

## **Health and safety general standards: COVID-19 Addendum**

### **Contents**

1. Policy statement
2. Context inc contact names
3. Insurance
4. Reporting a concern
5. Admissions
6. Arrival and departure from settings
7. Attendance & monitoring arrangements
8. Effective infection protection control - Hygiene of children, staff and visitors
9. Cleaning
10. Laundry
11. Waste
12. PPE
13. Risk assessments and opening and closing checks
14. Social distancing
15. Class and group sizes
16. Timetable
17. Shared spaces
18. Vulnerable children and adults with underlying health conditions inc SEND
19. Curriculum
20. Online learning and safety
21. Staffing inc working from home
22. Supporting emotional wellbeing
23. Travel to settings & foreign travel advise
24. Snacks and meals
25. Procedures to follow if a child or member of staff becomes ill
26. Outdoor play
27. Parent/carer partnership communication
28. Meetings
29. Public gatherings – sports day, parents evenings etc
30. Care of temporary children – contact details & health information
31. Transitions for children
32. Bereavement

### **1. Policy statement**

Our School and nurseries remain committed to ensuring that the Health & Safety of children, staff and visitors is of paramount importance to everyone during the COVID-19 restrictions and we will, as far as reasonably possible, take a whole institution approach to safeguard everyone during this period to ensure that Health & Safety procedures continue to be operated effectively and that the best interests of children, staff and visitors continue to be our priority.

This addendum should be read in conjunction with Glebe House School and their Nurseries individual Health & Safety Policies and all other associated policies which remain in force during COVID-19 and applicable risk assessments. If anyone has Health & Safety concerns about any child or adults, whether they are:

- children of those whose parents/carers who are critical to the coronavirus (COVID-19) response
- vulnerable children attending the setting
- children abiding by social isolation at home
- vulnerable children who are unable to attend the setting due to underlying health conditions that put them at severe risk of attending the setting
- Children or staff who may be due to return to the settings
- Staff who are caring for the above children on site or working from home
- Staff who are furloughed

They should contact with the acting Health & Safety representatives being:

*Paul Ashby/Louis Taylor – Nurseries & School*

The Health & Safety procedures herein will be monitored by the above Designated Health & Safety Professionals on an ongoing basis adhering to Government and Public Health England advice, to ensure that policy is kept up to date as circumstances continue to evolve.

We aim to continue to make children, parents/carers, staff and volunteers aware of health and safety issues and minimise the hazards and risks to enable the children, staff and visitors to thrive as much as possible in the current climate.

## **2. Context**

From 20th March 2020, the Government asked parents to keep their children at home, wherever possible, and schools and nurseries to remain open, only for those children of critical workers to the COVID-19 response who absolutely need to attend and vulnerable children as defined below:

*Parents who are critical workers* - All parents who are critical workers as defined by the DfE should be provided with a place, if they cannot make provision for their children themselves. Children with one parent who is critical to the coronavirus (COVID-19) response can attend a setting if required. Childcare practitioners are critical to the coronavirus (COVID-19) response, so can send their children to school or childcare settings. Parents, not providers or the local authority, are the only ones who can judge if their children can be safely cared for at home while they work. Many families will be able to ensure their child is kept at home. Every child who can be safely cared for at home should be, to limit the chance of the virus spreading.

*Vulnerable children* - include children being supported by social care with their safeguarding and welfare needs, including child in need plans, those on child

protection plans, 'looked after' children, young carers, disabled children and those with education, health and care plans. Where a child has a social worker – the social worker in discussion with parents and carers will make the decision if it is safer for them to attend provision or remain at home. The expectation is that most will be safer in provision and should attend. Also those children who the school or nursery are already working within a Family Support Process(FSP) and feel the child and family would benefit from being in the setting.

If a child has *special educational needs or disabilities and has an Education, Health and Care Plan (EHCP)*, provision will only be required if it is necessary to meet the health and care requirements of the plan. Some children where an EHCP is being applied for may also require provision to meet their health and care needs. The family and provider should make the decision together if it is safer for them to attend provision or remain at home, in consultation with the local authority. Many children and young people with EHC plans can safely remain at home.

See <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people> for more details, including the government definition of critical workers.

### **3. Insurance**

We continue to have appropriate public liability insurance and employers' liability insurance in line with the current COVID-19 situation. The certificates are displayed as mentioned in our existing Health & Safety Policies on each site.

### **4. Reporting a concern**

*Children* – Staff should encourage children from the earliest opportunity to recognise danger and take responsibility for personal hygiene and encourage them to report their concerns about something not being safe.

*Parents and carers* – should report concerns in the usual way to the above nominated people.

*Staff* – All staff on site have a duty to follow all current Health & Safety Policies, Risk Assessments and daily opening and closing checks and should raise concerns if they feel something is not safe or that additional actions need to be taken to safeguard children, staff and visitors from harm. All their concerns should be reported to the acting Health & Safety representatives at the earliest opportunity.

### **5. Admissions**

Our usual admissions policy will vary for temporary children who may need to attend our settings due to them not having their usual setting open during COVID-19. The admission process will take place in liaison with the LA who may request a place in

our settings. We will then ensure we have all the usual induction paperwork completed by their parents/carers to ensure the children's needs are met appropriately to keep them safe during their time with us.

## **6. Arrival and departure from settings**

### *Entrance for drop off areas of each setting*

The senior member of staff on duty will ensure that drop off and collection areas and times for year groups is communicated in advance to families, to ensure social distancing is kept as a priority to protect everyone.

We ask all parents/carers to ensure they respect the recommended social distancing of being 2 meters away from other families as recommended by the Government (GOV) and Public Health England (PHE).

Within our nurseries there are lines at the entrance to our settings to guide families to wait safely in an orderly queue before members of staff will greet their children on a 1:1 basis.

Staff will greet the children liaising with parents/carers about their children's needs for the day in question and checking about their health respecting the 2 metre distance. Communicating to families as fleetingly as possible, but still giving essential information, longer conversations can be held via phone or email if required.

Children will then be handed over to staff, so for the very young it may mean a brief breakdown in the social distancing to ensure the safe passing of babies or children who may be emotional over to the staff.

The government recommends we "do not need to take children's temperatures every morning as routine testing of an individual's temperature is not a reliable method for identifying Coronavirus and that we should rely on encouraging parents and carers to follow the standard national advice on the kind of symptoms to look out for that might be due to Coronavirus". Being if anyone in their household develops a fever, new continuous cough or change to your sense of smell or taste they are advised to follow the [COVID-19: guidance for households with possible coronavirus infection guidance](#) (which states that the ill person should remain in isolation for 7 days and the rest of the household in isolation for 14 days).

However, with an abundance of caution and until we have more scientific evidence available to protect children and staff, Nursery will continue to take children's temperatures to try and reduce the risk of infection even more than just relying on the close liaison with families about the child's health.

The school reserves the right to instigate this process too, should it be deemed necessary upon the phased return of additional pupils.

### *Pick up time*

*Nurseries* - Staff will continue to feedback to parents/carers about their child's day and health needs, again as with drop off times respecting social distancing where possible.

*School* – A member of staff will still be on duty outside to ensure a safe handover of children to their parents/carers.

## **7. Attendance arrangements and monitoring**

No staff or children with symptoms should attend a setting for any reason.

Eligible children – including priority groups - are strongly encouraged to attend their education setting, unless they are self-isolating or they are clinically vulnerable (in which case they should follow medical advice). If someone in their household is extremely clinically vulnerable, they should only attend if stringent social distancing can be adhered to, and the child is able to understand and follow those instructions.

Families should notify their nursery/school as normal if their child is unable to attend so that staff can explore the reason with them and address barriers together. Staff should record all conversations regarding attendance confidentially in the child's individual file/or report to the Headmaster, in the case of the school. All cases of illness are recorded in a central book, but using separate pages for each child, so if Local Public Health requires information at speed we can advise them on when a child became unwell **only with parental consent** to help protect everyone in our settings. Staff should always report concerns around children's safeguarding in the usual way following Safeguarding Policies.

Although children do not have to attend nursery/school we will continue to inform social workers where children with a social worker do not attend.

Nursery continues to maintain their usual attendance registers and in addition to this:

- Nursery notifying the Local Authority on a weekly basis of attendance of pupils so the Department can continue to monitor attendance of early years settings, via local authorities. This is to ensure that they have up-to-date information on available early years and childcare provision during the coronavirus (COVID-19) outbreak, which children are accessing it and to monitor sufficiency in particular areas.
- School continue to complete the online Educational Setting Status form which gives the Department for Education daily updates on how many children and staff are attending. School also keeps a register locally in each class where children attend.

Attendance registers will continue to log the time of arrival and departure of children to ensure if there is an emergency we have accurate records of attendance and for billing purposes within our nurseries.

## **8. Effective infection protection control**

### *Hygiene of children, staff and visitors*

We have been informed by GOV/PHE that the prevention of the spread of coronavirus involves dealing with direct transmission (for instance, when in close contact with those sneezing and coughing) and indirect transmission (via touching contaminated surfaces). A range of approaches and actions should be employed to do this. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system, where the risk of transmission of infection is substantially reduced. These are the main areas we have based our risk assessments on to help prevent the spread of coronavirus:

- minimising contact with individuals who are unwell by ensuring that those who have coronavirus symptoms, or who have someone in their household who does, do not attend our settings
- Everyone on site cleaning hands and wrists more often than usual - wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered
- Everyone ensuring good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
- Staff cleaning frequently touched surfaces often using standard products, such as detergents and bleach
- minimising contact and mixing by altering, as much as possible, the environment (such as nursery/classroom layout) and timetables (such as staggered break times)
- Personal Protective Equipment (PPE)
- what settings should do in response to a case of COVID-19 being confirmed

The latest guidance and video on hand washing can be found at: •

<https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public>

### *Communication*

- *Avoid face to face conversations, always position yourself to the side, behind or if you are an adult above the child's face*
- *Whilst caring and educating children it is advised to stand to the side where possible at a social distance depending on the child's needs*
- *Any child requiring comfort will be comforted initially verbally in a sensitive way recognises their emotions, but where this doesn't work it may be necessary if the child agrees to a hug to give a sideways hug, as it is important that children's emotional needs are not neglected.*
- *Follow advise about caring for sick children or adults with regards to the use of PPE*

- *Staff should wear goggles when dealing with a child who has a tendency to spit and if they are in close contact with a child whilst caring for their personal needs.*
- *Avoid the use of cloakrooms and let children hang coats on the back of their chairs*

### *Care of teaching resources*

- *Children should have their own pens, scissors, paint brushes etc if they are unable to then these items should be cleaned with warm soapy water after each use.*
- *Any work completed in books or on paper should be where possible have a holding state of 12 hours, for e.g. if you are marking a child's work it should not be returned to them for a minimum of 12 hours and vice versa should not be marked for 12 hours from when the work has been completed.*

### *Nappy changing*

PPE should continue to be worn in the usual way as per policies; however the following is also advised

- Adults to stand where possible sideways to the child when changing their nappies and clothes, so droplets from speaking being transferred from each other are kept at minimum risk
- Where children may be likely to spit or urinate upwards towards the adult changing them then goggles are recommended as an additional protection.
- Toilet areas must be kept well ventilated, but also be vigilant that unwanted visitors cannot enter and children cannot escape the setting.
- Thorough cleaning of the changing area should continue, starting with warm soapy water then followed by the usual antibacterial wiping
- Soiled nappies must be handled with caution and disposed of as usual in a bag within a bag.
- Staff must ensure thorough hand and wrist washing after removing gloves ensuring they dry hands carefully, as gloves can give a sense of false security.

## **9. Cleaning**

### *General daily cleaning*

Cleaning will continue as usual at the end of each day, however during the day surfaces and equipment should be washed more regularly and more thoroughly using disposable damp cloths, all cleaning should be completed when children are not in the room being cleaned. The following points should also be noted:

- Dusting should be avoided and all cleaning should be with wet cloths and mops to avoid the virus dispersing further and cloths should be disposed of at the end of cleaning
- If floors need hoovering masks may be worn for extra protection to avoid dust particles being inhaled which could potentially carry viruses.

- All surfaces within rooms being used MUST be cleaned daily
- All surfaces should initially be washed with warm soapy water e.g. fairy liquid and then with either bleach, 70% alcohol based products, dettol, dettox etc, as always following guidance as to how to dilute with water as appropriate
- Cleaning should focus on contact points such as door handles, backs of chairs, keypads on door and computers, light switches etc

#### *Cleaning after someone has been sent home with suspected coronavirus*

- cleaning an area with normal household disinfectant after someone with suspected coronavirus (COVID-19) has left will reduce the risk of passing the infection on to other people
- staff should always wear disposable or washing-up gloves and aprons for cleaning. These should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished
- using a disposable cloth, first clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. Pay particular attention to frequently touched areas and surfaces, such as tables, equipment used by children, bathrooms, grab-rails in corridors and stairwells and door handles
- if an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (COVID-19), use protection for the eyes, mouth and nose, as well as wearing gloves and an apron
- wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning
- The minimum PPE to be worn for cleaning an area where a person with possible or confirmed coronavirus (COVID-19) is disposable gloves and an apron. Hands should be washed with soap and water for 20 seconds after all PPE has been removed.
- If a risk assessment of the setting indicates that a higher level of virus may be present (for example, where unwell individuals have slept whilst waiting to be collected) or there is visible contamination with body fluids, then the need for additional PPE to protect the cleaner's eyes, mouth and nose might be necessary. The local Public Health England (PHE) Health Protection Team (HPT) can advise on this. Phone: [0300 303 8537 option 1](tel:03003038537)

Cleaning and disinfecting areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal.

All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:

- objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells
- Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below:



- use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine or a household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants
- Avoid creating splashes and spray when cleaning.
- Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below.
- When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.
- Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

## **10. Laundry**

Wash items in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. Dirty laundry that has been in contact with an unwell person can be washed with other people's items, but antibacterial laundry cleaner should be used in the wash.

Do not shake dirty laundry, this minimises the possibility of dispersing virus through the air.

Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above.

Laundry should be placed in holding for 6 hours before being used for bedding or spare clothes etc

## **11. Waste**

Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):

1. Should be put in a plastic rubbish bag and tied when full.
2. The plastic bag should then be placed in a second bin bag and tied.
3. It should be put in a suitable and secure place and marked for storage until the individual's test results are known.

Waste should be stored safely and kept away from children. You should not put your waste in communal waste areas until negative test results are known or the waste has been stored for at least 72 hours.

- if the individual tests negative, this can be put in with the normal waste
- if the individual tests positive, then store it for at least 72 hours and put in with the normal waste

If storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste in liaison with the School Business Manager to ensure our usual waste collector is aware of this.

## **12. PPE (Personal Protective Equipment)**

Staff within nursery will continue to use PPE as usual in the following ways:

- When providing intimate care such as nappy changing they will wear blue disposable aprons and gloves
- Whilst preparing food they will wear white disposable aprons
- Whilst cleaning they will wear disposable gloves
- Whilst dealing with a child who has been sick they will wear blue disposable gloves and aprons and face masks to protect themselves and from spreading the infection to others

In addition to this staff at nursery and at school will now:

- Wear a disposable apron and gloves, as well as face mask and goggles/eye shield if any child within the setting becomes unwell with any of the coronavirus symptoms being fever, new continuous cough or a loss or changed sense of normal smell or taste (anosmia).
- If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn

Wearing a face covering or face mask in nurseries and schools is not recommended by the government. Face coverings may be beneficial for adults for short periods indoors where there is a risk of close social contact with people you do not usually meet and where social distancing and other measures cannot be maintained, for example on public transport or in some shops. This does not apply to nurseries schools.

Therefore based on the evidence we have been given by the Government and Public Health England at this time we do not require staff and children to wear face coverings. Changing habits, cleaning and hygiene are effective measures in controlling the spread of the virus. However if staff are shopping for supplies for work we strongly recommend they wear a mask.

Face coverings (or any form of medical mask where instructed to be used for specific clinical reasons) should not be worn in any circumstance by those who may not be able to handle them as directed (for example, young children, or those with special educational needs or disabilities) as it may inadvertently increase the risk of transmission.

The guidance tells us that the majority of our staff will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases including:

- children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way
- if a child, young person or other learner becomes unwell with symptoms of coronavirus while in our settings and needs direct personal care until they can return home. A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn.
- As a setting we also recommend that all our staff and children wash their clothes on a daily basis when they return home each day as an added precaution to protect themselves and others in their family.

### **13. Risk assessments and opening and closing checks**

We have created risk assessments for COVID-19 for all of our settings and our usual risk assessment and opening and closing checks should be carried out each day as usual by the first member of staff in the setting and by the last leaving the setting.

Staff should make children aware of the measure in our risk assessments which they can take part in such as:

- Encouraging all children to wash their hands regularly for 20 seconds with soap and water, even babies should be supported to do this at regular intervals in the day especially if they have been placing their hands in their mouths or touching their personal body parts. Staff to use videos and songs to support the importance of this and share the links with families for those children at home.
- Encouraging children to follow the “Catch it, Bin it, Kill it” catchphrase by getting them to cover and cough or sneeze with a tissue, then throw the tissue in the bin and wash their hands with soap and water for at least 20 seconds.
- Reminding children not to pick their noses or lick or suck objects which may be used by other people.

All staff should be responsible to adding to our risk assessments if they think of any additional risks and report their concerns to the senior member of staff on duty, who would then report it to the designated health and safety professionals.

## **14. Social distancing**

All our settings aim to abide by the recommended social distancing as published by the Government in education and childcare settings and as you will see from aspects of this policy and our risk assessments we have set up procedures to stay 2 metres away from each other as well as laying out the year groups/classrooms to help make this challenge easier to implement.

However due to the age of some of our children especially the babies who need changing, feeding and nurturing for their wellbeing this is not always possible. Also children of all ages may test boundaries and in these situation staff will do all they can to make sure children are as safe as possible during these times by wearing protective clothing, thus hopefully protecting the children and themselves in difficult situations.

<https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-social-distancing-in-education-and-childcare-settings/coronavirus-covid-19-implementing-social-distancing-in-education-and-childcare-settings>

## **15. Class and group sizes**

The Government has said it is still important to reduce contact between people as much as possible, and we can achieve that and reduce transmission risk by ensuring children and staff where possible, only mix in a small, consistent group and that small group stays away from other people and groups.

However we know that, unlike older children and adults, early years and primary age children cannot be expected to remain 2 metres apart from each other and staff as mentioned above so staff have planned the following within year groups and classes to help prevent the spread of infection:

- Groups are kept as small as possible and key workers and staff work within the same year group to help avoid transmitting germs between year groups.
- Classes and year groups are set up so that desks or activities are 2 metres apart from each other, giving children a clear visual guide as to how far apart they should be.
- Where class sizes increase we will split the year group into two different groups and use different classrooms, taking on the “bubble approach”
- Children will be taught and cared for in a maximum group of 15 pupils with the relevant staffing ratios to that age group. and where space allows.
- Each group will be kept away from others thus improving opportunities for greater social distancing and reducing opportunities of the virus being spread
- Children are not left unattended so that they can be reminded to stay apart from each other as much as possible, guiding younger children sensitively manually with open mitts if necessary.
- Children are encouraged to tell staff or key persons if they feel unwell and for our younger children staff constantly monitor children’s behaviour and take

temperatures to establish if they have a fever or consistent new cough. If staff or children become unwell they instantly leave the room.

- Frequent hand cleaning and good respiratory hygiene practices are encouraged as mentioned above at all times. Children are encouraged to go to the toilet on their own to avoid the temptation of getting too close to each other where possible. However the very young still continue to be accompanied by an adult who will wear PPE.
- Class rooms and year group's surfaces are all cleaned at regular intervals through the day and the whole room is cleaned thoroughly at the end of each day.
- Activities are organised to minimise contact and mixing during activities
- Older children are encouraged to only use their own books, stationary etc
- Younger children's toys are sterilised at the end of each day and where necessary before then.
- We will remove unnecessary items from year groups/classrooms and other learning environments where there is space to store it elsewhere
- Staff will remove soft furnishings, soft toys and toys that are hard to clean (such as those with intricate parts)

Public Health England (PHE) is clear that if early years settings and schools do this, and crucially if we are also applying regular hand cleaning, hygiene and cleaning measures and handling potential cases of the virus as per the advice, then the risk of transmission will be lowered.

For our nursery children, the staff to child ratios within [Early Years Foundation Stage](#) (EYFS) continue to apply as set out here, and we will continue to use these ratios to help group our children, but may at times have to mix ages due to lower attendance.

For our primary and older aged children, classes will be arranged with a maximum safe number, based on the size of the classrooms available, with no more than 15 pupils per small group and one teacher (and, if needed, a teaching assistant). If there are any shortages of teachers, then teaching assistants can be allocated to lead a group, working under the direction of a teacher. Vulnerable children and children of critical workers in other year groups should also be split into small groups of no more than 15. It is in all likelihood that for safety, numbers in classes will be less than 15, as we have smaller classroom sizes than many state schools.

## **16. Timetable**

Routines will be kept as normal as possible for the continuity and wellbeing of children, however the following changes may be made due to the year group mixing of age groups and limited staffing. Ratios will always be at a safe level and staff will continue to be within sight or sound of colleagues at all times:

- SMT will decide which lessons or activities will best meet the needs of the children on the day.
- Outdoor learning will be encouraged as much as possible
- The timetable will be planned to reduce movement around the nursery or school buildings

- Where possible assemblies, snack and meal times will be staggered so that all children are not moving around the school or nursery at the same time
- Dependent on numbers a staggered drop-off and collection time may need to be communicated to parents/carers.
- For those not attending the setting:
  - In Nursery* – they will receive at least weekly home learning updates and ideas as well as enhancements such as story time on Facebook from staff.
  - In School* – Children will receive regular online learning opportunities, although this may not be in the same format as before if the staffing does not allow it to be.

## 17. Shared spaces

For shared rooms:

- Halls, dining areas and internal and external sports facilities for lunch and exercise are used at half capacity.
- Where there are increased numbers of attendance year groups and class groups take staggered breaks between lessons, and each group of children doesn't mix (and especially do not play sports or games together) and adequate cleaning between groups is in place, following the [COVID-19: cleaning of non-healthcare settings guidance](#)
- stagger the use of staff rooms and offices to limit occupancy

Reduce the use of shared resources:

- by limiting the amount of shared resources that are taken home and limit exchange of take-home resources between children, young people and staff
- by seeking to prevent the sharing of stationery and other equipment where possible. Shared materials and surfaces should be cleaned and disinfected more frequently
- although practical lessons can go ahead if equipment can be cleaned thoroughly and the classroom or other learning environment is occupied by the same children or young people in one day, or properly cleaned between cohorts.

## 18. Vulnerable children and adults with underlying health conditions

*Shielded and clinically vulnerable children*

The GOV and PHE have advised us that for the vast majority of children, coronavirus is a mild illness. However for children and young people (0 to 18 years of age) who have been [classified as clinically extremely vulnerable due to pre-existing medical](#)

[conditions](#) have been advised to shield. We do not expect these children to be attending nursery or school, and they should continue to be supported at home as much as possible. Clinically vulnerable (but not clinically extremely vulnerable) people are those considered to be at a higher risk of severe illness from coronavirus. A small minority of children will fall into this category, and parents should follow medical advice if their child is in this category and make nursery/school aware of the situation.

#### *Shielded and clinically vulnerable staff*

The GOV & PHE have advised that clinically extremely vulnerable staff are advised not to work outside the home. Therefore we are strongly advising staff who are clinically extremely vulnerable (those with serious underlying health conditions which put them at very high risk of severe illness from coronavirus and have been advised by their clinician or through a letter) to rigorously follow shielding measures in order to keep themselves safe. Staff in this position are advised not to attend work. Read [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](#) for more advice. Please report to the SMT if you are unable to work at your earliest convenience.

Clinically vulnerable staff who are at higher risk of severe illness (for example, people with some pre-existing conditions as set out in the [Staying at home and away from others \(social distancing\) guidance](#) have been advised to take extra care in observing social distancing and should work from home where possible. We will endeavour to support this, for example by asking staff to support remote education, carry out lesson planning or other roles which can be done from home if they are not already furloughed. If clinically vulnerable (but not clinically extremely vulnerable) individuals cannot work from home, we will try and offer the safest available on-site roles, staying 2 metres away from others wherever possible. Although the individual may choose to take on a role that does not allow for this distance if they prefer to do so. If they have to spend time within 2 metres of other people, we will risk assess this with the individual as to whether this involves an acceptable level of risk.

#### *Children/Staff living with a shielded or clinically vulnerable person*

If a child or a member of staff lives with someone who is clinically vulnerable (but not clinically extremely vulnerable), including those who are pregnant, they can attend their education or childcare setting.

If a child or staff member lives in a household with someone who is extremely clinically vulnerable, as set out in the [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable guidance](#), it is advised they only attend our settings if stringent social distancing can be adhered to and, in the case of children, they are able to understand and follow those instructions. This may not be possible for very young children and older children without the capacity to adhere to the instructions on social distancing. If stringent social distancing cannot be adhered to, we do not expect those individuals to attend. They will be supported to learn or work at home where possible.

#### *Supporting children and young people with complex needs.*

There is a continuing expectation that vulnerable children of all year groups will attend educational or childcare provision, where it is safe and appropriate for them to do so. As per the current guidance, where these children are currently not attending but attendance is appropriate, we will liaise closely with families and other agencies to encourage safe attendance.

Vulnerable children and young people in this context include those who:

- are assessed as being in need under section 17 of the Children Act 1989, including children who have a child in need plan, a child protection plan or who are a looked-after child. Attendance is expected, unless their social worker decides that they are at less risk at home or in their placement. The educational provider should notify the social worker in cases where these children or young people do not take up their place at school or college
- have an education, health and care (EHC) plan and it is determined, following a risk assessment, carried out with educational providers and parents, that their needs can be as safely or more safely met in the educational environment
- have been assessed as otherwise vulnerable by educational providers or local authorities (including children's social care services), and who are therefore in need of continued education provision - this might include children on the edge of receiving support from children's social care services, adopted children, those at risk of becoming NEET ('not in employment, education or training'), those who are young carers and others at the provider and local authority's discretion

Within all our settings we also have children who have the following additional needs which require close support from our staff:

- Children and their families/carers who are part of an informal or formal Family Support Process (FSP) and they require regular contact to ensure they stay safe and feel supported.
- Children who have ongoing Support Plans to help them reach their full potential if they need support which is additional to or different from others.
- Children who require Health Care Plans to keep them safe from a medical perspective.

With all of these children and families they will be supported in the following ways:

#### *Children at home*

- For FSP's - a member of the team will contact the family either daily or weekly depending on their needs to plan how we can keep them safe, this contact can be either via email or phone, please see Safeguarding policies for more information as to how to record these conversations
- EHCP's and Support Plans – a member of staff will within nursery send weekly targets each week to all children and every 6 weeks will speak to the



parent/carers to see if they need any help creating targets for the children whilst they are at home.

### *Children at nursery/school*

- FSP's - All children will be supported in the usual way through good parent/carer partnership to support children with any concerns and plan next steps to support and help solve worries using wishes and feelings sheets with children and Signs for Safety sheets with families and older children.
- Individual children's Support Plans will be carried out on a daily basis as part of their usual education, with the usual 6 week review done in liaison with families via email or phone rather than by the usual face to face meetings to ensure children are moving forward with targets and that they are appropriate to their needs.
- Health Care Plans and EHCP's – SMT will ensure that those children in attendance of nursery or school have staff who are on duty to meet their medical & educational needs, abiding by individual risk assessments and ensuring these are shared with all staff on duty to make certain they stay as safe as possible

## **19. Curriculum**

The Early Years Foundation Stage (EYFS) sets the standards that schools and childcare settings must meet for the learning, development and care of children from birth to 5 years old. Early years settings should use reasonable endeavours to deliver the learning and development requirements as far as possible in the current circumstances, as [set out here](#).

Schools have been advised by the Dfe that we are best placed to make decisions about how to support and educate all our pupils during this period, based on the local context and staff capacity.

With this in mind we are ensuring that the following have high emphasis placed on them each day to make certain children's educational, safeguarding and emotional needs are met as well as we can do in the current situation:

- key persons within nursery and nominated staff within school will monitor pupils' mental health and wellbeing and identify any pupil who may need additional support so they are ready to learn, using positive relationships to build trust to talk and wishes and feeling sheets if necessary to support any worries. Staff will follow safeguarding policies if any concerns cannot be met effectively during our usual sessions/classes.
- assess where pupils are in their learning, and agree what adjustments may be needed to the nursery/school curriculum over the coming weeks.
- identify and plan how best to support the education of high needs groups, including disadvantaged pupils, and SEND and vulnerable pupils.

- Where children are still at home, the above would need to be done in close liaison with parents/carers via emails, phone calls and online learning.

The GOV has stated that no school will be penalised if they are unable to offer a broad and balanced curriculum to their pupils during this period.

## **20. Online learning and safety**

Please see Safeguarding Policy:COVID-19 Addendum and existing Safeguarding Policies.

## **21. Staffing inc Working from home staff**

### *Working procedures*

Staff have been selected to work during the COVID-19 situation with our small groups of children based on their knowledge of the children who are in or due to their expertise to manage planning and admin tasks to maintain the business side of the nurseries and school and planning for the future. High priority has also been placed on ensuring that staff are qualified to deal with safeguarding, first aid and have a high enough qualification to be left in charge.

The Governing body and senior leaders are conscious of the wellbeing of all staff, including senior leaders themselves, and the need to implement flexible working practices in a way that promotes good work-life balance and supports nursery staff, teachers and leaders. Part of this monitoring will be done through regular supervisions of staff for wellbeing or through a daily open door policy of being able to speak to SMT regarding any concerns.

Workload will be carefully managed by SMT who will assess whether staff who are having to stay at home due to health conditions are able to support remote education, while others focus on face-to-face provision. Also whether those staff who are currently furloughed need to be brought back in to support increasing workloads or to cover for staff sickness or wellbeing needs.

SMT will consult carefully with staff who are furloughed about their return to work as and when it becomes applicable to ensure everyone's needs and concerns are met.

Senior leaders and governors have sourced on line teaching within school to support teachers with this learning from home.

### *Staff sickness*

If staff become unwell during the day they should report their health concerns to the senior member of staff on duty and then follow the procedures from: Section 26. What happens if a child or member of staff becomes ill.

Senior staff will need to cover the staff member as soon as possible and arrange cover for until that member of staff is well enough to return to work having had all the necessary tests or self isolation as listed below.

If you become unwell at home and you are due to work that day or the next day, please contact the senior member of staff on duty at your earlier convenience to give them time to arrange cover.

### *Working from home*

Staff need to take responsibility to ensure they have a safe working environment at home and if they have any concerns around their wellbeing or physical needs whilst working they should discuss them with SMT to try and come to an agreement as to how to help resolve the problem.

## **22. Supporting emotional wellbeing**

Children – On a daily basis staff will continue to build children's confidence to express their feelings if they are worried about anything and support their concerns accordingly. Where staff feel they cannot meet the children's concerns they should immediately discuss them with the DSL/SLP on duty and come to a shared view as to how to best meet the needs of the child following the usual Safeguarding policies and if necessary in close liaison with parents/carers, unless they have concerns for the child's immediate safety. Wishes and feelings sheets are a good baseline to help gain children's concerns via their key person/tutor who know them best or giving children the choice as to who they would like to talk to. SMT also have various wellbeing links to be able to share if needed for children and support groups.

Staff – as mentioned above supervisions and daily open door opportunities to speak to SMT are the basis for us ensuring we try and support staff emotional wellbeing as much as we can. Staff also have SMT phone numbers so they can call them in the evenings or weekends for support.

With both children and staff where concerns are raised DSLs/SLPs and SMT as appropriate would work together to try and support them suitably through collaboration and if necessary sign post them to external agencies if necessary. Senior staff also provide families with a weekly update on external agencies and their links to help children and staff with wellbeing whether they be at home or in school and sign post families to appropriate agencies on a 1:1 basis if necessary starting a FSP.

## **23. Travel**

### *Daily travel*

Parents and children and staff are encouraged by the GOV/PHE to walk or cycle where possible, and avoid public transport at peak times.

### *Foreign Travel*

Anyone who has travelled out of the UK or has been in contact with anyone who has travelled should advise the nursery/school before returning to the setting/work place. For further information please consult foreign travel advice.

<https://www.gov.uk/foreign-travel-advice>

## **24. Snacks and Meals**

All of our nursery settings are currently providing morning and afternoon snacks in the usual way adhering to special dietary requests and allergies where supplies allow. Due to the need for minimising the risk of bringing additional people on to site and in order to meet specific dietary requirements safely that it is more appropriate for children to bring packed lunches. It is also not possible for us to provide a safe working environment for kitchen staff with correct social distancing.

## **25. Procedures to follow if a child or member of staff becomes ill in our setting**

- If anyone becomes unwell with a new, continuous cough, high temperature or a loss or changed sense of normal smell or taste (anosmia) in an education or childcare setting, they must be sent home and advised to follow the [COVID-19: guidance for households with possible Coronavirus infection guidance](#).
- Whilst children or staff are awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and 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 should be cleaned and disinfected using standard cleaning products before being used by anyone else.
- PPE as mentioned above should 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).
- In an emergency for children and staff, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.
- If a member of staff has helped someone who was unwell with a new, continuous cough or a high temperature, they do not need to go home unless they develop symptoms themselves (and in which case, a test is available please seek details of SMT) or the child subsequently tests positive (see 'What happens if there is a confirmed case of coronavirus in our settings' below).
- They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the

risk of passing the infection on to other people. See the [COVID-19: cleaning of non-healthcare settings guidance](#) and our cleaning guidance above.

*Procedures to follow if there is a confirmed case of coronavirus in our setting*

- When a child or staff member develops symptoms compatible with coronavirus, they should be sent home and advised to self-isolate for 7 days. Their fellow household members should self-isolate for 14 days. All staff and students who are attending an education or childcare setting will have access to a test if they display symptoms of coronavirus, and are encouraged to get tested in this scenario.
- Where the child or staff member tests negative, they can return to their setting and the fellow household members can end their self-isolation.
- Where the child or staff member tests positive, the rest of their class or group within the setting will be sent home and advised to self-isolate for 14 days. The other household members of that wider class or group do not need to self-isolate unless the child or staff member they live with in that group subsequently develops symptoms.

The GOV has informed us that as part of the national test and trace programme, if other cases are detected within the cohort or in the wider setting, Public Health England's local health protection teams will conduct a rapid investigation and will advise us on the most appropriate action to take. In some cases a larger number of other children may be asked to self-isolate at home as a precautionary measure – perhaps the whole class, site or year group. As we are observing guidance on infection prevention and control, which will reduce risk of transmission, closure of the whole setting will not generally be necessary.

*Testing for children with symptoms of coronavirus.*

- Children aged under 5 who attend an early years provision, as well as any members of their household, are also eligible to be tested if they display symptoms, once settings reopen.
- Children aged 5 or over will have access to testing if they display symptoms of Coronavirus. *"When settings open to the wider cohort of children and young people, all those children and young people eligible to attend, and members of their households, will have access to testing if they display symptoms of coronavirus. This will enable them to get back into childcare or education, and their parents or carers to get back to work, if the test proves to be negative. To access testing parents will be able to use the 111 online Coronavirus service if their child is 5 or over. Parents will be able to call 111 if their child is aged under 5."*

This guidance is available from:

- <https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings>

- In addition to this some children of critical workers and vulnerable children are able to get coronavirus tests
- With all children if their symptoms worsen Health may refer them for tests, in all cases if you are in any doubt about your child's health call 111 or 999 for help.

#### *Teachers and nursery staff coronavirus tests*

- All staff currently working and those furloughed have been given contact details and a code as to how to access tests, but if they lose those details they should call a member of the SMT.
- As soon as they gain their results they should share them with the SMT so that plans can be made according to the results, either them returning to work if they are negative and feel well enough of to liaise with Local Public Health as to what to do next.

For further advice at **PHE East of England**, Telephone: 0300 303 8537

## **26. Outdoor play**

Where possible outdoor play and learning should be accessed as much as possible to enhance opportunities to reduce the risk of spreading germs inside, or windows and doors should be opened as much as possible to get fresh air into the year groups and classrooms, but simultaneously ensuring that children cannot wander off through open doors or windows.

Use of outdoor areas:

- For breaks and outdoor play staff should try and use different areas of the playing fields and gardens for different groups of children or where space doesn't allow this, timetable outdoor play on a staggered basis.
- Where possible children should be educated outside, as this can limit transmission and more easily allows for distance between children and staff
- outdoor equipment should not be used unless the staff on duty are able to ensure that it is appropriately cleaned between groups of children using it, and that multiple groups do not use it simultaneously.

## **27. Parent/carer partnership communication**

- Parent/carer partnership continues to be a priority with us and although we cannot always have face to face meetings with them easily due to the social distancing, parents can communicate their concerns via email or phone and we will work together with them as always to try and reassure them.
- Parent/carers are communicated with on a regular basis to ensure they are up to date with ongoing changes from the start families were informed of how we would be operating and about their allocated drop off and collection times and the process for doing so, including protocols for minimising adult to adult

contact (for example, which entrance to use and that parents/carers cannot enter the buildings)

- Staff continue to communicate with families/carers on a daily basis feeding back how their children have been during the day.
- We politely request that parents/carers do not gather at entrance gates or doors, or enter the site (unless they have a pre-arranged appointment, which should be conducted safely)
- Families have been sent links to help them keep safe at home and within our settings such as how to wash hands, report safeguarding concerns, home learning ideas etc.

## **28. Meetings**

Where possible all meetings will be held over the phone or for larger groups of people via video conferencing software.

## **29. Public gatherings – sports day, parents evenings etc**

Currently there will be no social gatherings within the school or nurseries until we gain sufficient scientific evidence for GOV or PHE that it is safe to do so.

## **30. Care of temporary children – contact details & health information**

As mentioned above in Admissions we will continue to ensure all induction forms are completed for children to ensure we have all their health and personal information, including possible allergies and dietary needs as well as parents/cares safeguarding consent declarations etc, so we can ensure we keep them as safe as possible during their short time with us.

We would also discover their likes and dislikes as well as their starting points for educational need firstly from their parent/carers and if possible from their usual setting to ensure we can meet their emotional and educational needs appropriately.

## **31. Transitions for children**

### *Within Nurseries*

For those children in attendance they will still continue to have transition reports whether they are moving into a new room or leaving to go to another setting/school

For those children who are still at home within the 0-2 and 2-3 year groups we will not be able to produce a report due to not seeing them for so long, however staff should take their starting points from their last day of attendance of being in nursery and from information sent to us from home ready for their return.

For all children in the 3-4 group who are leaving to join reception classes they will receive a new style temporary Leaving Report which will reflect their developmental

milestones from either when they last attended or if they are still attending from the end of June. It will also give a brief pen picture about their likes and dislikes and characters at nursery, we will also be requesting parents to fill a parent comment about their home learning and experiences at Glebe, Gaywood or Hunstanton.

*Within School, the SMT will arrange appropriate transition activities and arrangements for the second half of the summer term, or where necessary, the first part of the autumn term.*

## **32. Bereavement**

Please see safeguarding policies.

### **Legislation used:**

#### **As above links and below links**

<https://www.gov.uk/government/publications/actions-for-educational-and-childcare-settings-to-prepare-for-wider-opening-from-1-june-2020/actions-for-education-and-childcare-settings-to-prepare-for-wider-opening-from-1-june-2020>

<https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings>

<https://www.gov.uk/government/publications/closure-of-educational-settings-information-for-parents-and-carers/closure-of-educational-settings-information-for-parents-and-carers>

<https://www.gov.uk/government/publications/closure-of-educational-settings-information-for-parents-and-carers/reopening-schools-and-other-educational-settings-from-1-june>

<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care>

<https://www.gov.uk/government/publications/coronavirus-covid-19-early-years-and-childcare-closures/coronavirus-covid-19-early-years-and-childcare-closures>

<https://www.gov.uk/government/news/statement-from-the-uk-chief-medical-officers-on-an-update-to-coronavirus-symptoms-18-march-2020>



