

Operational Management for Academies

From 30th November 2021

This guidance document has been updated to reflect the current operational requirements for schools in relation to Coronavirus (COVID-19) and the current national restrictions. This guidance must be read in conjunction with the Risk Assessment Pack issued to each school. Headteachers must ensure that all members of staff have access to, and read, this guidance.

The safety of our pupils, staff and other building occupants is of paramount importance within the strategies of this guidance document. Our approach will be in accordance with Government, Public Health England, and associated local guidelines, supported by our risk assessments. Stakeholders, including staff and unions, are being consulted to assist with the production of this document.

The latest guidance provided by the Government can be found [here](#).

Policy

Our policy is to follow the Government's published guidance, produce risk assessments based on the requirements of the guidance.

1. Mixing and bubbles

We no longer require children to be kept in consistent groups ('bubbles'). As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and you no longer need to make alternative arrangements to avoid mixing at lunch.

Under exceptional circumstances it may become necessary to reintroduce bubbles for a temporary period. School or college will be advised by the Director of Operations in the unlikely event that this should become necessary.

2. Tracing close contacts and isolation

Close contacts in schools are now identified by [NHS Test and Trace](#) and education settings are not 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 or college 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 Coronavirus (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.

All individuals who have been identified as a close contact of a suspected or confirmed case of the Omicron variant of Coronavirus (COVID-19), irrespective of vaccination status and age, will be contacted directly and required to self-isolate immediately and asked to [book a PCR test](#). They will be informed by the local health protection team or NHS Test and Trace if they fall into this category and provided details about self-isolation.

Further actions for educational settings may be advised by a local Incident Management Team (IMT) investigating a suspected or confirmed case of the Omicron variant of Coronavirus (COVID-19).

For everyone else, isolation rules are unchanged. Individuals are not required to self-isolate if they live in the same household as someone with Coronavirus (COVID-19) who is not a suspected or confirmed case of the Omicron variant, or are a close contact of someone with Coronavirus (COVID-19) who is not a suspected or confirmed case of the Omicron variant, 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 Coronavirus (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](#). We would encourage all individuals to take a PCR test if advised to do so.

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 of someone with Coronavirus (COVID-19) who is not a suspected or confirmed case of the Omicron variant should continue to attend school as normal.

18-year-olds will be treated in the same way as children until 6 months after their 18th birthday, to allow them the opportunity to get fully vaccinated. At which point, they will be subject to the same rules as adults and so if they choose not to get vaccinated, they will need to self-isolate if identified as a close contact.

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 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.

If a school or college is made aware of a positive Omicron Coronavirus (COVID-19) case in school, the Director of Operations and/or Gary Musson are to be contacted immediately. Support will be provided to re-evaluate all activities in school and associated risk assessments.

Face coverings

Face coverings help protect the wearer and others against the spread of infection because they cover the nose and mouth, which are the main confirmed sources of transmission of Coronavirus (COVID-19).

Where pupils in year 7 (which would be children who were aged 11 on 31 August 2021) and above are educated, we recommend that face coverings should be worn by pupils, staff and adult visitors when moving around the premises, outside of classrooms, such as in corridors and communal areas. This is a temporary measure. Pupils in these schools should also wear a face covering when travelling on public transport and dedicated transport to and from school. We do not advise that pupils and staff wear face coverings in classrooms.

In primary schools, we recommend that face coverings should be worn by staff and adults (including visitors) when moving around in corridors and communal areas. Health advice continues to be that children in primary schools should not be asked to wear face coverings.

Face coverings do not need to be worn when outdoors.

No pupil should be denied education on the grounds that they are not wearing a face covering.

3.1 Transparent face coverings

Transparent face coverings can be worn to assist communication with someone who relies on:

- lip reading
- clear sound
- facial expression

Transparent face coverings may be effective in reducing the spread of Coronavirus (COVID-19). However, the evidence to support this is currently very limited.

The benefits of transparent face coverings should be considered alongside the comfort and breathability of a face covering that contains plastic, which may mean that the face covering is less breathable than layers of cloth.

Face coverings (whether transparent or cloth) should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles.

A face visor or shield may be worn in addition to a face covering but not instead of one. This is because face visors or shields do not adequately cover the nose and mouth, and do not filter airborne particles.

3.2 Circumstances where people are not able to wear face coverings:

There are some circumstances where people may not be able to wear a face covering. Please be mindful and respectful of such circumstances. Some people are less able to wear face coverings, and the reasons for this may not be visible to others.

In relation to education settings, this includes (but is not limited to):

- people who cannot put on, wear or remove a face covering because of a physical
- or mental illness or impairment, or disability
- people for whom putting on, wearing or removing a face covering will cause
- severe distress
- people speaking to or providing assistance to someone who relies on lip reading,
- clear sound or facial expressions to communicate
- to avoid the risk of harm or injury to yourself or others
- you are also permitted to remove a face covering in order to take medication

3.3 Access to face coverings

Due to the use of face coverings in wider society, staff and pupils are already likely to have access to face coverings.

You should have a small contingency supply available for people who:

- are struggling to access a face covering
- are unable to use their face covering as it has become damp, soiled or unsafe
- have forgotten their face covering

Staff and pupils may consider bringing a spare face covering to wear if their face covering becomes damp during the day.

3.4 Safe wearing and removal of face coverings

You should communicate this process clearly to pupils, staff and visitors and allow for adjustments to be made for pupils who may be distressed if required to remove a face covering against their wishes, particularly those with SEND.

When wearing a face covering, staff, visitors and pupils should:

- wash their hands thoroughly with soap and water for 20 seconds or use hand
- sanitiser before putting a face covering on
- avoid touching the part of the face covering in contact with the mouth and nose, as
- it could be contaminated with the virus
- change the face covering if it becomes damp or if they've touched the part of the
- face covering in contact with the mouth and nose
- avoid taking it off and putting it back on a lot in quick succession to minimise
- potential contamination

When removing a face covering, staff, visitors and pupils should:

- wash their hands thoroughly with soap and water for 20 seconds or use hand
- sanitiser before removing
- only handle the straps, ties or clips
- not give it to someone else to use
- if single-use, dispose of it carefully in a household waste bin and do not recycle
- once removed, store reusable face coverings in a plastic bag until there is an
- opportunity to wash them.
- if reusable, wash it in line with manufacturer's instructions at the highest
- temperature appropriate for the fabric
- wash their hands thoroughly with soap and water for 20 seconds or use hand
- sanitiser once removed

4. Personal Protective Equipment (PPE)

Schools and colleges should use PPE for activities as they would have done prior to the onset of the Coronavirus (COVID-19) pandemic.

4.1 What PPE to wear when caring for a symptomatic individual

Depending on how close you need be to an individual with Coronavirus (COVID-19) symptoms you may need the following PPE:

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

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

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

If a child tests positive for Coronavirus (COVID-19) and needs to remain in a residential setting, the same type and level of PPE as above should be used.

When PPE is used, it is essential that it is used properly. This includes scrupulous hand hygiene and following guidance on how to put PPE on and take it off safely in order to reduce self-contamination.

Face masks should:

- cover both the nose and mouth
- not be allowed to dangle around the neck
- not be touched once put on, except when carefully removed before disposal
- be changed when they become moist or damaged
- be worn once and then discarded - hands should be cleaned after disposal

4.2 Before putting on PPE

Please follow steps in the order below:

- Perform hand hygiene, make sure you wash your hands for 20 seconds with warm water and soap or use an alcohol gel, before donning PPE.
- Tie hair back if applicable.
- Ensure you are hydrated.
- Remove jewellery, bracelets, watches or stoned rings.
- Check you have the correctly sized PPE.

4.3 Donning or putting on PPE

Please follow steps in the order below (see: Diagram 1)

i. Plastic Apron

The apron provides an additional layer of protection to the front of the body against exposure to body fluids or excrement from the person. Putting on your single use disposable apron (see: Diagram 1):

- Put on your single-use (disposable) plastic apron, making sure it is tied securely at the back.

ii. Mask – Respiratory Protective Equipment (RPE)

The aim of wearing a facemask is to protect your mouth and nose from another person's respiratory secretions. Wearing a facemask also protects persons by minimising the risk of passing on infection from yourself (via secretions or droplets from your mouth, nose and lungs) to others.

Putting on your single use disposable mask (see: Diagram 2):

- Care must be taken not to touch the inside of the mask
- Make sure the disposable mask is the correct size, new, clean and undamaged before you use it.
- Cup the disposable mask in one hand, with the straps hanging out of the way.
- Hold the disposable mask in place on your face.
- Pull the bottom strap over your head, to the back of your neck.
- Pull the top strap over your head to sit above your ears.

- Check the straps are not twisted. If you need to tighten the straps, pull both ends at the same time, bottom first, then top.
- If there is a nose clip, press this firmly to the shape of your nose.
- Masks must not be touched by hands once mask is in place.
- Masks must be changed if they become moist or damaged.
- Masks must not be removed until task is completed.

iii. Face Shield

A full-face shield over your facemask to provide additional protection to the front and sides of the face, including skin and eyes, face shields provide a useful adjunct to respiratory protection for workers working with persons with respiratory infections. However, they cannot be used as a substitute for respiratory protection when it is needed. Spectacles are not considered an adequate form of protection.

Putting on your re-useable face shield:

- Bending forward, hold on to the face shield with both hands, expand the elastic with your thumbs and place the elastic behind your head, so that the foam rests on your forehead.
- Once the shield is situated, check to make sure it covers the front and sides of the face and no areas are left uncovered.

iv. Gloves

Disposable gloves protect you from picking up the Coronavirus (COVID-19) virus from the environment (such as contaminated surfaces) or directly from people with Coronavirus (COVID-19).

Putting on your single use gloves:

- Care must be taken not to touch the face, mouth or eyes when wearing gloves.
- Take out a glove from its original dispenser, holding only the cuff.
- Hold glove at opening with one hand and slide fingers and thumb of opposite hand into glove.

- Pull towards wrist to fully don glove using only knuckles to avoid fingernail puncture.
- Take second glove out of dispenser with bare hand, holding only the cuff.
- Hold glove at opening and slide fingers and thumb into glove. Pull glove towards wrist using knuckles of gloved hand.

4.4 Removing of or doffing PPE

PPE should be removed in an order that minimises the potential self-contamination, before leaving the room where PPE was required. Remove gloves and apron and dispose of it by double bagging, then store securely for 72 hours, then throw it away in the regular waste receptacle.

Once outside the room, remove disposable facemask and dispose of it by double bagging, then store securely for 72 hours, then throw it away in the regular waste receptacle and clean hands.

Please follow steps in the order below (see: Diagram 3)

i. Gloves (see: Diagram 4)

- Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.
- Slide the fingers of the un-gloved hand under the remaining glove at the wrist.
- Peel the remaining glove off over the first glove and discard.
- Clean hands.

ii. Apron

- Unfasten or break apron ties at the neck and let the apron fold down on itself.
- Break ties at waist and fold apron in on itself – do not touch the outside – this will be contaminated. Discard.

iii. Face shield

- Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and place down.

- Clean hands.
- iv. Face mask
- Remove facemask once your work is completed.
 - Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard.
 - DO NOT reuse once removed.
 - Clean hands with soap and water.
- v. Cleaning a face shield
- Fresh single use gloves to be worn before cleaning commences.
 - The wearer should clean the inside and outside of the mask using a suitable disinfectant cleaning wipe.
 - Face shield to be kept in a sterile bag to prevent contamination.
 - Clean hands with soap and water.
 - Dispose of gloves by double bagging, then store securely for 72 hours, then throw it away in the regular waste receptacle and clean hands.

Diagram 1



Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Tie hair back
- Remove jewellery
- Check PPE in the correct size is available

1 Perform hand hygiene before putting on PPE.



2 Put on apron and tie at waist.



3 Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



4 With both hands, mould the metal strap over the bridge of your nose.



5 Don eye protection if required.



6 Put on gloves.



*For the PPE guide for AGPs please see:

www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

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Diagram 2

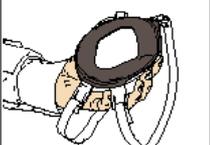
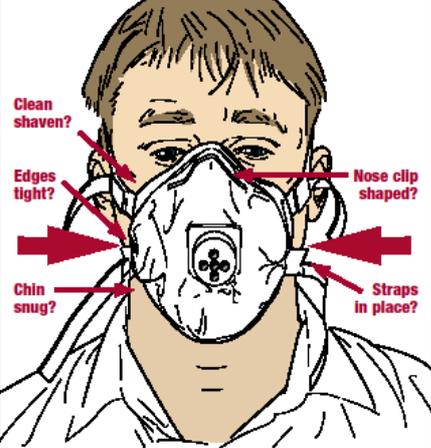


Using disposable respirators

Pre-use checks

- You should be clean-shaven around the face seal to achieve an effective fit when using disposable respirators. Beards and stubble will stop the disposable respirator sealing to your face and protecting you properly
- Make sure it is the right disposable respirator for your work and for you - have you passed a face fit test in this disposable respirator?
- Make sure the disposable respirator is clean and undamaged before you use it
- Follow the manufacturer's instructions for checking the disposable respirator and putting it on
- Check the fit every time you put on the disposable respirator to ensure there are no leaks

Putting the disposable respirator on and checking it fits

 <p>1 Cup the disposable respirator in one hand, with the straps hanging out of the way.</p>	 <p>2 Hold the disposable respirator in place on your face.</p>	 <p>7 Before entering the workplace, a user seal check should be carried out. This is done by placing your hands over the filter material and breathing in. The mask should suck down onto your face when you breathe in sharply. You should hold your breath for ten seconds and the disposable respirator should not loosen. If it does, you should readjust and repeat.</p> <p>Check your disposable respirator before you put it on. Then do a pre-use seal check or fit check - for a proper seal each time: Clean shaven? Edges tight? Chin snug? Nose clip shaped? Straps in place?</p>
 <p>3 Pull the bottom strap over your head, to the back of your neck.</p>	 <p>4 Pull the top strap over your head to sit above your ears.</p>	
 <p>5 Check the straps are not twisted. If you need to tighten the straps, pull both ends at the same time, bottom first, then top.</p>	 <p>6 If there is a nose clip, press this firmly to the shape of your nose.</p>	

This poster illustrates a typical disposable respirator, there are many other types available. Follow the manufacturer's instructions on putting your type of disposable respirator on and checking it fits.

Visit [hse.gov.uk/respiratory-protective-equipment](https://www.hse.gov.uk/respiratory-protective-equipment) for more information

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C100 03/2020

Diagram 3

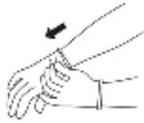
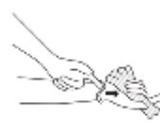


Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

• PPE should be removed in an order that minimises the risk of self-contamination

• Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

<p>1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off.</p> <p>Hold the removed glove in the remaining gloved hand.</p>		<p>Slide the fingers of the un-gloved hand under the remaining glove at the wrist.</p> <p>Peel the remaining glove off over the first glove and discard.</p> 
<p>2 Clean hands.</p> 	<p>3 Apron.</p> <p>Unfasten or break apron ties at the neck and let the apron fold down on itself.</p> 	<p>Break ties at waist and fold apron in on itself – do not touch the outside – this will be contaminated. Discard.</p> 
<p>4 Remove eye protection if worn.</p> <p>Use both hands to handle the straps by pulling away from face and discard.</p> 	<p>5 Clean hands.</p> 	
<p>6 Remove facemask once your clinical work is completed.</p>  <p>Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.</p>	<p>7 Clean hands with soap and water.</p> 	

*For the PPE guide for AGPs please see: www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

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Diagram 4

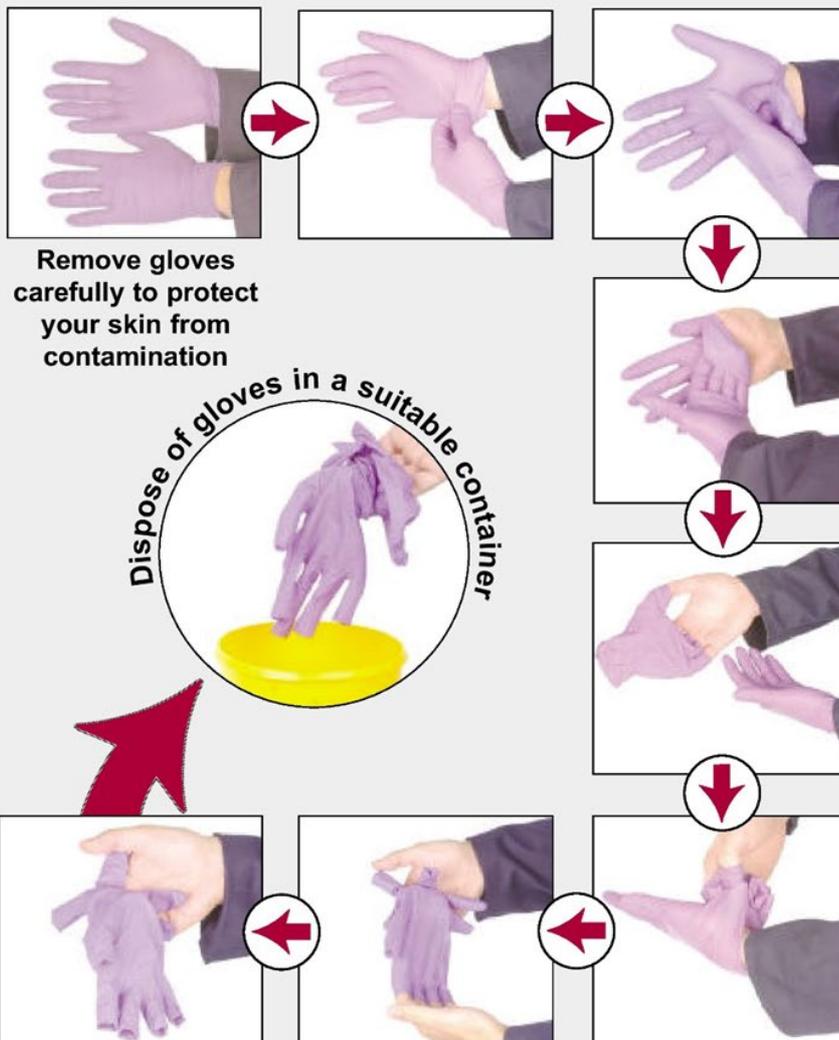


Health and Safety
Executive

Correct removal of gloves

Single use gloves (splash resistant)

Follow the steps shown



www.hse.gov.uk

4.5 Disposal of PPE and face coverings

Used PPE and any disposable face coverings should be placed in a refuse bag and can be disposed of as normal domestic waste. If the wearer has symptoms of Coronavirus (COVID-19), disposal of used PPE and face coverings should be in line with [COVID-19: cleaning of non-healthcare settings outside the home](#).

Used PPE and disposable face coverings should not be put in a recycling bin or dropped as litter. Schools should provide extra waste bins for staff and customers to throw away disposable face coverings and PPE and should ensure that staff and customers do not use a recycling bin.

The safe wearing of face coverings requires cleaning of hands before and after touching – including to remove or put them on – and the safe storage of reusable face coverings in individual, sealable plastic bags between use. Where a face covering becomes damp, it should not be worn and the face covering should be replaced carefully.

To dispose of waste such as disposable cleaning cloths, face coverings, tissues and PPE from people with symptoms of Coronavirus (COVID-19), including people who are self-isolating and members of their household:

- Put it in a plastic rubbish bag and tie it when full
- Place the plastic bag in a second bin bag and tie it
- Put it in a suitable and secure place marked for storage for 72 hours

This waste should be stored safely and securely kept away from children. You should not put your waste in communal waste areas until the waste has been stored for at least 72 hours.

Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives. This waste does not require a dedicated clinical waste collection in the above circumstances.

5. Stepping measures up and down

If there is an increased number of cases in school or college and you are advised by a health practitioner to increase Coronavirus (COVID-19) safety measures in school or college, you should contact the Director of Operations, who will support you with the steps required and any adjustments to your risk assessments.

If a school or college is made aware of a positive Omicron Coronavirus (COVID-19) case in school, the Director of Operations and/or Gary Musson are to be contacted immediately. Support will be provided to re-evaluate all activities in school and associated risk assessments.

6. Control measures

You should:

1. Ensure good hygiene for everyone.
2. Maintain appropriate cleaning regimes.
3. Keep occupied spaces well ventilated.
4. Follow public health advice on testing, self-isolation and managing confirmed cases of Coronavirus (COVID-19).

6.1 Ensure good hygiene for everyone

Hand hygiene

Frequent and thorough hand cleaning should now be regular practice. You should continue to ensure that pupils clean their hands regularly. This can be done with soap and water or hand sanitiser.

Respiratory hygiene

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

The [e-Bug COVID-19 website](#) contains free resources for you, including materials to encourage good hand and respiratory hygiene.

6.2 Maintain appropriate cleaning regimes, using standard products such as detergents

You should put in place and maintain an appropriate cleaning schedule. This should include regular cleaning of areas and equipment (for example, twice per day), with a particular focus on frequently touched surfaces.

PHE has published guidance on the [cleaning of non-healthcare settings](#).

6.3 Keep occupied spaces well ventilated

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

You should identify any poorly ventilated spaces as part of your risk assessment and take steps to improve fresh air flow in these areas, giving particular consideration when holding events where visitors such as parents are on site, for example, school plays.

Mechanical ventilation is a system that uses a fan to draw fresh air or extract air from a room. These should be adjusted to increase the ventilation rate wherever possible and checked to confirm that normal operation meets current guidance and that only fresh outside air is circulated.

If possible, systems should be adjusted to full fresh air or, if this is not possible, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply.

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

Opening external windows can improve natural ventilation, and in addition, opening internal doors can also assist with creating a throughput of air. If necessary, external opening doors may also be used (if they are not fire doors and where safe to do so).

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

The [Health and Safety Executive guidance on air conditioning and ventilation during the COVID-19 pandemic](#) and [CIBSE COVID-19 advice](#) provides more information.

CO2 monitors will also be provided to all state-funded education settings from September, so staff can quickly identify where ventilation needs to be improved. Further information will be issued as monitors are rolled out.

7. Follow public health advice on testing, self-isolation and managing confirmed cases of Coronavirus (COVID-19)

7.1 When an individual develops Coronavirus COVID-19 symptoms or has a positive test

Pupils, staff and other adults should follow public health advice on [when to self-isolate and what to do](#). They should not come into school if they have symptoms, have had a positive test result or other reasons requiring them to stay at home due to the risk of them passing on Coronavirus (COVID-19) (for example, they are required to quarantine or they are a close contact of a suspected or confirmed case of the Omicron variant of Coronavirus (COVID-19)).

If anyone in your school develops [Coronavirus \(COVID-19\) symptoms](#), however mild, you should send them home and they should follow public health advice.

If a pupil in a boarding school shows symptoms, they should usually self-isolate in their residential setting so that their usual support can continue, others may then benefit from self-isolating in their family home.

For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household.

If a pupil is awaiting collection, they should be left in a room on their own if possible and safe to do so. A window should be opened for fresh air ventilation if possible. Appropriate PPE should also be used if close contact is necessary. Further information on this can be found in the [use of PPE](#)

[in education, childcare and children's social care settings](#) guidance. Any rooms they use should be cleaned after they have left.

The household (including any siblings) should follow the PHE [stay at home guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#).

7.2 Asymptomatic testing

Testing remains important in reducing the risk of transmission of infection within schools.

Staff and secondary school pupils should continue to test twice weekly at home, with lateral flow device (LFD) test kits, 3-4 days apart. Testing remains voluntary but is strongly encouraged.

There is no need for primary age pupils (those in year 6 and below) to test.

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.

7.3 Confirmatory PCR tests

Staff and pupils with a positive LFD test result should self-isolate in line with the [stay at home guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#). They will also need to [get a free PCR test to check if they have COVID-19](#).

Whilst awaiting the PCR result, the individual should continue to self-isolate.

If the PCR test is taken within 2 days of the positive lateral flow test, and is negative, it overrides the self-test LFD test and the pupil can return to school, as long as the individual doesn't have Coronavirus (COVID-19) symptoms.

Additional information on [PCR test kits for schools and further education providers](#) is available.

7.4 Positive case and outbreak management

In the event of a positive Coronavirus (COVID-19) case in school or college (confirmed by PCR test), please email becky.speirs@reachsouth.org with the relevant details:

Date	School	Pupil or staff member	Year Group	Positive case initials	Type of Test

We will monitor the number of cases in school or college, and where necessary we will inform the Local Authority and UK Health Security Agency (formerly Public Health England).

In the event of a confirmed case of Omicron Coronavirus (COVID-19) in school or college, please contact one of the following:

[Redacted contact information]
 [Redacted contact information]
 [Redacted contact information]
 [Redacted contact information]

These four numbers ensure that you can contact the Trust 24 hours a day, 7 days a week.

8. CEV children and young people

All 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 GP or clinician not to attend.

Further information is available in the guidance on [supporting pupils at school with medical conditions](#).

You should ensure that key contractors are aware of the school's control measures and ways of working.

9. Travel and quarantine

Where pupils travel from abroad to attend a boarding school, you will need to explain the rules to pupils and their parents before they travel to the UK. All pupils travelling to England must adhere to [travel legislation](#), details of which are set out in [government travel advice](#).

All travellers arriving into the UK will need to isolate and get a PCR test by 'day two' after arrival. They may end their isolation once they receive a negative result. If the result is positive, they should continue to isolate and [follow rules on isolation following a positive test](#). Unvaccinated arrivals aged over 18 will follow the existing, more onerous, testing and isolation regime. All Red list arrivals will enter quarantine.

Additional guidance has been issued on [boarding school students: quarantine and testing arrangements](#).

Parents travelling abroad should bear in mind the impact on their child's education which may result from any requirement to quarantine or isolate upon return.

10. School workforce

Clinically extremely vulnerable (CEV) people are no longer advised to shield but may wish to take extra precautions to protect themselves, and to follow the practical steps set out in the CEV guidance to minimise their risk of exposure to the virus.

Should a member of staff or setting have any concerns, individual risk assessments can be prepared by GS Musson Associates.

11. Educational visits

We recommend that you consider whether to go ahead with planned international educational visits at this time, recognising the risk of disruption to education resulting from the need to isolate and test on arrival back into the UK. You should refer to the [Foreign, Commonwealth and Development Office travel advice](#) and the [guidance on international travel](#) before booking and travelling.

You are advised to ensure that any new bookings have adequate financial protection in place.

You should speak to either your visit provider, commercial insurance company, or the Risk Protection Arrangement (RPA) to assess the protection available. Independent advice on insurance cover and options can be sought from the British Insurance Brokers' Association (BIBA) or Association of British Insurers (ABI). Any school holding ATOL or ABTA refund credit notes may use these credit notes to rebook educational or international visits.

You should undertake full and thorough risk assessments in relation to all educational visits via GS Musson Associates and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment. [General guidance](#) about educational visits is available and is supported by specialist advice from the [Outdoor Education Advisory Panel \(OEAP\)](#).

12. Wraparound provision and extra-curricular activity

Guidance can be found here for [providers who run community activities, holiday clubs, after-school clubs, tuition and other out-of-school provision for children](#).

All extra-curricular activities such as performances, parents evenings, open days etc. must be prior risk assessed via GS Musson Associates.

For any queries or clarification, please contact:

[REDACTED]
[REDACTED]
[REDACTED]