openings. As such staff should review their own personal risks and the school is recommending that masks& or visors are worn in communal areas and when talking to parents. Parents who come into the school building should wear a mask. Parents settling children on site</p>

		<p>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.</p> <p>Some people are less able to wear face coverings and the reasons for this may not be visible to others.</p>	<p>should wear a mask. The school provides masks for single use in reception for staff & parents/visitors.</p>
6	<p>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.</p>	<p>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.</p> <p>Termly 1-1 supervisions in place</p> <p>The schools are Trauma Informed Attachment Aware Schools (TIASS)</p> <p>The health & well-being lead is Yvonne Spoors</p> <p>Occupational health</p>	
7	<p>A local outbreak is identified and the school community does not know how to respond.</p>	<p>Stepping measures up and down</p> <p>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</p> <p>A BCC COVID 19 Outbreak Management Plan V1 September 2021 is in place covering:</p> <ol style="list-style-type: none"> 1. Testing 2. Face Coverings 3. Shielding 4. Other measures 	

		<p>5. Attendance restrictions</p> <p>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:</p> <p>To help manage a COVID-19 outbreak within the school. Actions will need to be considered when either of the following thresholds are met:</p> <p>For most schools:</p> <ul style="list-style-type: none"> • 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	<p>Parents and carers may not fully understand their responsibilities should a child show symptoms of COVID-19</p>	<p>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.</p> <p>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</p> <p>Ensure contact details of families are up to date.</p>	

		<p>On the 24 th August, the DfE blog site, the education hub, published: Back to school what you need to know .</p> <p>This makes clear to parents and pupils that:</p> <ul style="list-style-type: none"> • pupils no longer need to be in bubbles; • masks are no longer compulsory; • teachers no longer need to do contact tracing; <p>In terms of basic measures, parents are told:</p> <ul style="list-style-type: none"> • 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: <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. • A PCR test is recommended in the above cases. 	
9	<p>Staff may not fully understand their responsibilities if they or a child show symptoms of COVID-19</p>	<p>Key messages are regularly reinforced in line with government guidance. Community languages are considered.</p> <p>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</p> <p>Ensure contact details of families are up to date.</p>	

Adderley/Gracelands/Highfield Cluster COVID 19 Site Risk assessment 13 September 2021

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.	
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