

COVID-19: Operational Guidance

SCHOOL NAME: Oak Lodge School

Member of Staff and Job Title:	Date of Assessment:	Updates	Covered by this assessment:
Lynda Walker: Headteacher Teresa Ellis: Deputy Headteacher Charlotte Charlesworth: Assistant Headteacher Esther Pearsall: Assistant Headteacher Ginny D’Odorico: Deputy Headteacher Elham Seyedi-Yazdi: Assistant Headteacher Ann-Marie Dobbin: School Business Manager Brenda Barker: Pastoral Manager and DSL Gayan Fernando: Facilities Manager	9th March 2022	5th January 2021 25th February 2021 31st March 2021 25th May 2021 28th September 2021 22nd Nov 2021	Staff, students, parents, visitors, volunteers, contractors

Purpose of this document:

This document contains guidance for staff around the continued operational procedures around COVID-19. This has been completed in line with the documents below.

Other Related Documents:

Relevant Existing Policies	Local Authority/Trust documents	Recent Government Guidance:
Health and Safety Policy First Aid Policy Child Protection and Safeguarding Policies Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2012 The Health Protection (Notification Regulations) 2010 Public Health England (PHE) (2017) ‘Health protection in schools and other childcare facilities’ Existing Risk Assessment for	Covid19 Education and Skills Service Strategy (April 2020) Education and Skills Service Recovery Planning support for schools (May 2020)	COVID-19: cleaning of non-healthcare settings outside the home - GOV.UK (www.gov.uk) The use of personal protective equipment (PPE) in education, childcare and children’s social care settings, including for aerosol generating procedures (AGPs) - GOV.UK (www.gov.uk) COVID-19 Response: Living with COVID-19 - GOV.UK (www.gov.uk) What parents and carers need to know about early years providers, schools and colleges - GOV.UK (www.gov.uk) Guidance for schools: coronavirus (COVID-19) - GOV.UK (www.gov.uk) SEND and specialist settings: additional COVID-19 operational guidance (publishing.service.gov.uk)

The guidance states

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.

1. 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. Ensure there is enough soap/paper towels to enable this to happen – if any of these supplies run out please contact the facilities team.
- Students to be reminded to use hand sanitiser or wash their hands on arrival and/or going into a different room, coming in from break / before and after eating

Respiratory hygiene

The 'catch it, bin it, kill it' approach continues to be very important.

- Continue to encourage staff and students to adhere to safe practices. Ensure adequate tissues and bins in classrooms – additional boxes of tissues can be collected from the medical room.
- Specific teaching across the curriculum on hygiene practices including explicit teaching of handwashing and respiratory hygiene.

Use of personal protective equipment (PPE)

- Most staff in schools will not require PPE beyond what they would normally need for their work. In our setting, this is provided for staff administering personal care. 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.
- Additional PPE for COVID-19 is only required in a very limited number of scenarios, for example, when performing aerosol generating procedures (AGPs).
- Please see Teresa or Charlotte if you believe you need to have any additional PPE needs.

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

Maintain use of appropriate cleaning schedule, including regular cleaning of areas and equipment (for example, twice per day), with a particular focus on frequently touched surfaces.

Frequently touched surfaces should be wiped down at least 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. It is the responsibility of all staff to help clean down communal areas such as staff rooms, and the facilities team to support cleaning bathrooms. Please notify the facilities team if you find a bathroom needs additional cleaning – although please note that the room must be empty of students and staff in order for them to be able to do this.

Additional mealtime supervisors have been recruited to support the cleaning over lunch times (as an area with high traffic) in line with the latest guidance.

When cleaning surfaces, it is not necessary to wear personal protective equipment (PPE) or clothing over and above what would usually be used.

See also guidance on the cleaning of non-healthcare settings ([link above](#)).

3. Keep occupied spaces well ventilated

When school is in operation, it is important to ensure it is well ventilated and that a comfortable teaching environment is maintained.

Poorly ventilated spaces (such as support spaces without windows, boys changing room by pool) between classrooms should only be used by one student at a time and where possible, the door should remain open if more than one person is using the space. Doors should be opened frequently.

No large gatherings (parents' evenings, whole school assemblies, morning meetings etc) should take place on site indoors, and when the hall is being used the doors to the corridor should be opened frequently to allow airflow.

Mechanical ventilation is a system that uses a fan to draw fresh air or extract air from a room. Facilities team to adjust to increase the ventilation rate wherever possible and check 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 (eg swimming pool.)

Where mechanical ventilation systems exist, you should ensure that they are maintained in accordance with the manufacturers' recommendations.

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).

You should balance the need for increased ventilation while maintaining a comfortable temperature.

The Health and Safety Executive guidance on air conditioning and ventilation during the COVID-19 pandemic and CIBSE COVID-19 advice provides more information. This includes:

You can improve natural ventilation by fully or partly opening windows, air vents and doors. Don't prop fire doors open.

Buildings are usually designed to provide adequate ventilation. You should be able to open any windows or vents that let in fresh air. If they cannot be opened, ventilation in that area will be less effective.

Don't close doors or windows completely when people are in a naturally ventilated area. This can result in very low levels of ventilation.

Cooler, windier weather increases natural ventilation through openings. This means you don't need to open windows and doors so wide.

Airing rooms (purging)

Airing rooms as frequently as you can improves ventilation. Opening all the doors and windows as fully as possible maximises ventilation in a room. You can do this when people leave for a break and even 10 minutes an hour can help reduce the risk from virus in the air, depending on the size of the room.

CO2 monitors are available for use in poorly-ventilated spaces as needed. Facilities team currently in process on conducting a data analysis of different classrooms using CO2 monitors and risk assessment may be amended to include use of air purification/filtration systems if required.

The dress code for students will be relaxed to allow them to bring in additional warm clothing and wear it in class if they are cold. If teachers feel their classrooms are too cold to work in, additional fan heaters can be purchased.

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 (including lateral flow test) 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 due to increased travel restrictions).**

If anyone at school develops COVID-19 symptoms, contact a senior leader or a member of the medical team.

Students and staff should continue to self-isolate and get a [PCR test \(a test that is sent to the lab\) on GOV.UK](#) as soon as possible if they have **any** of these 3 symptoms of COVID-19, even if they are mild:

- a high temperature (hot to touch on chest/back, temp of over 38)
- a new, continuous cough (frequent, persistent coughing multiple times over a short period of time)
- a loss or change to your sense of smell or taste

For everyone with symptoms, they should avoid using public transport and, **wherever possible**, be collected by a member of their family or household. This means that parents should be called to come and collect students as soon as possible.

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 use of PPE in education, childcare and children's social care settings guidance](#).

- fluid-resistant surgical face masks (also known as Type IIR)
- disposable gloves
- disposable plastic aprons
- eye protection (for example, a face visor or goggles)

How much PPE you need to wear when caring for someone with symptoms of COVID-19 depends on how much contact you have.

- A face mask should be worn if you are in face-to-face contact.
- If physical contact is necessary, then gloves, an apron and a face mask should be worn.
- Wear eye protection if a risk assessment determines that there is a risk of fluids entering the eye, for example, from coughing, spitting or vomiting.

Any rooms they use should be cleaned after they have left.

Other symptoms linked with COVID-19 include shortness of breath, fatigue, loss of appetite, muscle ache, sore throat, headache, stuffy or runny nose, diarrhoea, nausea and vomiting. Any of these symptoms may also have another cause and so are not included in the list of symptoms for which you should book a test.

Students and staff can return to school if they test negative on a lateral flow test on days 5 and 6 and do not have a high temperature, sickness or diarrhoea. If your day 5 result is positive, you can continue to test each day and can return after two consecutive negative results.

If parents do not follow guidance

In most cases, parents and carers will agree that a pupil or student with the key symptoms or COVID-19 should not attend given the potential risk to others. If a parent or carer insists on their child attending your setting where they have a confirmed or suspected case of COVID-19, 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.

Close contact with someone with coronavirus (COVID-19) symptoms

People who live in the same household as someone with COVID-19 are at the highest risk of becoming infected because they are most likely to have prolonged close contact. People who stayed overnight in the household of someone with COVID-19 while they were infectious are also at high risk.

If you live with, or have stayed overnight in the household of, someone who has COVID-19, you are advised to:

- minimise contact with the person who has COVID-19
- work from home if you are able to do so
- avoid contact with anyone you know who is at higher risk of becoming severely unwell if they are infected with COVID-19, especially those with a severely weakened immune system
- limit close contact with other people outside your household, especially in crowded, enclosed or poorly ventilated spaces
- wear a well-fitting face covering made with multiple layers or a surgical face mask in crowded, enclosed or poorly ventilated spaces and where you are in close contact with other people
- pay close attention to the main symptoms of COVID-19. If you develop any of these symptoms, order a PCR test. You are advised to stay at home and avoid contact with other people while you are waiting for your test result

Follow this advice for 10 days after the day the person you live or stayed with symptoms started (or the day their test was taken if they did not have symptoms).

Children and young people who usually attend an education or childcare setting and who live with someone who has COVID-19 should continue to attend the setting as normal.

If you are a contact of someone with COVID-19 but do not live with them or did not stay in their household overnight, you are at lower risk of becoming infected. In this instance you should continue to be vigilant for symptoms and are recommended to take regular lateral flow tests.

Asymptomatic testing

Testing remains important in reducing the risk of transmission of infection within schools. Staff and secondary school pupils should continue to test **at least** twice weekly at home, with lateral flow device (LFD) test kits, 3 to 4 days apart. Testing remains voluntary but is strongly encouraged.

Additional testing kits are available can be provided by the medical room. We will continue to offer the LFT from the medical room for anyone unable to test at home, although the staff member or student must administer the test themselves.

We may have a few students who are able to self-administer the test and will liaise with parents about them doing the test at home.

If you test positive on a lateral flow test and have **no symptoms** you are no longer required to do a PCR test to confirm unless you subsequently develop symptoms, although you must then register the test result and begin the period of isolation as normal.

Information sharing

Upon confirmation of a positive case, the school will notify parents of the class group informing them that there has been a positive case (if they have been in contact with the positive case within the previous 2 days.) Staff in the group will also be informed a member of the SLT if they have been in recent contact with a confirmed positive case. In line with GDPR, the name of the individual will not be disclosed.

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 have been removed from the shielded patient list.

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.

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 access the vaccine via some walk-in COVID-19 vaccination sites.

Face coverings

Face coverings are no longer recommended, although please respect the right of colleagues to continue to wear them and to ask others to do the same if entering their classrooms.

Social Distancing and 'bubbles'

There are no longer social distancing requirements in force. However, we have taken several additional measures to try to reduce unnecessary contacts between groups of students where they are not impacting on the delivery of education here at Oak Lodge.

- Zoom dance club and sensory circuits will remain in place
- Briefing and staff meetings – These will continue via emails and zoom meeting when possible – Any information to be shared should be emailed to Lynda before 8am to be included on the days briefing notes. Team meetings have resumed on Tuesdays and staff meetings on Wednesdays to give opportunities for training but also to check on wellbeing of staff members so please make sure you are available.
- School Transport- we will continue to call for students from 3.25 by sending an email when the bus has arrived on site.
- Visitors will be allowed on site to allow for curriculum enrichment opportunities. Visitors are recommended to take LFD tests before attending. Therapists will continue to come on site.
- Annual reviews to remain online wherever possible (as this also helps multiple professionals to attend.)