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| **ACTIVITY:** **Coronavirus (COVID-19) Spread and Government Advice**  (REVISION 5) – September 2021 **(Page 1 of 22) (R4a)** | | | | | | DATE OF ASSESSMENT 7.9.21  Update 18.1.22 | | |
| **ESTABLISHMENT/SCHOOL Helen Gibson Nursery School** | | **SECTION/TEAM**  **All** | | | | | | |
| **WHO MIGHT BE HARMED? Employees, pupils, trainees, students and visitors** | | | | | | **HOW MANY ARE AFFECTED?**  **78 children**  **16staff** | | |
| This document is designed to act simply as an aide memoire, recognising that all schools have their individual contexts, processes and procedures already established in relation to overall school effectiveness.  The document is by no means intended to serve as a ‘checklist’, rather it is hoped that it will be a useful tool for school leaders to use with making decisions and reviewing and updating their risk assessments and the temporary modifications that are required.  **Greyed out areas of this risk assessment will be implemented alongside the Outbreak Management Plan should there be an increase in positive cases across the setting.**  **The thresholds detailed below can be used as an indication for when to seek public health advice if there are concerns:**  **For most education and childcare settings, whichever of these thresholds is reached first:**  **• 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period; or**  **• 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period**  **For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time:** | | | | | | | | |
|  | | | | | | | | |
| 1.  Premises and equipment, water, etc. not maintained to statutory requirements: | Premises and utilities have been health and safety checked and building is compliant   * Water treatments * Fire alarm testing * Repairs * PAT testing * Fridges and freezers * Boiler/ heating servicing * Internet services * Any other statutory inspections * Insurance covers reopening arrangements * Fire Risk Assessment and evacuation procedures reviewed and disseminated to all staff.   It is important that, prior to reopening for the autumn term and after additional holidays, all the usual pre-term building checks are undertaken to make the school safe. If buildings have been closed or had reduced occupancy during the coronavirus (COVID-19) outbreak, water system stagnation can occur due to lack of use, increasing the risks of Legionnaires’ disease. Advice on this can be found in the guidance on [Legionella risks during the coronavirus outbreak](https://www.hse.gov.uk/coronavirus/legionella-risks-during-coronavirus-outbreak.htm).  Additional advice on safely reoccupying buildings can be found in the Chartered Institute of Building Services Engineers’ guidance on [emerging from lockdown](https://www.cibse.org/coronavirus-covid-19/emerging-from-lockdown).  Once the school is in operation, it is important to ensure good ventilation. Advice on this can be found in Health and Safety Executive guidance on [air conditioning and ventilation during the coronavirus outbreak.](https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation/index.htm)  In classrooms, it will be important that schools improve ventilation (for example, by opening windows). | |  | | * Nursery fire procedure followed. All children from main nursery meet at the gate on the field / Lodge by the big tree * Contractors by pre-arranged appointment * Caretaker has continued with daily and weekly checks around school in line with job description. * Insurance arranged via STC. All current school Risk Assessment reviewed. * Fridges and microwave ovens currently available to staff to be thoroughly cleaned at the end of each day * Internet and computing facilities remain the responsibility of current provider - ICT in Schools.   To run aside our current Behaviour Policy there will be a ‘Parental Agreement’ letter which will explain to parents what we need them to do to support the full implementation of this RA.   * External doors to remain closed when pupils on site to prevent children leaving the premises. Fire escape routes to be kept clear at all times. Pupil entry and exit doors agreed.   A Perspex screen has been fitted to the desk area. As far as possible contractor visits will be arranged for when the staff are not on the premises  Doors will be locked by the use of the top handles and these will be cleaned regularly.  CO2 Monitors are now installed to measure air quality. If the numbers go above 800 on the monitor then immediate ventilation is required. | | |  |
| The ‘BUILDING RA COVID’ assessment has been revised and updated for the general running of the building.  **NB:** TWFRS who has confirmed that wedging doors open is not best practice, however due to the COVID-19 crisis wedging classroom doors can be done, but cross corridor doors and doors leading on to a fire escape or stairway must remain in the closed position at all times  Any door wedged open must have the wedge removed when the class is vacant even for the shortest period and the school must risk assess this.  As for installing barriers in front of doors this is not acceptable under any circumstance, should an area need to be segregated then the use of signage and Fire Exit Door Security Seals should be used which would snap if the door is forced open allowing anyone emergency egress if necessary. | |  | |  | | | L |
| 2.  Child/Adult is unwell and it is believed that they have been exposed to COVID-19. | Ensure that pupils, staff and other adults do not come into the school if they have [coronavirus (COVID-19) symptoms](https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works#people-who-develop-symptoms-of-coronavirus), or have tested positive in the last 10 days, and ensuring anyone developing those symptoms during the school day is sent home, are essential actions to reduce the risk in schools and further drive down transmission of coronavirus (COVID-19). All schools must follow this process and ensure all staff are aware of it. (New Guidance allows staff and children under 5 to use LFD tests on day 5 and 6 to see if they can return safely to school)  If anyone in the school becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), they must be sent home and advised to follow ‘[stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance)’, Anyone with COVID-19 [symptoms](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection#symptoms) or a positive test result should stay at home and self-isolate immediately. If you have symptoms of COVID-19, you should arrange to have a PCR test as soon as possible. This still applies even if you have received one or more doses of COVID-19 vaccine.  If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age and needs of the child, with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.  If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom must be cleaned and disinfected using standard cleaning products before being used by anyone else.  PPE must be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs). More information on PPE use can be found in the [safe working in education, childcare and children’s social care settings, including the use of personal protective equipment (PPE)](https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe) guidance.  As is usual practice, in an emergency, call 999 if someone is seriously ill or injured or their life is at risk. Anyone with coronavirus (COVID-19) symptoms should not visit the GP, pharmacy, urgent care centre or a hospital.  Any members of staff who have helped someone with symptoms and any pupils who have been in close contact with them do not need to go home to self-isolate unless they develop symptoms themselves (in which case, they should arrange a test) or if the symptomatic person subsequently tests positive (see below) or they have been requested to do so by NHS Test and Trace.  Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. The area around the person with symptoms must be cleaned with normal household bleach after they have left to reduce the risk of passing the infection on to other people. See the [COVID-19: cleaning of non-healthcare settings guidance](https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings). Public Health England is clear that routinely taking the temperature of pupils is not recommended as this is an unreliable method for identifying coronavirus (COVID-19). | |  | | All parents informed that if their child has symptoms they must not come into school.  They must take a PCR test and alert us of the outcome.  All positive cases will be recorded and sent to the covid line and DFE.  Family close contacts are recommended to get a PCR test. If they have no symptoms they may return to school whilst waiting for the results.  JAN 22 DFE GUIDANCE STATES:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 2.2 If a staff member receives a positive  SARS-CoV-2 PCR test result  If a staff member receives a positive SARS-CoV-2  PCR test result, they must complete a period of  self-isolation. The isolation period includes the day  the symptoms started (or the day their PCR test  was taken if they do not have symptoms), and the  next 10 full days.  Staff may be able to end their self-isolation period  before the end of the 10 full days.  They can take an LFD test from the fifth day of  their isolation period, and another LFD test on the  following day. The second LFD test should be taken  at least 24 hours later. If both LFD tests results are  negative, they may end their self-isolation after the  second negative LFD test result. They should not  take an LFD test before the fifth day of their  isolation period and should only end their  self-isolation following 2 consecutive negative LFD  tests which should be taken at least 24 hours apart.  Staff may then return to work if they meet the  following criteria:  the staff member should not have any COVID-19  symptoms  the staff member should continue to undertake  daily LFD tests for the remaining days of isolation  period. For example, if the first LFD test was taken  on the fifth day, and the second LFD test was taken  on the sixth day, they should continue to take  LFD tests on day 7, 8 and 9. If the first LFD test was taken on the seventh day and the second LFD test was taken on the eighth day, they should continue to take LFD tests on day 9 and 10  if any of these LFD test results are positive the staff  member should isolate and should wait 24 hours  before taking the next LFD test  on days the staff member is working, the LFD test  should be taken prior to beginning their shift, as  close as possible to the start time  the staff member must continue to comply with  all relevant infection control precautions and PPE  must be worn properly throughout the day  if the staff member works with patients or  residents who are especially vulnerable to  COVID-19 (as determined by the organisation),  a risk assessment should be undertaken,  and consideration given to redeployment for the  remainder of the 10 day isolation period  The likelihood of a positive LFD test in the absence  of symptoms after 10 days is very low. If the staff  member’s LFD test result is positive on the 10th  day, they should continue to take daily LFD tests,  and should not return to work until a single  negative LFD test result is received.  Any staff admitted to hospital with COVID-19  symptoms will be subject to the guidance for  isolation for patients within guidance for stepdown  of infection control precautions and discharging  COVID-19 patients.  There is additional guidance on reducing the  spread of COVID-19. Household contacts of the  staff member should also follow this guidance. | | |  |  | | Compose:  Additional info in case parents ask | MinimizePop-outClose |   Children and staff will continue with safe hand hygiene and wash hands on entry to nursery. | | |  |
| 3.  Risk of coronavirus and other infections spreading to children and staff due to inadequate infection control procedure | The school will ensure that pupils clean their hands regularly, including when they arrive at school, when they return from breaks, when they change rooms and before and after eating. Regular and thorough hand cleaning is going to be needed for the foreseeable future. Points to consider and implement:   * has the school enough hand washing or hand sanitiser ‘stations’ available so that all pupils and staff can clean their hands regularly * can the school ensure that there is enough supervision when using hand sanitiser to eliminate ingestion. Small children and pupils with complex needs should continue to be helped to clean their hands properly. Skin friendly skin cleaning wipes can be used as an alternative * the school will build these routines into school culture, supported by behaviour expectations and helping ensure younger children and those with complex needs understand the need to follow them * **Soap and water is more effective than using sanitisers**   The ‘catch it, bin it, kill it’ approach continues to be very important, so schools must ensure that they have enough tissues and bins available in the school to support pupils and staff to follow this routine. As with hand cleaning, schools must ensure younger children and those with complex needs are helped to get this right, and all pupils understand that this is now part of how school operates. Some pupils with complex needs will struggle to maintain as good respiratory hygiene as their peers, for example those who spit uncontrollably or use saliva as a sensory stimulant. This should be considered in risk assessments in order to support these pupils and the staff working with them, and is not a reason to deny these pupils face to face education.  Where there is an infection outbreak other than COVID-19 the Outbreak Management Template provided by Public Health should be used.  Face coverings are advised for pupils, staff and visitors either in classrooms or in communal areas in times when there are high levels of Covid and during outbreaks. Nursery child are not expected to where them and neither are staff whilst teaching.  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.  Points to consider and implement:   * putting in place a cleaning schedule that ensures cleaning is generally enhanced and includes:   + more frequent cleaning of rooms / shared areas that are used by different groups   + frequently touched surfaces being cleaned more often than normal * different groups don’t need to be allocated their own toilet blocks, but toilets will need to be cleaned regularly and pupils must be encouraged to clean their hands thoroughly after using the toilet * clean surfaces that children and young people are touching, such as toys, books, desks, chairs, doors, sinks, toilets, light switches, bannisters, more regularly than normal   Public Health England guidance for cleaning non-healthcare settings to advise on general cleaning required in addition to the current advice on [COVID-19: cleaning of non-healthcare settings guidance](https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings). | |  | |  | | |  |
|  | | Ongoing cleaning regimes will continue.  Children and staff will ensure hand washing takes place regularly throughout the session.  If a child is upset, a parent may enter the building to support their child. Parents will wear masks.  Meetings can take place in the building with parents and other professionals if social distancing is possible or when there is a specific need to have a face to face meeting. Where social distancing should still be encouraged and face coverings worn.  Face coverings for parents dropping off and picking up will be re introduced if advised to by the local authority and public health. During Jan 22 we have decided to re introduce this.  Staff will also be required to wear a mask when coming in and leaving the building. They will wear a mask during meet and greet and home times. | | |  |
| 4.  Risk of coronavirus infection spreading due to large class sizes and reduced space | Current Government Guidance (17/08/2021) no longer recommends 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.  As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and no longer need to make alternative arrangements to avoid mixing at lunch. However extra actions will need to be taken if the number of positive cases substantially increase within the school setting. | |  | | Bubbles will only return if an outbreak of 5 or more children occurs in school. | | |  |
| 5.  Risk of coronavirus infection spreading to children and staff due to lack of PPE | Face covering when risk assessment confident and public transport recommendations. Read the guidance on [safe working in education, childcare and children’s social care](https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care) for more information about preventing and controlling infection, including when, how PPE should be used, what type of PPE to use, and how to source it. | |  | | Parents will still wear face coverings when entering the building.  If there is an outbreak this will be reintroduced for staff when dismissing and admitting children. This is now being implemented in Jan 22  If a child is upset, parents will be able to wear masks and come in to settle them as a last resort.  This will be reassessed if an outbreak occurs. | | |  |
| 6.  Failure to use test and trace leading coronavirus infection spreading to children and staff | Schools 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.  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.  Individuals are not required to self-isolate if they live in the same household as someone with COVID-19, or are a close contact of someone with COVID-19, and any of the following apply:   * they are fully vaccinated * they are below the age of 18 years and 6 months * they have taken part in or are currently part of an approved COVID-19 vaccine trial * they are not able to get vaccinated for medical reasons   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](https://www.gov.uk/get-coronavirus-test). We would encourage all individuals to take a PCR test if advised to do so. They will also now be required to do an LFD test for the following 7 days prior to leaving home.  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 our school, but it is expected and recommended that these are worn when travelling on public or dedicated transport for those over the age of 11.  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.  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.  Staff should undertake twice weekly home tests whenever they are on site until the end of September, when this will also be reviewed.  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.  There are times may need to test this would be directives from PHE  Local PH contacts:   * The Covid inbox should be used in the first instance to direct any queries, as well as any information regarding any **suspected or confirmed cases** to [COVID@southtyneside.gov.uk](mailto:COVID@southtyneside.gov.uk)  This inbox is monitored 7 days a week by the public health team. * Public Health England (North East and Yorkshire Region) 0300 303 8596 * Claire Mawson, Senior Public Health Advanced Practitioner [claire.mawson@southtyneside.gov.uk](mailto:claire.mawson@southtyneside.gov.uk) 07776 992033 (part-time Monday-Wednesday am) * Sam Start, Senior Public Health Advanced Practitioner [samantha.start@southtyneside.gov.uk](mailto:samantha.start@southtyneside.gov.uk) 07776997869 (Wednesday pm-Friday) CHECK | |  | | If the head teacher discovers a child or staff member has tested positive she will still inform children’s families and other staff to enable them to take a PCR test. ADVICE IS ALSO CONTAINED ABOVE ON PAGE 4 (please read carefully) | | |  |
| **7.**  **Failure to manage confirmed cases of coronavirus (COVID-19) amongst the school community** | 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 [Stepping measures up and down](https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-covid-19-operational-guidance#stepping) 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.  Schools must take swift action when they become aware that someone who has attended has tested positive for coronavirus (COVID-19). Schools should contact the local health protection team. This team will also contact schools directly if they become aware that someone who has tested positive for coronavirus (COVID-19) attended the school – as identified by NHS Test and Trace.  The health protection team will carry out a rapid risk assessment to confirm who has been in close contact with the person during the period that they were infectious, and ensure they are asked to self-isolate.  Schools should not request evidence of negative test results or other medical evidence before admitting children or welcoming them back after a period of self-isolation.  Further guidance is available on [testing and tracing for coronavirus (COVID-19)](https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/).  Local PH contacts:   * The Covid inbox should be used in the first instance to direct any queries, as well as any information regarding any **suspected or confirmed cases** to [COVID@southtyneside.gov.uk](mailto:COVID@southtyneside.gov.uk)  This inbox is monitored 7 days a week by the public health team. * Public Health England (North East and Yorkshire Region) 0300 303 8596 * Claire Mawson, Senior Public Health Advanced Practitioner [claire.mawson@southtyneside.gov.uk](mailto:claire.mawson@southtyneside.gov.uk) 07776 992033 (part-time Monday-Wednesday am) * Sam Start, Senior Public Health Advanced Practitioner [samantha.start@southtyneside.gov.uk](mailto:samantha.start@southtyneside.gov.uk) 07776997869 (Wednesday pm-Friday) | |  | | As above  All covid positive cases will be reported to DFE / Public health in box | | |  |
| **8.**  **Failure to contain any outbreak by following local health protection team advice** | Should there be an increase in positive cases across the setting, the thresholds detailed below can be used as an indication for when to seek public health advice if there are concerns:  For most education and childcare settings, whichever of these thresholds is reached first:   * 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period; or * 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period   For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time:   * 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period | |  | | Added measures as described above will be reinstated if numbers rise in the local authority and we are advised to by Public Health | | |  |
| 9.  Risk of coronavirus infection spreading due to use of transport | Adjust transport arrangements where necessary including:   * encourage parents and children and young people to walk or cycle to their education setting where possible * make sure schools, parents and young people follow the [Coronavirus (COVID-19): safer travel guidance for passengers](https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers) when planning their travel * ensure that transport arrangements cater for any changes to start and finish times * communicating revised travel plans clearly to contractors, local authorities and parents where appropriate (for instance, to agree pick-up and drop-off times)  Dedicated school transport, including statutory provision Pupils on dedicated school services do not mix with the general public on those journeys and tend to be consistent. This means that the advice for passengers on public transport to adopt a social distance of two metres from people outside their household or support bubble, or a ‘one metre plus’ approach where this is not possible, will not apply from the autumn term on dedicated transport.  The approach to dedicated transport should align as far as possible with the principles underpinning the system of controls set out in this document and with the approach being adopted for your school. It is important to consider:   * how pupils are grouped together on transport, where possible this should reflect the bubbles that are adopted within school * use of hand sanitiser upon boarding and/or disembarking * additional cleaning of vehicles * organised queuing and boarding where possible * distancing within vehicles wherever possible * the use of face coverings for children over the age of 11, where appropriate, for example, if they are likely to come into very close contact with people outside of their group or who they do not normally meet   **Wider public transport**  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. | |  | |  | | |  |
| 10.  Risk of coronavirus infection spreading to shielded and clinically vulnerable adults | Shielding advice was paused on 1 April 2021. If you require additional care and support to help you stay safe and well, there is further advice below.  As restrictions have been eased following the move to Step 4 of the roadmap, we are advising clinically extremely vulnerable people, as a minimum, to follow the same guidance as everyone else. It is important that everyone adheres to this guidance.  However, as someone who is at a higher risk of becoming seriously ill if you were to catch COVID-19, you may wish to think particularly carefully about additional precautions you might wish to continue to take. Individuals may choose to limit the close contact they have with those they do not usually meet with in order to reduce the risk of catching or spreading COVID-19, particularly if they are clinically extremely vulnerable and if COVID-19 disease levels in the general community are high. It is important to respect and be considerate of those who may wish to take a more cautious approach as restrictions are lifted.  Employers still have a legal responsibility to protect their employees and others from risks to their health and safety, therefore any CEV 'Health Risk Assessment' should be reviewed.  Government advise vaccination for pregnant workers.  Advice for those who are [clinically-vulnerable, including pregnant women](https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing#clinically-vulnerable-people), is available.  People who live with those who are clinically extremely vulnerable or clinically vulnerable can attend the workplace. | |  | | Additional Risk assessments will continue for pregnant staff | | |  |
| 11.  Risk of coronavirus infection spreading to shielded and clinically vulnerable persons via pupil or staff attending school | 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.  Children who live with someone who is clinically extremely vulnerable, but who are not clinically extremely vulnerable themselves, should still attend education.  A small number of pupils will still be unable to attend in line with public health advice because they are self-isolating and have had symptoms or a positive test result themselves; or because they are a close contact of someone who has coronavirus (COVID-19)  You can find more advice from the Royal College of Paediatrics and Child Health at [COVID-19 - ‘shielding’ guidance for children and young people](https://www.rcpch.ac.uk/resources/covid-19-shielding-guidance-children-young-people#children-who-should-be-advised-to-shield).  Where a pupil is unable to attend school because they are complying with clinical and/or public health advice, we expect schools to be able to immediately offer them access to remote education. Schools should monitor engagement with this activity (as set out in the section below).  Where children are not able to attend school as parents are following clinical and/or public health advice, absence will not be penalised. | |  | |  | | |  |
| Kids Club |  | |  | | * Parents will still drop off at the entrance * Staff will wear masks when collecting children from schools * Staff will wear masks /visors when answering the door and when taking children to their parents / carers * A list of close contacts will be maintained in case a child develops symptoms or tests positive | | |  |
| **Reference Documents:**  Please see links in main document which update automatically. | | | | | | | | |
| **ASSESSED BY (Print name) Jenny Parker** | | | | **SIGNED J. Parker** | | | **DATE 7.9.21**  **Reviewed 18.1.22** | |
| **LINE MANAGER** | | | | **SIGNED** | | | **REVIEW DATE** | |