

COVID19: Re-opening Risk Assessment and Action Plan

SCHOOL NAME: Queen Elizabeth II Jubilee School, Westminster

OWNER: Pamela Murphy

DATE: October 2021/22 version 2 key updates:

- Self-isolation hub for staff positive tests, wider access to PCR testing for 'cold like symptoms'

Previous versions:

27th August 2021 2021/22.version 1 (building on previous versions in 2020/21 academic year)

Purpose of this document:

This COVID19: Risk Assessment and Action Plan document sets out the decisions taken and measures put in place to prepare for the opening of school for the 2021/22 academic year and the new government guidance for this phase of the coronavirus pandemic.

Existing policies and guidance continue to apply alongside the actions within this document, including but not limited to:

- Health and Safety Policy
- First Aid Policy
- Child Protection Policy
- DFE Guidance relating to COVID19
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- The Health Protection (Notification) Regulations 2010
- Public Health England (PHE) (2017) 'Health protection in schools and other childcare facilities'

- a. Background/previous guidance and risk assessment process during COVID-19 period:** through all periods of school closures special schools were asked to remain open to support the most vulnerable initially on an individual risk assessment process; making a judgment with the LA on whether a

specific pupil is safer or as safe at school or at home. This includes assessing the risk to the student of being outside home (attending school and getting to/from school); the risk they may pose to other pupils and/or staff.

This document (v1 & 2) includes various actions taken since, and in the run up, to school closure and subsequent full reopening of school in Sept 2020 and in light of the guidance current at this time (Sept 2021)).

Format taken from a template on The Key (from Essex County Council) and used in conjunction with DfE and PHE guidance, LA advice on PPE, previously completed planning document and cross referenced with a variety of other templates available; including union checklists.

Also cross referenced with the preparation for School Re-opening Framework; Special Schools on The Key (from Essex County Council).

Latest government guidance can be found at <https://www.gov.uk/coronavirus/education-and-childcare>

- b. Hazard** - Coronavirus (SARS-CoV2), which is spread in minute water droplets that are expelled from the body through sneezing, coughing, talking and breathing. The virus can be transferred to the hands and from there to surfaces. It can survive on surfaces for a period after transfer (depending on such things as the surface type, its moisture content and temperature).
- c. Risk Consequence** - The vast majority of people who become infected with COVID-19 will have mild to moderate symptoms which will self-resolve, and will not require further NHS treatment. While Covid-19 illness can be fatal, this likelihood disproportionately affects adults and specifically those with pre-existing conditions who should follow the relevant government guidance and will be supported to do so by school.

Severity:

- severity of disease in children – there is high scientific confidence that children of all ages have less severe symptoms than adults if they contract coronavirus (COVID-19)
- the age of children – there is moderately high scientific confidence that younger children are less likely to become unwell if infected with coronavirus (COVID-19)
- severity of disease in adults – a small proportion of adults suffer a very serious or fatal illness, if infected. The likelihood of serious or fatal consequences is much greater for older people and those with underlying health conditions e.g. the clinically vulnerable and extremely clinical vulnerable for whom personal risk assessments have been completed.

Likelihood:

This is based on the likelihood of transmission, which may lead to one or multiple fatalities or other serious health consequences. The latest/most prevalent, Delta, strain of the virus is more transmissible. National and local rates of infection are monitored and reported to school via, for example, local Public Health data.

d. Context

- Risk assessments have been completed for all staff identified as Clinically Extremely Vulnerable (CEV)
- Special schools in WCC/RBKC have been prioritised for COVID-19 vaccination since February 2021 and this is promoted within the school and take up monitored anonymously and all adults are now able to access the vaccine
- All staff have been invited and encouraged to take part in twice-weekly LFD testing since the beginning of 2021 and this is made available to all new staff and regularly promoted. The programme is voluntary and take up (via anonymous results reporting) is monitored
- Pupils aged 11+ have been given the opportunity and supported to take part in twice weekly LFD testing
 - And families encouraged/enabled to do so
- some QEII pupils have additional health vulnerabilities, with a number being defined as CEV/CV and some remaining in:
 - the small group advised to continue to stay at home once shielding was paused
 - the small group advised to be a greater risk when CEV was paused
- some QEII pupils may find even a mild illness distressing
- some QEII pupils will find any periods of home or household isolation distressing
- some QEII pupils are aged 18/19 years of age {adults}
 - as such they will have had the opportunity to receive the COVID-19 vaccination
- some QEII pupils will, since the summer of 2021 be able to access the vaccine under the new guidance:
 - <https://www.gov.uk/government/publications/covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years-jcvi-statement/jcvi-statement-on-covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years-15-july-2021>

Extract: “At the current time, children 12 to 15 years of age with severe neuro-disabilities, Down’s syndrome, underlying conditions resulting in immunosuppression, and those with profound and multiple learning disabilities (PMLD)^{[footnote 1](#)}, severe learning disabilities or who are on the learning disability register are considered at increased risk for serious COVID-19 disease and should be offered COVID-19 vaccination.”

QEII is working with colleagues locally to support the identification and delivery of the vaccine to eligible children/young people – including running vaccination clinics at QEII

- all 12 – 15 years olds have now been given access to the vaccine and the school is supporting information sharing with families in line with Public Health priorities [QEII 12 -15 year old vaccination clinic planned for 4 November 2021](#)

Since the beginning of the pandemic QEII has had only a small number of COVID-19 school related infections (there have been more cases within the school community e.g. in the holidays, or due to close contact or household isolations, which we have monitored and supported).

- Only one case may have led to further transmission within the school community, among staff who were working together, all of whom were able to isolate before coming into contact with pupils
- Only two cases have resulted in 'bubbles' needing to close due to close contact with school in term time (one additional in the Christmas holiday period)

Control measures have been demonstrated to be effective and a HSE spot check confirmed all guidance was being followed and was well understood.

Ongoing essential control measures:

All schools must have a range of protective measures in place:

- Make sure people who are required to self-isolate don't attend school
- Advise everyone to clean their hands thoroughly and frequently
- Make sure people practise good respiratory hygiene, and promote the 'catch it, bin it, kill it' approach
- Maintain appropriate cleaning regimes
- Keep occupied spaces well ventilated
- Promote and engage with the NHS Test and Trace process
- Manage confirmed coronavirus cases
- Contain any outbreak by following advice from your local health protection team

We also:

- Make sure individuals have the appropriate personal protective equipment (PPE), for example if they need to be in close contact with a pupil who develops symptoms or gets a positive lateral flow test at school, to support AGPs in school

<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care?priority-taxon=b350e61d-1db9-4cc2-bb44-fab02882ac25>

- Promote and engage with asymptomatic testing (see more on updated testing guidance below)
- Promote social distancing measures where this is possible/not detrimental to the provision of high quality education
- Provide a range of high quality, personalised remote or home learning where required

Make sure people who are required to self-isolate don't attend school, this includes those unwell, with unwell with coronavirus symptoms or who have tested positive for COVID-10 or who have been advised to isolate. To support this we have:

- a. Procedures to inform staff and families about the requirements to isolate

- b. Procedures to ensure staff and pupils in these situations do not attend school
- c. Procedures to isolate and send home any pupils or staff who develop symptoms while at school
- d. Procedures to support pupils and staff with engaging with NHS Test and Trace – including use of the self-isolation hub for staff who test positive
 - Employers (member of SLT or BST) call the self-isolation service Hub on 020 3753 6715 as soon as made aware a member of staff has tested positive
 - Employer will need, from staff member, the 8-digit Test and Trace Account ID (sometimes referred to as a CTAS number) of the staff member who tested positive, and the names of co-workers identified as close contacts. This will ensure that all workplace contacts are registered with NHS Test and Trace
<https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance>
- e. Procedures to contact the local health protection team if anybody who has attended school (staff, pupil, visitor or contractor) has tested positive and then follow Public Health's advice
- f. Vaccinated staff who are identified as a close contact of a positive case are asked **to immediately notify the Headteacher**, on assessment of the situation additional control measures may be requested, in line with government and Public Health guidance:

<https://www.gov.uk/guidance/covid-19-coronavirus-restrictions-what-you-can-and-cannot-do>

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection#exempt>

<https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>

Additional within school measures may include, but are not limited to:

- Asking the staff member to immediately arrange for a PCR test
 - we may require the result of this PCR test to be negative prior to returning to work
- following, and while awaiting, the negative PCR result, the staff member should undertake an **LFD antigen test every day for the 10 days** following their last contact with the case (even on days they are not at work)
 - if a staff member has had a SARS-CoV-2 infection in the past 90 days, they should not have a PCR test and should only undertake daily LFD antigen tests
- on days the staff member is working, the **LFD antigen test should be taken before starting their shift**, and the result should be negative

- the staff member should comply with all relevant infection control precautions and PPE should be worn properly throughout the day
 - if the staff member works with others (staff or learners) who are highly vulnerable to COVID-19 (as determined by the organisation), **the risk assessment will include consideration given to redeployment during the 10 day period**
- g. A low threshold approach taking to colds and winter illnesses with staff and learner encouraged to take up the option to access a PCR test, even if they do not have the 3 main symptoms or are not identified as a close contact.
- Advice on this shared with staff and learners/families via letter and briefings.
 - NHS web site and 119 telephone service may be required to access PCR tests in these circumstances (NHS app not initially updated to reflect this new advice). See PH briefing notice 2021/061

Advise everyone to clean their hands thoroughly and frequently and enable this through the school we have:

- a. Well maintained and extended and washing facilities e.g., running water, soap hand towels and hand sanitiser stations stocked with suitable sanitiser available at appropriate locations.
- b. Learners and staff educated to clean their hands at appropriate times and age-appropriate supervision and assistance provided for children where needed.
- c. Regular reminders of the required behaviours and staff leading by example.

Make sure people practise good respiratory hygiene, and promote the 'catch it, bin it, kill it' approach. To support this:

- a. Tissues and pedal bins with lids are widely available.
- b. Appropriate education of “catch it, bin it, kill it” approach and support for pupils who need assistance.
- c. Arrangements to safely remove face coverings on arrival at school if worn by pupils

Maintain appropriate cleaning regimes following government and Public Health guidance on general cleaning in non-healthcare settings. To support this:

- a. Additionally day time cleaning of ‘frequently touched surfaces’ in communal areas
- b. Protocols and resources for regular cleaning in class rooms by staff
- c. Supplies of standard cleaning products and materials are available
- d. Assessment of the use of shared areas/shared equipment where cleaning is more difficult with protocols developed to support their safe use

Keep occupied spaces well ventilated. To support this:

- a. All classrooms and most offices have windows and/or doors that can be kept open
- b. Mechanical ventilation systems have been reviewed to follow guidance by contractors
- c. Improved ventilation has/is being installed in specific rooms
- d. Staff are informed and reminded of the importance of good ventilation and how to combine this with comfort (e.g. 'airing' of rooms at break times, keeping higher level windows open, circulating air)
- e. Outdoor learning is encourage as much as practical
- f. CO2 monitors have been received and guidance is followed to use this, starting with identified areas known to be poorly ventilated or more difficult to ventilate. They will be used in line with the guidance to ensure we manage ventilation well and balance the need for ventilation with maintaining a comfortable temperature.

Promote and engage with the NHS Test and Trace process. To support this:

- a. Frequent reminders and support to parents and staff on the importance of the Test and Trace process and support in understanding guidance and advice -
 - including use of the self-isolation hub for staff who test positive
 - i. Employers (member of SLT or BST) call the self- isolation service Hub on 020 3753 6715 as soon as made aware a member of staff has tested positive
 - ii. Employer will need, from staff member, the 8-digit Test and Trace Account ID (sometimes referred to as a CTAS number) of the staff member who tested positive, and the names of co-workers identified as close contacts. This will ensure that all workplace contacts are registered with NHS Test and Trace
<https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance>
- b. 'Out of hours' contact and support available form school for parents and staff
- c. Close working with a range of public sector colleagues.
- d. Protocols in place to support those required to isolate or who are unwell
- e. LFD testing is promoted and made available to all staff and eligible pupils

In line with government guidance, close contacts will be identified by NHS Test and Trace and education settings will no longer be expected to undertake contact tracing.

As with positive cases in any other setting, NHS Test and Trace will work with the positive case or their parent to identify close contacts. Contacts from a setting will only be traced by NHS Test and Trace where the positive case 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. Settings may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases

We will continue to support families and colleagues and cooperate with NHS Test and Trace in this process.

Manage confirmed coronavirus cases

- a. London Coronavirus Response Centre and national and local PH guidance is followed in response to any confirmed cases
- b. Protocols in place to support those required to isolate or who are unwell.

Contain any outbreak by following advice from your local health protection team. In line with government guidance:

- a. An outbreak management plan has been developed to support the response to an outbreak based on the DfE Contingency Framework
<https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings>
- b. Options include:
 - a. Reinstatement of previous measures e.g. reintroduction of 'bubbles'
 - b. increased capacity for social distancing
 - c. Further limits or reduction in visits off site
 - d. Further limits or reductions in visits and/or events on site
 - e. Identification of possible 'close mixing'

<i>Theme/Hazard</i>	<i>Who/what is at risk</i>	<i>Risk judgement</i>	<i>Control measures in place</i>
Premises services and facilities			
Impact on the timely delivery of required maintenance or repairs on site	Staff, pupils	L	To ensure safety standards are met: <ul style="list-style-type: none"> • All H&S testing and servicing has remained in place • A programme of premises improvement have been completed e.g. AGP room preparation, installation of additional handwashing facilities • Visits by contractors must be pre planned and avoid any unnecessary contact with pupils/staff
Close working in less well ventilated spaces	Staff, pupils	L	<ul style="list-style-type: none"> • All working spaces, especially shared offices some of which are less well ventilated, have been reviewed and capacity and physical layout reconfigured to promote increased distancing and improved ventilation

			<ul style="list-style-type: none"> • Further improvements will result from the completion of summer works reception remodelling project • CO2 monitors have been received and are being used in line with government guidance on their use
Water fountains as a source of potential infection	Staff, pupils	M/L	<ul style="list-style-type: none"> • Only one water fountain in a supervised area is currently in use • All water within school is potable • Staff and pupils reminded and support to access drinking safely water (fridges also widely available to cool water)
Safe disposal of face coverings and PPE used by NHS colleagues or in AGP procedures		L	<ul style="list-style-type: none"> • Additional separate bins are to be used for the disposal of PPE – by school staff and/or NHS colleagues in line with the current guidance

<i>Theme/Hazard</i>	<i>Who/what is at risk</i>	<i>Risk judgement</i>	<i>Control measures in place</i>
Additional clinical vulnerability			
<p>Risk of increased severity of impact/outcome due to raised clinical vulnerability</p> <p>Close working is required:</p> <ul style="list-style-type: none"> • Between staff • Between staff and pupils <p>Pupils are less able to:</p> <ul style="list-style-type: none"> • follow guidance e.g. hygiene • report symptoms • take part in asymptomatic testing 	Staff, pupils	L	<ul style="list-style-type: none"> • Risk assessments of all staff identified as CEV or CV have been undertaken and are kept under review • Additional measures are in place to support pupils and staff – see below
Risk of increased severity of impact/outcome due to raised clinical vulnerability	Staff, pupils	M	<ul style="list-style-type: none"> • Any additional vulnerabilities of all pupils have been kept under review throughout the pandemic period • Additional measures are in place to support pupils and staff – see below

<p>Close working is required:</p> <ul style="list-style-type: none">• Between staff• Between staff and pupils <p>Pupils are less able to:</p> <ul style="list-style-type: none">• follow guidance e.g. hygiene• report symptoms• take part in asymptomatic testing			
	<p>For the return to school in Sept 2021:</p> <ul style="list-style-type: none">• The wearing of face masks by staff within school is being kept in place and will be reviewed, in line with guidance and in any case, in line with the review of LFD testing at the end of Sept.• Additional entrance/exit points will be in use to facilitate maintaining of distance, where possible, and reducing ‘pinch points’ in the school day for staff and pupils		
<p>Factors influencing this decision include:</p> <p>The impact of rising cases and expected impact of the return to school, including observation of infection rates in Scotland on the return to schools</p> <p>Parental anxiety re: additional risks to child/family and difficulty in following guidance to stay safe, anxiety re: the possible impact of any illness/hospitalisation</p> <p>Not yet wide access to the COVID-19 vaccine for vulnerable and eligible 12+ year old children/young people</p> <p>Staff concern to protect selves/families and vulnerable learners where other measures e.g. distancing, and effective respirator hygiene measures, are more difficult to follow consistently</p> <p>Previous history of high infection rates in the local area; local council rates and the school’s immediate vicinity</p>			

<i>Theme/Hazard</i>	<i>Who/what is at risk</i>	<i>Risk judgement</i>	<i>Control measures in place</i>
Risk of transmission with school			

<p>Staff or pupil with symptoms</p> <p>Potential for contracting COVID-19 from direct or indirect contact with someone displaying symptoms</p>	<p>Staff, pupils</p>	<p>M</p>	<ul style="list-style-type: none"> • No staff or pupils to attend if symptomatic, procedures in place to inform SLT and monitor cases/patterns • Frequent reminders to staff and parents re: symptoms and what to do • Pre-visit and on arrival checks with all visitors re: symptoms/COVID status • IF symptoms develop on site: <ul style="list-style-type: none"> a. Isolation room and PPE in line with guidance, available for any symptomatic pupil b. Staff advised of the procedures to follow and support to implement them - c. Staff member to leave school immediately and support to so • Support to staff/pupils to get a PCR test and to understand and follow the guidance, including school issued test kits
	<p>Additional social distancing measures and , in place for Sept 2021:</p> <ul style="list-style-type: none"> • Increased staff room spaces will continue to be available (T&O room and food tech room, to be reviewed again during the term with a view to bringing food tech room back into use for lessons and T&O room as staff room) • Additional staff workroom to be available – BIS office and Cluster A workroom (moving towards BIS office as sole staff workroom space) • Staff meetings and training to be held remotely wherever practical • Teachers enabled to take PPA from home if preferred /possible and to check with AHT 		

<p>Aerosol Generating Procedures</p> <p>Current guidance states:</p> <p><i>There are some additional considerations to support children, young people and students who require procedures that may generate aerosols. This is because aerosol generating procedures (AGPs) can increase the risk of COVID-19 transmission in the presence of a positive case between those giving and receiving care. We recognise that all settings, children, young people and students will have individual needs. This guidance should be adapted to meet these specific and local circumstances.</i></p> <p>https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/the-use-of-personal-protective-equipment-ppe-in-education-childcare-and-childrens-social-care-settings-including-for-aerosol-generating-procedure</p>	Staff, pupils,	M	<p>Pupils requiring AGPs have been supported in school throughout the pandemic (when not shielding). To support this:</p> <ul style="list-style-type: none"> • Identified rooms have been made available, and adapted, to support safe procedures • Additional PPE in line with guidance has been made available to all staff who may be required to perform or support an AGP and guidance given to other staff on how to support colleagues • Guidance from NHS and PH has been used to ensure school leadership and staff are aware and confident in how to safely support AGP procedures in school <p>Only tracheostomy support (affecting 2 pupils) is now classified as an AGP procedure in the context of COVID-19 and therefore requiring additional support (see additional individual and room risk assessments for AGPs)</p>
Transmission via: visitors		M	<ul style="list-style-type: none"> • Visitors are asked to complete a pre-visit information sheet prior to attendance and to assist in any outbreak management response if required • Clinics and other visits have been resumed on site and delivered safely following these procedures
Asymptomatic transmission		M	<ul style="list-style-type: none"> • Twice weekly LFD testing is promoted and supported to all staff, eligible pupils and their families • On site asymptomatic testing for staff can be reintroduced if required/advised – risk assessment and trained staff are in place to support this, if required risk assessment and training would be refreshed at that time

Transmission at pupil lunchtimes and greater mixing while eating/drinking Possibly of increase risk due to sharing of cutlery, food etc between pupils (due to school context/pupils needs)		M	<ul style="list-style-type: none"> Lunchtimes to remain in smaller groups/classrooms to reduce possible higher risk environment/activity
---	--	---	---

<i>Theme/Hazard</i>	<i>Who/what is at risk</i>	<i>Risk judgement</i>	<i>Control measures in place</i>
Off site visits and out of school activities			
Increased risk of contraction due to increased mixing and reduced control over environment	Staff, pupils	M	<ul style="list-style-type: none"> The Evolve risk assessment process for approving all off site activities includes specific COVID-10 control measures, to be supplemented by any additional control measures relevant to the specific venue/activity to be undertaken Staff training and review session completed in summer 2021 and to be revisited in autumn 2021 Each trip request to be reviewed/approved by SLT with COVID risks considered

<i>Theme/Hazard</i>	<i>Who/what is at risk</i>	<i>Risk judgement</i>	<i>Control measures in place</i>
September 2021 return to school/post-holiday and travel risks and contingency measures			
Increase risk of transmission due to increased travel and mixing over the holiday. Extract from schools operational guidance: "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."	Staff, pupils	M	<ul style="list-style-type: none"> Text and email reminders sent to parents and staff re: completing two tests before the return to school INSET day reminders for staff re: testing, and all COVID related advice (see presentations for the day)

On site (ATS) assessed as inappropriate/inaccessible for QEII pupils. Families of eligible pupils encouraged and supported to undertake home LFD testing			
<p>Contingency planning/outbreak management:</p> <p>The move to contingency planning could come about for a variety of reasons and measures will be taken to reduce the impact on learners education and with advice from colleagues in PH/NHS. Current guidance can be found at:</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1011704/20210817_Contingency_Framework_FINAL.pdf</p> <p>Extract: “The contingency framework describes the principles of managing local outbreaks of Coronavirus (COVID-19) (including responding to variants of concern) in education and childcare settings, covering:</p> <ul style="list-style-type: none"> • the types of measures that settings should be prepared for • who can recommend these measures and where • when measures should be lifted • how decisions are made <p>Local authorities, directors of public health (DsPH) and PHE health protection teams (HPTs) can recommend measures described here in individual education and childcare settings as part of their outbreak management responsibilities. Where there is a need to address more widespread issues across an area, ministers will take decisions on an area-by-area basis.”</p> <p>In addition to these advised circumstances the school may decide to introduce (or reintroduce) a range of measures to support its judgement on the safe continuation of education for staff and pupils and to support staff and parental well-being and confidence in the measure in place. This is in line with HT and Governor’s responsibility for Health and Safety.</p> <p>Any measures, including those in this risk assessment document, are taken in line with and in full support of the governments stated aims: “The overarching objective is to maximise the number of children and young people in face-to face education or childcare and minimise any disruption, in a way that best manages the COVID-19 risk.” {Extract, as above}</p> <p>In school measures could include, but are not restricted to:</p>			

- the reintroduction of a bubble system to minimise mixing between groups (staff and/or pupils)
- an even more stringent review of the risks of any visits to school or off site visits

As part of recommended contingency planning we:

- **are clear on staff roles and responsibilities**, with the HT leading on COVID prevention and response with arrangements in place should the HT not be available (AHTs, EHT and/or HT at CP all able to support)
- **know when and how to seek public health advice**
- **are aware of the types of control measures that we might be asked to put in place and have planned for this eventuality**

Extra measures that could be taken if the number of positive cases substantially increases. This is because it could indicate transmission is happening in the setting. The thresholds, detailed below, will be used by as an indication for when to seek public health advice.

Threshold for special schools:

- 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period

Identifying a group that is likely to have mixed closely will be undertaken on a case by case basis and isolation of contact is led by NHS Test and Trace.

Threshold of cases met within school			<ul style="list-style-type: none"> • report to and seek advice from LCRC and local PH colleagues • risk assess for
<p>If a pupil or staff member is admitted to hospital with COVID-19.</p> <p>Hospitalisation could indicate increased severity of illness or a new variant of concern.</p>			<ul style="list-style-type: none"> • seek public health advice if a pupil, student, child or staff member is admitted to hospital with COVID-19. <ul style="list-style-type: none"> a. Phoning the DfE helpline (0800 046 8687, option 1), or in line with other local arrangements. b. Settings may be offered public health support in managing risk assessments and communicating with staff and parents.
For all cases relating to staff, we will follow the guidance for schools on and seek advice as required.			<ul style="list-style-type: none"> • See above re: school's Test and Trace responsibilities • School will signpost staff to sources of support if they are required to self-isolate.

Actions to take if the threshold is reached (or otherwise advise to review/increase measures):

<i>Action</i>	<i>Who/what is at risk</i>	<i>Risk judgement</i>	<i>Control measures in place</i>
Reinforce testing, hygiene and ventilation measures in place	Learners/staff	To be assessed if/when	Staff and parent/carers briefings Text and email messages

		contingency or outbreak management activated.	Increases SLT monitoring of control measures
Testing	Learners/staff		<ul style="list-style-type: none"> • Possible advice for increased testing among staff and pupils • Possible reintroduction of on site testing for staff
Face coverings	Learners/staff		<ul style="list-style-type: none"> • If the use of face coverings has been stood down this can be reintroduced and sufficient stock will be held to enable this to occur
Shielding	Learners/staff		<ul style="list-style-type: none"> • Staff required to shield, should that be reintroduced, would be supported to do so • Further advice sought re: learners previously in CEV/CV group
Attendance restrictions	Learners/staff		<ul style="list-style-type: none"> • As a last resort and in consultation with PH and SEN colleagues or in response to changed national guidance

Review date: 14th September 2021 Federation Leadership Team Meeting

Updated: October 2021

Next planned review: end of September in line with any updates to government guidance e.g. review of twice weekly testing in schools

i:\covid 19 2020_2021 2020 risk assessments\qei covid19 risk assessment dynamic document august 2021 update.docx