


Department: Education and Children's Services	RISK ASSESSMENT	Aberdeenshire <small>COUNCIL</small> 
Process/Activity COVID-19 Infection Prevention & Control	Location: All ECS Establishments	Date: 06.01.2022 V016
Describe activity: ECS establishments opening to children, young people, staff, visitors and contractors.		
Establishment Name and Location: Barthol Chapel School	Isolation Room Location in Establishment: Head Teacher Office	
<p>Contents:</p> <ol style="list-style-type: none"> 1 General Control Measures, including vaccination, face coverings, minimising contacts. 2 People Symptomatic Attending ECS Establishments 3 Protection When Dropping Off and Picking Up from Establishments 4 When Contractors & Visitors Come on Site; Visiting Specialists 5 Supporting Children and Young People with Additional Support Needs 6 Classroom Management 7 Illness and Accidents During Attendance at Establishments 8 Outbreak Management 9 Facilities: Ventilation, Staff Areas/Bases 10 Lunchtimes/Breaktimes 		

Hazard	Person/s Affected	Risk	Risk level before controls are in place (delete as appropriate) Low, Medium & High			Control Measures	Risk level after controls are in place (delete as appropriate) Low, Medium & High		
			L	M	H		L	M	H
Spread of infection	Staff, Children & young people, Visitors	Cross contamination of infection, Infection of staff, children and visitors	L	M	H	<p>1. <u>GENERAL CONTROL MEASURES FOR SCHOOLS OPENING FROM Wednesday 5 January 2022</u></p> <p>Schools should continue to apply the mitigations that were in place at the end of last term, with the addition of reintroduced and updated modifications highlighted green in this template taken from the Scottish Government guidance dated 17 December 2021 and 5 January 2022 following the emergence of the Omicron variant. All children, young people and staff should continue to implement and strictly observe these mitigations.</p>	L	M	H

Mitigations are in place to avoid, wherever possible, disruption to education and will be kept under review, particularly whether there is an ongoing requirement for face coverings in classrooms. Encourage and support all children, young people, staff and any others for whom it is necessary to enter the school estate to follow all the relevant guidance, e.g., physical distancing, face coverings and personal hygiene throughout the day:

- frequent washing/sanitising of hands for 20 seconds and drying thoroughly, and always when entering/leaving the building, before/after eating and after using the toilet.
- encouraging children, young people and staff to avoid touching their faces including mouth, eyes and nose.
- using a tissue or elbow to cough or sneeze and use bins that are emptied regularly for tissue waste


All school staff and secondary aged learners are encouraged to participate in the asymptomatic testing programme – lateral flow tests (LFTs). All school staff and secondary pupils to continue twice-weekly at-home LFD testing in the week prior to return. Ideally, the second test should be taken either in the morning before leaving for the first day of school or the evening before, and in any case no more than 2 days before return. Quick and decisive action should be taken when positive cases are identified among children, young people and staff.

Vaccination

All staff who have not been fully vaccinated should be encouraged to seek vaccination as soon as possible, following the recommended gap between doses. Information on securing an appointment can be found at: [Registering for a coronavirus vaccine | The coronavirus \(COVID-19\) vaccine \(nhsinform.scot\)](#).

In line with national guidance, hand sanitiser stocks have been provided to all schools to allow for provision at entry/exit points and a small number of key areas to complement existing hand washing facilities. While sanitiser can be made available for the purposes of convenience, regular hand washing with soap and water should remain the preferred method of hand hygiene for all. Provide supplies of resources including tissues, soap and hand sanitisers.

The response to the coronavirus COVID-19 outbreak is complex and fast moving. Advice from Government sources will be shared with staff daily on the Aberdeenshire Council staff COVID-19 site: <https://covid19.aberdeenshire.gov.uk/> **Sector Advice Card** found [here](#). Please display in school to signpost to guidance. COSLA advice can be found [here](#).

 **Updated advice 'on reducing the risk in schools' updated 17.12.21 can be found here.** **HEALTH & SAFETY ADVICE FOR VACCINATIONS:** Schools should encourage staff who have not received both doses of the vaccine and booster vaccine to seek vaccination as soon as possible, following the recommended gap between doses. Information on securing an appointment can be found at: [Registering for a coronavirus vaccine | The coronavirus \(COVID-19\) vaccine \(nhsinform.scot\)](#). All young people aged 16 and 17 years are now being offered the Covid-19 vaccination in Scotland, it is not anticipated schools will be involved in this process. Public Health Scotland has produced [an information leaflet for this age group](#).

[It is recommended that pregnant women have the vaccine](#). Further information can be found at: [Combined info sheet and decision aid 20.07.2021 \(rcog.org.uk\)](#)

- All pregnant women who are vaccinated should undergo a risk assessment in the workplace and continue to work if it is safe to do so.

- Pregnant women who are unvaccinated at any gestation should take a more precautionary approach in light of the increased risk.

School staff who are pregnant at any gestation must have a workplace risk assessment with their school/local authority and occupational health team. Having a COVID-19 vaccine does not remove the requirement for schools and local authorities to carry out a risk assessment for pregnant employees. They should only continue to work if the risk assessment advises it is safe to do so. We advise continuing to use the Scottish Government Covid 19 [Guidance](#) on individual occupational risk assessment and tool. More information can be found on Scottish Government [website](#).

HEALTH & SAFETY ADVICE FOR FACE MASKS: All PPE identified by a risk assessment and used to protect employees from infection with COVID 19 must be worn as directed. Type IIR face masks are classed as PPE and as such must not be modified in any way as this would then reduce the protection that the mask offers. A 3D face bracket (an inner support for face masks) has been used by some staff to add extra comfort when wearing a mask to make it more breathable and stop glasses from fogging. These inserts **must not** be used when wearing a type IIR mask as the protection offered by the mask cannot then be guaranteed.



NHS guidance to staff wearing Type IIR mask in schools found [here](#). A definition of face coverings (which should not be confused with PPE) can be found in [Covid-19: staying safe and protecting others](#), including Type IIR face masks. This link advises on exemption information too. **Current local HPT guidance is for school staff to wear Type IIR face coverings.** This is alongside other mitigations, such as physical distancing, ventilation, cleaning and hand hygiene.

FACE COVERINGS should be worn by adults where they are working directly with others and cannot keep one metre from other adults and / or children and young people across primary and secondary (but with ELC models permitted for early stage, P1-2, as before) and current guidance advises face coverings should also be worn by adults and young people in classrooms in secondary schools.

At all Levels face coverings should be used by adults when not working directly with children, for example **when moving around settings** or when in staff rooms, administrative areas or canteens across all school settings. At all times when adults in primary schools, and adults and young people in secondary schools, including special schools are moving around the school in corridors, office and admin areas, canteens (except when dining) and other confined communal areas, (including staff rooms and toilets). Face coverings should be used by adults when not working directly with children, for example when moving around settings or when in staff rooms, administrative areas or canteens across all school settings. At all times when adults in primary schools, and adults and young people in secondary schools, including special schools are moving around the school in corridors, office and admin areas, canteens (except when dining) and other confined communal areas, (including staff rooms and toilets). Cleaning teams working in all schools will wear Type IIR face masks at all times, rather than a standard face covering and will be provided with access to Type IIR masks from stocks on the site they are working.

Pupil Support Assistants and those supporting children with Additional Support Needs who routinely have to work within two metres of **children and young people** should wear **Type IIR face masks** as a general rule. However, the use of opaque face coverings should be balanced with the wellbeing and needs of the young person - appropriate use of transparent face coverings may help in these circumstances. Other than where schools are using ELC models and guidance in the early stage, where adults cannot keep 2m distance and are interacting face-to-face with other adults and/or children and young people, Type IIR (or, in certain specific circumstances, PPE- see section on PPE and other protective barrier measures, below) should be worn at all times. This applies to all staff including support staff and Pupil Support Assistants. Transparent face-coverings may be supplied where appropriate and used where there is a risk of detriment to the child's health and wellbeing.

In **special schools and units**, and where there are groupings of children with complex additional support needs, the balance of the staffing complement, the groupings of children and young people and their needs, and therefore the staffing and resources required, (PPE, cleaning of equipment), should be considered/assessed throughout the school day.

Impact of wearing face coverings on learners with additional support needs and learners who are acquiring English as a language should be considered, and possible clear alternatives explored. In line with the revised arrangements for public transport - adults and children and young people aged 12 and over are travelling on dedicated school transport should wear face coverings.

Anyone (staff or pupil) who wishes to wear a face covering is free to do so. It is reasonable to assume that most staff and young people will now have access to re-usable face coverings. However, where anybody is struggling to access a face covering, or where they are unable to use their face covering due to having forgotten it or it having become soiled/unsafe, schools should take steps to have a contingency supply available to meet such needs.

Face coverings should be worn by parents and other visitors to the school site (whether entering the building or otherwise), including parents at drop-off and pick-up. Sensitivity and discretion with regard to the wearing of face coverings by individuals observing Ramadan during April and May.



HEALTH & SAFETY ADVICE ON MINIMISING CONTACTS & DISTANCING:

In order to minimise contacts bubbling needs to be reintroduced. The size of such groupings can differ depending upon local circumstances and the need to minimise education disruption – for example a grouping might refer to a whole class in primary school, and a whole year group or the senior phase in secondary school. Head teachers are empowered to make decisions about the best approach for their individual school or setting. Maintenance of any groupings used within schools is not required within transport arrangements.

In both primary and secondary settings physical distancing of at least 1m between adults, and between adults and children and young people, should remain in place in the school estate. **It is expected that most schools will wish to retain the existing 2m distancing arrangements for logistical reasons.** This reduces the likelihood of direct transmission, allows for quicker identification of those who need to self-isolate and may reduce the overall number of people who need to isolate in the event of a positive test of COVID-19. Retain 2 metres between adults in schools who do not yet meet the criteria for exemption from self-isolation to help to reduce the risk that they are identified as a contact.

To help with maintaining distancing for young people in secondary schools use of marker tape on the floor and consider the implementation of one-way systems to assist movement around school buildings and site. Social distancing should be adhered to by all staff and pupils. Reduce the need for people to move around site, and between classrooms as far as possible to reduce the potential spread of any contamination through touched surfaces. Where this cannot be avoided, the provision of appropriate cleaning supplies to enable them to wipe down their own desk/chair/surfaces before leaving and or, especially, on entering the room, especially in secondary schools.

Review any Personal Evacuation Emergency Plans (PEEPS) to ensure that arrangements are still adequate and relevant. Update the Fire Evacuation Procedure to reflect any changes and share information with all staff.

Reduce the movement of groups across different parts of the school estate where possible. Schools should continue to avoid assemblies and other large group gatherings. Prelim examination remain permitted following existing guidance. Where this is necessary to do so alternative mitigating actions should be put in place, such as limiting the time spend together. Clear signs displayed as reminders to staff and children regarding social distancing and how to handwash properly. Children should be supervised and supported to follow guidance.

Consideration given to emergency evacuation procedures/ fire drill & muster point -fire safety is the priority. Adjustments to be made locally to emergency evacuation procedures to keep 2m separation where possible for staff.

Movement between schools should be kept to a minimum until further notice. Consider lower risk methods for some input – digital/virtual means, or outdoor settings. Where movement across locations is necessary to deliver school operations the number of interactions should be minimised.

Minimise movement of individuals between workstations. Where they are shared make sure there is cleaning between use.

EARLY LEARNING AND CHILDCARE SERVICES ADVICE:

Additional guidance is listed below for Early Learning and Childcare Services with links: [here](#). And good infection control guidance specifically for nurseries: [Infection Prevention and Control in Childcare Settings \(Day Care and Childminding Settings\)](#) and put in place the guidance from Health Protection Scotland. ELC Risk assessment [here](#). [Link to ELC guidance doc found here](#)

Health and Safety advice available on Arcadia [here](#) by accessing this link, including: How to handwash, Putting on & removing PPE, Decontamination & cleaning processes for facilities, optional & mandatory wearing of face coverings. Health, Safety and Wellbeing policy is available [here](#).

PPE

For the majority of staff PPE will not normally be necessary. Use of PPE in school should be based on a clear assessment of the risk and need for an individual child, ie personal care. Where colleagues need to work in close proximity to a child or children, the school will provide Type IIR face mask / PPE for that purpose.

Types of PPE required for specific circumstances:

- ROUTINE ACTIVITIES – No PPE required
- SUSPECTED COVID-19 – A fluid-resistant surgical mask (Type IIR) should be worn by staff in they are looking after a child or young person who has become unwell with symptoms of COVID-19 and 2m distancing cannot be maintained while doing so. If the child or young person who has become unwell with symptoms of COVID_19 needs direct personal care, gloves, aprons and a fluid-resistance surgical mask (Type IIR) should be worn by staff. Eye protection should also be worn if a risk assessment determines that there is a risk of splashing to the eyes such as from coughing, spitting, or vomiting. Gloves and aprons should be used when cleaning the areas where a person suspected of having COVID-19 has been.
- INTIMATE CARE – Gloves and apron. Risk of splashing mitigated with the wearing of fluid-resistant surgical mask – Type IIR and eye protection. Gloves and aprons worn when cleaning the area.

Health and safety advice on latex gloves: Disposable Nitrile gloves are usually the glove of choice, during the Covid-19 Pandemic. Due to known latex allergy risks, latex gloves must only be purchased where there is a reason for them to be used and the [guidance for the use of latex gloves](#) must be followed before staff use the gloves.

Special Consideration for Certain Groups

Advice is available [here](#) for the education of pupils who are unable to attend school due to ill health. Schools will wish to maintain plans for remote education for some pupils. Link [here](#) for an occupational risk assessment from the Scottish government and recommended by Health & Safety colleagues for managers with members of staff returning from shielding.

Shielding

At protection level 0, children and young people on the shielding list are advised to follow the guidance for the general population in relation to school and formal childcare [Coronavirus \(COVID-19\): shielding advice and support](#).

Line managers should ensure that individualised risk assessments for school staff members with the highest clinical risk are in place and updated appropriately. Each situation should be discussed on an individual basis, ensuring that the appropriate measures are in place to mitigate the risk factors. For complex cases and situations, the HR Operational Team or the Health & Safety & Wellbeing Team can be contacted for further advice and support if required.

Consider the possibility of clinically extremely vulnerable staff working from home, (for example, supporting remote education), or where that is not possible, carry out the lowest-risk roles on site, with social distancing of at least 2m. Clinically extremely vulnerable staff electing to waive this right must have discussed it with their doctor and head teacher.

Ensure up to date risk assessments for children on EHC plans, carried out with educational providers, parents/carers and appropriate health practitioners, to ensure child is at no more risk in the school setting than at home. Parents and carers may wish to have a discussion with their child's healthcare team if they are unsure or have queries about returning to school because of their health condition.

General Advice - Staff and Pupils

Plan to resume taking twice daily registration and record the appropriate absence codes both existing and COVID-19 related. Registration must be in accordance with Guidelines on Managing and Promoting Pupil Attendance in [Nursery, Primary and Special Schools](#) and [secondary schools](#).

A risk assessment needs to be completed for all pupils attending multiple educational settings and consideration needs to be given to groupings. Young people in the senior phase may require to spend time in college environments. They should ensure that they follow the [guidance on the appropriate approach to these specific circumstances while on campus](#). This has now been included in updated guidance for colleges.

Support for minority ethnic children, young people and staff

The concerns within Minority Ethnic communities must be recognised and individual requests for additional protections should be supported wherever possible.

Local authorities should ensure that managers in school have sensitive, supportive conversations with all Minority Ethnic staff, which also consider their health, safety and psychological wellbeing and personal views and concerns about risk. Wellbeing support services should be promoted to all Minority Ethnic staff.

Employers should be mindful of their duties under the [Equality Act 2010](#) at all times. All Minority Ethnic staff from South Asian backgrounds with underlying health conditions and disabilities, who are over 55, or who are pregnant, should be individually risk assessed, and appropriate reasonable adjustments should be made following risk assessment.

School visits and trips

Guidance on school visits (available at [Coronavirus \(COVID-19\): guidance for school visits and trips](#)) updated 10.12.21 Bookings from January 2022 can remain in place but must be in line with updated in-school guidance. School trip organisers must ensure adequate insurance is in place, including financial protection for possible cancellation.

School Transport

Young people aged 12 years and over are required to wear face coverings. Children aged 5-11 no longer need to wear face coverings on dedicated school transport and public transport. Physical distancing on dedicated school transport is not required between pupils.

People with symptoms attending ECS sites	Staff, Children & young people, Visitors	Infection of staff, children and visitors	L	M	H	2. PEOPLE SYMPTOMATIC ATTENDING ECS ESTABLISHMENTS & TESTING Remind staff, pupils and parents that they should not come to school if they or someone in their household has developed symptoms (new persistent cough, fever or loss of, or change in, sense of smell or taste) They should self-isolate straight away, stay at home and arrange a test via www.nhsinform.scot or the staff referral portal. Remind all staff and pupils of this each day.	L	M	H
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The current asymptomatic testing offer is for school staff and senior phase pupils and does not replace other mitigations. Symptomatic staff, student teachers and learners should use lateral flow tests (LFTs), must not attend school sites and should book a PCR test. If symptomatic person has a negative LFD test result, they should still self-isolate and arrange a PCR test. Guidance should be followed from NHS Inform and from [Test and Protect](#) here. Schools should ensure they understand this process and cases in schools, as complex settings, will be prioritised and escalated to specialist Health Protection Teams.

Identify those staff or pupils who are, or who live with someone who is, symptomatic or a confirmed case of COVID-19. Staff, children and young people are strongly encouraged to inform their schools of any positive tests when reporting absences and follow advice from Test and Protect or local HPT on isolation requirements.

UPDATED ISOLATION PROCEDURES:

- Positive cases are advised to self-isolate for 10 days. However, if the individual returns 2 consecutive negative LFD tests taken at least 24 hours apart with the 1st test no earlier than Day 6 they may end isolation before the end of the 10 day period if they have no fever.
- Close contacts who are fully vaccinated, having received 3 doses of the vaccination (plus 14 days) or are aged under 18 years and 4 months, can take daily LFD tests for 7 days instead of isolation - provided the tests are negative and they remains without symptoms.
- If someone has not received 3 doses of the vaccination, they will need to book a PCR test and even if this is a negative result, they will need to isolate for 10 days.
- Advice on confirmatory PCR tests where people test positive on a lateral flow device (LFD) test (but have no symptoms) are now not advised to get a PCR test to confirm infection but to follow isolation advice as it applies to them as a positive case – there is an exception for people who may be eligible for the Self-Isolation Support Grant who are advised to take a PCR test to ensure they can confirm their infection to be potentially eligible for financial support. People with Covid symptoms should continue to take a PCR test, regardless of whether or not they have a positive LFT. PCR and LFD tests work in different ways to identify people who have COVID-19 infection. If any symptoms present – a new continuous cough, high temperature or loss/change of taste/smell - a PCR test should be booked as soon as a slot is available.
- These changes take effect from 6th January onwards. Anyone isolating prior to this should continue to follow advice given by Test and Protect.

[Self-Isolation FAQs with useful advice can be found here.](#)

Set up clear, repeated messaging to parents/carers that pupils must not attend if they, or a member of their household, has COVID-like symptoms or a positive test and have been advised to isolate by Test and Protect. Aberdeenshire Council staff can access testing advice [here](#), with NHS advice [here](#).

Establishment to use existing methods and channels of communication with parents/carers to reduce the need for face-to-face meetings/contact: text; email; phone; Website; and other social media as used by the school. It is imperative that all parent/carer visits to support children and young people held at the school should be agreed in advance and arrangements appropriately risk-assessed.

Spread of infection.	Staff, Children & young people, Visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	3. PROTECTION WHEN DROPPING OFF AND PICKING UP FROM THE ESTABLISHMENT Social distancing should be adhered to. Staff/ volunteer / visitor distance of 2m. All staff, parent/carers, children and visitors to wash hands before coming to setting, build handwashing into daily routine. No visitors, parents, carers beyond front door where possible. All participants to remain within restricted designated areas.	L	M	H
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Signage and information added to the entrance of the site. Information shared on school websites and social media.

Consider staggered drop off/pick up times or locations. Consider where children go when they arrive at the facility. Consider the arrangement of parents not to enter the PLAYGROUND or BUILDING unless in an emergency unless this is not possible due to restricted external space on pavements – each site needs to be assessed to establish the practicalities of restricting parents from the playground. Consider advising parents not to wait and maintain social distancing. If parents/carers are dropping off children, they should wear face coverings. Face coverings should be worn by parents and other visitors to all school sites (whether entering the building or otherwise), including parents at drop-off and pick-up. Car-sharing with children and young people of other households should be discouraged.

On entering and leaving the building, hand sanitiser should be made available. Everyone should use this before moving to wash their hands thoroughly at the nearest available handwashing area when entering the building. When pupils are leaving the building, they should be encouraged to sanitise their hands. Consider discouraging parents/carers from dropping off items for pupils at reception to reduce potential transfer of infection.

Children and young people should wherever possible be encouraged to not bring toys from home or to share their personal belongings. However, if a child brings their own items from home only they use this to not increase the risk of indirect spread of virus.

Spread of infection. Infection of staff, children & visitors.	Staff Children & young people Visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	4. <u>WHEN CONTRACTORS & VISITORS COME ONTO SITE / VISITING SPECIALISTS</u> All visitors to complete a compulsory track and trace QR Code data sharing procedure or sheet before gaining access to site. This is separate to signing in sheet to follow GDPR guidance. This information is retained by the school office. Please find guidance here for QR Code Set Up. Please find a copy of the Data Collection Sheet here & GDPR Template here . Guidance on Collection of Visitor Details here .	L	M	H
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Set up social distancing at reception areas. Minimise person to person contact by putting procedures in place for deliveries and facility management work. ALL visitors into the building, including delivery drivers MUST provide track and trace information. Reception windows should remain closed where possible.

There is a legal duty to provide welfare facilities and washing facilities for visiting drivers. Establish what facilities visitors would be directed to for this activity in your setting.

Contractors arriving at site are directed by signs to main entrance where possible. To follow same hand sanitising and handwashing rules as per other visitors and staff. Social distancing must be adhered to at all times.

Canteen deliveries to use separate entrance where possible. To follow same hand sanitising and washing rules as per other visitors and staff. Delivery staff to follow social distancing guidance and NOT enter the school site. If this is not avoidable then a track and trace data sharing sheet must be completed in all cases and given to the school office.

It is recommended that staff who have a closer interaction with pupils limit their movement between schools to two sites per day, for example teaching staff, temporary/supply staff and visiting specialists. Members of the janitorial team who have a more limited interaction with pupils and other staff can consider undertaking additional site visits to undertake facility management tasks following recommended control measures of social distancing and handwashing/hand sanitising. Social distancing should be adhered to. Staff/ volunteer / visitor distance where possible. Type IIR Face masks to be worn by adults where distancing cannot be achieved.

Schools and local authorities should, in partnership with related partners and local public health teams, pay very close attention to any evidence suggesting emerging bridges of transmission between settings. If this is identified, they should consult immediately with local public health teams on any requirement to pause or further reduce such movement between schools.

New guidance on visitors available [here](#). In line with SportScotland advice on the '[Return to sport and physical activity](#)', parents/carers may attend school premises to spectate at outdoor school sports events. Parent Councils and Parent Teacher Associations should not meet on school premises, and virtual arrangements should be used instead.

[Risk Assessment EPS](#) for visiting schools.

Risk Assessments for School Counsellors, School Escorts and 'Near Me' can be found [here](#)

[Risk Assessment for EAL](#) [Risk Assessment for ASPECTS](#)

VISITING STAFF GUIDANCE: [Risk Assessment for Home Visits](#) . [Risk Assessment for School Visiting SSS](#) . [Risk Assessment for BME](#) . Covid-19 – Guidance for non-healthcare settings is available [here](#).

Staff Type	Working Location	Guidance
ASN Pupil Escorts	Transport	<ul style="list-style-type: none"> Follow schools' guidance and risk assessment Movement between settings should be minimised A school will need to know if a Pupil Escort is working in any other schools for risk assessment purposes.

		<ul style="list-style-type: none"> Schools using ASN transport should provide Type IIR face covering/PPE to Pupil Escort. Schools also to support Pupil Escort in their understanding of their responsibilities in adhering to the infection control procedures.
ASN Staff (e.g. ASN Teachers, PSAs, PSWs)	Base school only location	<ul style="list-style-type: none"> Follow school's own guidance and risk assessment as other school staff
ASN Peripatetic Staff (e.g. ASN Teachers, PSAs, PSWs)	Base school & one other location per week	<ul style="list-style-type: none"> Follow schools' guidance and risk assessment Movement between settings should be minimised Work remotely where possible
ASN Peripatetic Staff (e.g. Relief PSAs)	Working in more than 2 schools per week & does not have a base school	<ul style="list-style-type: none"> Follow schools' guidance and risk assessment Movement between settings should be minimised A school will need to know if a PSA is working in any other schools for risk assessment purposes.
ASN Support Services (e.g. EPS, EAL Service, Sensory Support Service, Counselling Service) and Allied Health Professionals	Working in more than 2 schools per week & does not have a base school	<ul style="list-style-type: none"> Follow schools' guidance and risk assessment Movement between settings should be minimised Work remotely where possible
Visiting Specialists	Various schools across clusters	<ul style="list-style-type: none"> Maximum of 2 schools per day, no limit on number of groups but staff advised to reduce the number of interactions Measures to mitigate risk must be followed – 2m social distancing, good hand hygiene etc Reduce number of visits where practical, i.e. if usually 3 schools per day – reduce to maximum of 2 Undertake risk assessment for each staff member
Supply Teacher	Various schools across clusters	<ul style="list-style-type: none"> Maximum of 1 school per day, no limit on number of groups but staff advised to reduce the number of interactions Measures to mitigate risk must be followed – 2m social distancing, good hand hygiene etc Reduce number of visits where practical, i.e. if usually 3 schools per week – reduce to maximum of 2 Undertake risk assessment for each staff member
Music Instructors	Various schools across clusters	<ul style="list-style-type: none"> Measures to mitigate risk must be followed – 2m social distancing, good hand hygiene etc Maximum of 2 schools, per day Utilise online learning using Glow: Teams and Google platforms including video conferencing See whole school risk assessment template for more information <p><u>Permitted activity in schools and ELC settings</u></p> <p><u>Level 0-1:</u> While not an update to previous guidance, schools should note that, in line with the move to Level 0 and beyond, children and young people can now engage in all drama, music, PE and dance activity in schools, indoors and outdoors. Safety mitigations continue to apply in relevant settings where these activities are taking place (e.g. good ventilation, enhanced hygiene etc.).</p> <p><i>The following practical guidelines will remain as a reference for 6 weeks.</i></p>

		<ul style="list-style-type: none"> • Music (low risk - i.e. percussion, keyboards, strings and guitars). Activity indoors and outdoors is permitted subject to risk assessment and with appropriate mitigations. • Music (higher risk, including singing) for ELC and primary aged children Activity outdoors and indoors is permitted subject to risk assessment and with appropriate mitigations. Where singing in groups, outside activity is recommended • For secondary aged young people (higher risk, including singing, wind, and brass) activity outdoors is permitted. One to one lessons (singing, wind and brass) are permitted indoors subject to risk assessment and with appropriate mitigations including effective ventilation and physical distancing. Group activity should not take place indoors at present. <p>There remains a hierarchy of risk in these activities. For example, learning outdoors is safer than indoors. Activities undertaken at low volume or those that have lower respiratory exertion are safer than stronger aerosol-generating activities. Individuals or small numbers are safer than large groups performing. Activities involving no sharing of equipment is safer than those where learners do share, or where equipment cannot be thoroughly cleaned between uses. Activities which can be done at a distance or virtually are safer than those experienced in close proximity. Shorter duration activities carry a lower risk than longer duration activities.</p>
Janitorial Staff	Cluster Schools	<ul style="list-style-type: none"> • Where possible a maximum of 2 schools per day, this can be extended at the discretion of the Supervisory Janitor on the undertaking of a dynamic risk assessment • Measures to mitigate risk must be followed –social distancing, good hand hygiene etc • Reduce number of visits where practical

[Instrumental Instructors Guidance here \(updates in blue filter in document\)](#)

Individual and Class Photos

QIM advises schools to make decisions based on local circumstances regarding individual and class photos resuming in schools. Previous routine may not be able to take place. School RA should be updated to include this activity. Social distancing, good hand hygiene to be included as appropriate.

Infection of staff, children & visitors.	Staff, Children & young people, visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	5. <u>SUPPORT FOR CHILDREN AND YOUNG PEOPLE WITH ADDITIONAL SUPPORT NEEDS</u>	L	M	H
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Where manual handling / personal care is required, at least two members of appropriately trained staff should be available. It should be established if this additional support is needed and wear PPE where providing direct personal care. Only essential staff should enter the designated room where personal care is being carried out. Please click on [link](#) for the correct methods of putting on, and removing PPE. Establish a cleaning routine for specialist equipment for children with additional support needs, sensory rooms, to ensure safe use. Risk Assessment created for Special Schools/Community Resource Hubs personal care found [here](#).

Risk assessments should be in place for children and young people with more complex needs, including those with emotional and behavioural needs. These risk assessments should be updated as a matter of priority in light of changes to provision such as environment and staffing. Risk assessments must be mindful of the additional distress children and young people may be experiencing due to measures introduced such as the use of face coverings or PPE, and the need for continued protection of staff.

Infected person attending the site	Staff, Children & young people, Visitors	Risk of infection to other people	L	M	H	6. <u>CLASSROOM MANAGEMENT</u> Staff and pupils reminded at each registration time of social distancing and face covering rules as appropriate for primary, secondary and special school settings.	L	M	H
<div style="border: 1px solid black; padding: 5px;"> <p>Not all cases will show symptoms & social distancing challenging to maintain with children, so risk assessed as low to medium.</p> </div>									
<p>Each teacher plans out their teaching spaces to maximise staff physical distancing. Existing furniture can be used effectively to support this. Pupils should be instructed to keep bags on their peg and jackets on their chair. Reduce the unnecessary sharing of resources as much as possible, including textbooks. Reduce the range of resources to be used in the classroom. Trays of equipment for individual or small groups of children should be created. Re-plan lessons / activities to avoid shared resources.</p>									
<p>All shared resources to be cleaned after each user (including computers, PE equipment etc). Build this into end of lesson activity routines in each setting. Schools to ensure a suitable disinfection product is available in all IT rooms and shared classroom spaces. Teacher to ensure students wipe down desk area, chair and resources after use if a shared space/resource. If student is too young, then arrangements for staff to help pupils with clean to be made locally. Additional cleaning will be provided by Cleaning Services and Janitorial Support for touch points in communal areas and will be organised locally. Remove resources which present cleaning challenges, e.g. construction materials and intricate items, fabric materials –beanbags, soft seating, etc. Try to avoid working with paper/other materials that are shared in a way that may aid transmission, i.e. consideration to be given to marking work (done electronically), photocopying, etc. Keep surfaces clear to make cleaning easier. Box of tissues in each class. Where there is a sink in the classroom, soap and paper towels should be available & a bin placed near the sink. Children and teacher should agree the handwashing routine for the day for their group. Consider the provision of hand sanitiser at the entrance of each classroom.</p>									
<p>Classrooms to be kept well-ventilated. Non-fire doors should be propped open to reduce the number of touch surfaces (see more detailed guidance under General Guidance).</p>									
<p>Updated guidance for practical activities found here (20.12.21) in line with the latest advice, children and young people can now engage in all drama, music, PE and dance activity in schools, indoors and outdoors. Safety mitigations continue to apply in relevant settings where these activities are taking place (e.g. good ventilation, enhanced hygiene etc.).</p>									
<p>Local arrangements need to be made regarding the cleaning schedule for changing areas. Changing rooms are an area of increased risk of transmission and should be avoided where possible. Following a risk assessment, if the use of changing rooms is considered necessary, schools should ensure mitigating actions are in place. This includes ensuring that changing rooms are as well ventilated as possible, used only by small numbers at any point in time to maximise physical distancing, and that close attention is paid to cleaning surfaces after use.</p>									
<p>If changing rooms are not used:</p> <ul style="list-style-type: none"> • consideration should be given to alternative places for storing learners’ belongings, for example, assigning each learner their own space; • young people should be encouraged to arrive at school in their PE kit on days when physical education lessons will take place and, where possible, wait until they get home to change. 									
<p>Further consideration to be given to the teaching of curriculum in practical subjects and how this can be amended to ensure minimum contact with equipment. Any equipment used to be properly cleaned after use.</p>									
<p>There is no need for library books to be quarantined on return and school libraries should ensure good hand hygiene by browsers.</p>									
<p><u>Jotters</u> If school resources (for example, text books, jotters) are taken home by a child, there is no longer a requirement to quarantine these for 72 hours upon return to the setting.</p>									
<p><u>The provision of activities or clubs outside the usual school timetable</u> : Where a school has a breakfast club which is organised by the third sector, parents and carers or volunteers, rather than by the school itself, the guidance on unregulated children’s services will apply.</p>									

Infection of staff, children & visitors.	Staff, Children & young people, Visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	7. <u>ILLNESSES AND ACCIDENTS DURING ATTENDANCE AT ESTABLISHMENTS</u> <u>OUTBREAK MANAGEMENT</u>	L	M	H
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Guidance document for first responders [here](#) that covers the use of PPE and CPR. Please click on [link](#) for the correct methods of putting on, and removing PPE. The symptomatic individual may also be asked to wear a Type IIR face mask to reduce environmental contamination where this can be tolerated. Staff use dynamic risk assessments through process due to needs/ conditions of pupils, staff member or contractor. Appropriate care taken when treating individuals presenting with illness, PPE equipment used as required – bodily spills kits (each kit contains mask, apron and gloves).

Isolation area where possible set up within the building identified in case of any individuals who present as unwell during the day. Follow procedures to remove from setting where someone becomes unwell:

- If over age of 16 they should go home as soon as symptoms noticed if able to do so
- Under the age of 16 (or otherwise unable to travel by themselves), parents/cares contacted and to follow guidance for households.
- A room or area should be designated for the pupil to wait to be collected with appropriate adult supervision.
- A separate bathroom should be designated for the individual to use.
- Private transport to reach home should be used where possible.
- If an individual is so unwell they need an ambulance advise the call handler of 999 you are concerned about Covid-19.

All First Aid Kits to contain PPE: gloves, aprons and masks. Additional guidance for staff is available here:



Guidance for School Staff on Personal Prot

It is the responsibility of the Head Teacher to ensure that they have sufficient stocks of PPE within their school at all time – the current guidance from procurement is having approximately 4 weeks stock on site. Stock will be ordered by, and held at, the Cluster Academy. CSN Support Service Co-ordinators have the lead on this locally. Head Teachers notified of local procedures. Facilities informed and deep clean carried out of areas deemed exposed to potential infection following [covid-19-decontamination-in-non-healthcare-settings](#) guidance. Additional information found [here](#). Schools should maintain accurate register of absences for staff and pupils – codes for this have been developed in SEEMIS.

COVID related illnesses during attendance at establishments

If a pupil or member of staff presents with Covid related symptoms whilst at school please see the information below, and NHS guidance and flowchart [here](#) with NHS FAQs [here](#) as a guide to the response required. Advice [here](#) for people advised to self-isolate. See below for OUTBREAK MANAGEMENT

With the Individual

1. Student / Staff member removed and sent to the designated isolation room/space, putting on the face covering that has been provided.
2. School Office phoned to request immediate collection / staff member returns home.
3. Parent//carer or staff should be made aware of the Test and Protect process, and the school also consult with local HPT.
4. First Aider contacted with COVID related symptom advice, puts on relevant PPE – supervises ill user until collection (supervised outside the room).
5. School office notifies supervisory janitor to have the designated isolation room/space and any toilets used deep cleaned.

With the group/class

1. Where student/staff has been identified displaying COVID related symptoms, lesson proceeds in situ for the remainder of that period or the class decanted to another area (local decision from dynamic risk assessment undertaken).
2. When decanting the staff member adds sign to the outside of the door putting the room out of use for that day and a sign on the relevant workstation.
3. Staff member notifies line manager and supervisory janitor to enable deep cleaning to take place.
4. Alternative locations are found for classes due to be in that room/area.

Supervisory Janitor should be informed and clean carried out of areas deemed exposed to potential infection following [covid-19-decontamination-in-non-healthcare-settings](#) guidance.

Advice from the Health & Safety team is that once a symptomatic person has left the premises the area/room where they have been needs undergo an enhanced clean as soon as possible. Building management should quarantine immediate work area and any area the individual has spent more than 15 minutes in. These areas should be cordoned off to a 2m radius. Building management should affix signage notifying the area is out of use. Investigation as to where the individual has been needs to be identified by building management and reported to Cleaning Services.

The remaining pupils and staff member are not symptomatic and the person who has left is not a positive case until deemed so from test results. Until such time as the class / environment is clean then the school should manage the class in looking at suitable options for the class to be relocated if this is deemed to be the most suitable course of action, for example the pupil or member of staff has been moving around the room. This needs to be undertaken with sensitivity as to not cause unnecessary alarm or identify the reason why the pupil or staff member has left the space. It may be decided if the period is near its end that it is appropriate to remain in the class until the change of period, especially if the pupil has been sat in one space and not interacted with other pupils. A local decision through completing a dynamic risk assessment of the situation would determine the course of action.

Also remember that staff should be maintaining physical distancing and along with children focusing on hygiene measures.

It is only if a positive result is confirmed then steps are taken to Test and Protect. Test and Protect in education, which is considered complex, allows for rapid testing of symptomatic children or staff for that matter. Until that result is confirmed positive then there is no need for others to self-isolate until either showing symptoms or being contacted by contact tracers.

The following advice is available in:

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2973/documents/1_covid-19-guidance-for-non-healthcare-settings.pdf

Environmental decontamination (cleaning and disinfection) after a possible case has left a workplace or other non-healthcare setting

Cleaning and Disinfection

Once a possible case has left the premises, the immediate area occupied by the individual, e.g. desk space, should be cleaned with detergent to remove organic matter such as dust or body fluids then a disinfectant to kill pathogens. This should include any potentially contaminated high contact areas such as door handles, telephones and grab-rails. Once this process has been completed, the area can be put back into use.

Any public areas where a symptomatic or COVID-19 diagnosed individual has only passed through (spent minimal time in), e.g. corridors, and which are not visibly contaminated with any body fluids, do not need to be further decontaminated beyond routine cleaning processes.

Environmental cleaning and disinfection should be undertaken using disposable cloths and mop heads using standard household detergent and disinfectant that are active against viruses and bacteria. Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants. All cloths and mop heads used must be disposed of and should be put into waste bags as outlined below. The person responsible for undertaking the cleaning with detergent and disinfectant should be familiar with these processes and procedures.

In the event of a blood and body fluid spillage, keep people away from the area. Use a spill-kit if available, using the personal protective equipment (PPE) within the kit or PPE provided by the employer/organisation, and follow the instructions provided with the spill-kit. If no spill-kit is available, place paper towels over the spill, and seek further advice from the local Health Protection Team.

Spread of infection.	Staff, Children & young people, Visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	8. OUTBREAK MANAGEMENT - SECTION WILL BE SUBJECT TO CHANGE	L	M	H
						Please follow the management and communications steps in the COVID-19 Confirmed Case: School Management and Communications Flowchart found here .			

Please note this needs to be used in conjunction with the following advice/guidance. Arrangements for joint working between schools, local authorities and local Health Protection Teams (HPTs) remain as before. The definitions of clusters and outbreaks are unchanged. Single cases will be identified by Test and Protect, and close contacts will be identified through them too.

Coronavirus Guide for schools in the NHS Grampian area :December 2021 - found [here](#).

- Coronavirus (Covid-19) in Schools: Communications Protocol found [here](#).
- COVID-19: Outbreak Management (Out-of-Hours) found [here](#),
- Public Health Risk Assessment for Confirmed Positive Cases V2.0 found [here](#).
- NHS Letter will be provided to the school by HPT
- Template letters for Head Teachers to use found here: [Low risk Cardinal letter - primary or secondary](#) (note change wording for parents and carers to colleagues as appropriate)

Management of outbreaks in schools (if schools have two or more confirmed cases of COVID-19 within 14 days) and cases is led by local Health Protection Teams (HPTs) alongside local partners following established procedures. Ensure you know how to contact local HPT:

- Grampian Health Protection Office Hours Tel No. 01224 558520; Out of Hours Tel No. 0345 456 6000 (Ask for Public Health on Call) Email Address: gram.healthprotection@nhs.scot

The local HPT have requested that schools contact them by email on Gram.contacttracing@nhs.scot if there is either a single confirmed (test positive) case of COVID-19 or any suspicion that there may be an outbreak of cases in a setting, schools should make prompt contact with their local HPT and local authority so they can assess the situation and offer advice. Increased respiratory illness should prompt contacting HPT for advice. Only those close contacts aged under 18 who are at the highest risk of being exposed to infection will be directly contact traced by Test and Protect and asked to self-isolate until they have received a negative PCR test. Test and Protect will focus on identification of household, overnight (sleepover) or clear, prolonged close contacts. Schools will no longer be as extensively involved in supporting contact tracing. They may be requested by Test and Protect to support identification of any adult staff or clinically vulnerable U18s who are not fully vaccinated and who have had unusually close or prolonged contact with an index case, so that tailored public health advice can be provided.

UPDATED ISOLATION PROCEDURES:

- Positive cases are advised to self-isolate for 10 days. However, if the individual returns 2 consecutive negative LFD tests taken at least 24 hours apart with the 1st test no earlier than Day 6 they may end isolation before the end of the 10 day period if they have no fever.
- Close contacts who are fully vaccinated, having received 3 doses of the vaccination (plus 14 days) or are aged under 18 years and 4 months, can take daily LFD tests for 7 days instead of isolation - provided the tests are negative and they remain without symptoms.
- If someone has not received 3 doses of the vaccination, they will need to book a PCR test and even if this is a negative result, they will need to isolate for 10 days. However, Test and Protect or the HPT will advise.
- Advice on confirmatory PCR tests where people test positive on a lateral flow device (LFD) test (but have no symptoms) are now not advised to get a PCR test to confirm infection but to follow isolation advice as it applies to them as a positive case – there is an exception for people who may be eligible for the Self-Isolation Support Grant who are advised to take a PCR test to ensure they can confirm their infection to be potentially eligible for financial support. People with Covid symptoms should continue to take a PCR test, regardless of whether or not they have a positive LFT. PCR and LFD tests work in different ways to identify people who have COVID-19 infection. If any symptoms present – a new continuous cough, high temperature or loss/change of taste/smell - a PCR test should be booked as soon as a slot is available.
- These changes take effect from 6th January onwards. Anyone isolating prior to this should continue to follow advice given by Test and Protect.

[Self-Isolation FAQs with useful advice can be found here.](#)

Using the risk-informed approach set out in the latest guidance, all potential contacts (whether high or low) will be identified and provided with appropriate, proportionate advice on the action that should be taken in the following ways:

- Test and Protect will, through the contact tracing system, identify those contacts where there is a high risk of transmission and ask them to self-isolate and take a PCR test: and
- Other low risk contacts will be identified by schools when they are informed of positive cases and sent information that advise them to take certain mitigating actions.

These actions do not require self-isolation but include important advice of LFD testing and other mitigating actions.

If outbreak confirmed schools should work with local HPT to manage with local authority. Actions may include:

- Attendance at multi-agency incident management team meetings
- Communications with pupils, parents/carers, and staff
- Provide records of school layout / attendance / groups
- Implementing enhanced infection, prevention and control measures.

Test and Protect will make recommendations on self-isolation, testing and the arrangements to do this. The IMT will discuss and agree additional measures to deal with the specific situation faced in a school. These may include reviewing risk assessments and compliance with existing guidance, the greater use of face coverings, reviewing and reducing higher risk activities, and/or a move to blended learning. Any discussion of possible school closures should take place between school, local authority and local HPTs. Schools should maintain appropriate records.

Notification Processes: ALL confirmed cases must be reported through adding the details to the Accident/Incident reporting system on Arcadia and by notifying the school's Health & Safety Officer. Include as much information as possible - including any evidence of the infection was work related as this will assist the Health & Safety Team conclude if the case is notifiable **by them** to the Health & Safety Executive (HSE). If the case is a member staff iTrent also needs to be updated.

Colleagues in HR are in the process of developing corporate guidance for changes to self-isolation guidance for staff who are able to potentially be exempt from isolating in certain circumstances, for example considering exemptions in order to avoid school buildings closing and avoiding moving to remote learning where possible. Information will be shared as soon as this is available.

Spread of infection.	Staff Visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	9. FACILITIES: inc, VENTILATION; STAFF AREAS/BASES Ensure regular cleaning (at least twice daily) of commonly touched objects and surfaces (e.g. handles, shared surfaces desks / technology surfaces / dining tables), toilet areas, changing rooms and staff areas. Additional cleaning will be provided by Cleaning Services. Where there may be capacity gaps the janitorial team will help support where there is capacity to do so. The allocation of this will be based on formula based on school size.	L	M	H
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Pre-Covid 19 expectations would apply for cleaning down areas. Cleaning materials to be made available throughout the day for staff and there will be provision of adequate cleaning resources for staff to prepare their own workspaces for working. There is no expectation that teaching or PSA staff to clean communal areas or toilet facilities. The location of materials will be agreed locally, and Janitorial Staff can provide assistance in provision of materials.

As a minimum, frequently touched surfaces should be wiped down at the beginning, and, or end of each day, and more frequently during the day depending on the number of people using the space, whether they are entering and exiting the setting, and access to hand washing and hand-sanitising facilities. Cleaning of frequently touched surfaces is particularly important in bathrooms and communal kitchens. When cleaning surfaces it is not necessary to wear PPE. Health Protection Scotland documentation can be found [here](#).

When using Covid Guard please ensure that all surfaces are wiped down after the contact time has passed. Other products may be used on the same surfaces and while not dangerous the effectiveness of the disinfection process may be reduced if the guidance is not adhered to. In its undiluted form Covid Guard should not be stored with Oxivir or Sani 4 in 1.

Janitorial staff will be able to support with the provision of bins for tissue waste in classrooms. All toilet areas to contain signage highlighting good handwashing routines.

Ventilation: Greater emphasis should be placed on ventilation, by keeping windows open as much as possible, and doors open when feasible and safe to do so.

Leave non-fire doors open to reduce the amount of contact with doors and also potentially improve workplace ventilation. Where it's not possible to keep doors and windows open centralised or local mechanical ventilation is present, systems should, where possible, be adjusted to full fresh air. When changing filters enhanced precautions should be taken. Ensure systems do not automatically adjust ventilation levels due to differing occupancy levels.

Schools should as a minimum ensure that adequate levels of ventilation and appropriate temperatures are maintained, with reference to the School Premises Regulations. The primary effective method of increasing natural ventilation remains the opening of external doors, vents and windows. Wherever it is practical, safe and secure to do so, and appropriate internal temperatures can be maintained in line with statutory obligations, this approach should be adopted. Fire Safety Risk Assessment should always be reviewed before any internal doors are held open

Ventilation:

- partially opening doors and windows to provide ventilation while reducing draughts
- opening high level windows in preference to low level to reduce draughts
- purging spaces by opening windows, vents and external doors (e.g. between classes, during break and lunch, when a room is unused, or at other suitable intervals if a space is occupied for long periods at a time)

Temperature:

- providing flexibility in permissible clothing while indoors including relaxing of uniform policy – pupils and staff should be allowed to wear warm clothing (jackets, jumpers, hats etc)
- designing seating plans to reflect individual student/staff temperature preferences
- adjusting indoor heating to compensate for cold air flow from outside (e.g. higher system settings, increased duration)

Centralised or local mechanical ventilation systems should wherever possible be adjusted to full fresh air. Air recirculation should be avoided or minimised.

The requirements around CO2 monitoring have been strengthened in the latest SG guidance. In summary, the changes are:

- All learning and teaching spaces are to be assessed **a minimum of one full day each week**
- Sufficient monitors should be available to allow **on-going decision making** by staff in respect of balancing ventilation and temperature during the winter months

- Appropriate reporting arrangements for areas of persistent concern

We are looking into solutions for this and updated information will follow in the new year. The simplest solution and the one that puts the least workload implication onto local school staff longer term, is to provide a separate monitor for each teaching space. This will provide a 'tool' in each space that will support staff to make decisions on how best to balance ventilation and thermal comfort by opening/closing doors and windows.

Janitorial Support Teams are able to support with the logging of any calls concerning window opening faults if detected. FES have been advised to prioritise any calls for windows that cannot open / are hard to open.

Some schools may require the controlled propping open of fire doors to enable queuing for lunch lines. External Fire Doors if opened to facilitate lunchtime queues must be supervised by a responsible adult and details of this temporary measure added to the Fire Risk Assessment and revised documents shared with all relevant parties.

There are also circumstances where there are internal classroom spaces and offices that do not have ventilation. Advice from Health & Safety colleagues is that under certain circumstances internal fire doors can remain open whilst the space is in use. However, internal fire doors **must** be close should an evacuation take place, when the space is not in use and a responsible adult must be present if propped open and the Fire Risk Assessment updated. These temporary procedures are only allowed as a result of the need to ensure ventilation in all spaces where people are present and revised documents must be shared with all relevant parties.

STAFF AREAS AND BASES:

The same social distancing and hand washing hygiene applies to all staff.

Consider breaks being staggered as per children's breaks to avoid congestion/contact.

The number of people in staff rooms at any one time should be limited to ensure social distancing can be maintained and face coverings should also be worn. Schools should plan how shared staff spaces are set up and used to help staff to distance 1m from each other. Staff should ensure that they use their own eating and drinking utensils. All areas and surfaces should be kept as clear and clean; all dishes should be washed in warm soapy water, dried and tidied away for good hygiene by individuals. Safe, hygienic and labelled food storage is necessary for shared fridges by staff. Universal signage should continue into any staff areas/bases and offices. Where there is a sink in the area, soap and paper towels should be available. Bin placed near sink. Areas to be kept well-ventilated where possible. Reduce the range of resources to be used. Reduce the sharing of resources as much as possible. Trays of equipment for individual should be created. Consider the provision of hand sanitiser in each area.

Spread of infection during canteen use / break and lunchtimes	Staff Children & young people	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	10. BREAK AND LUNCHTIME Public health teams report examples of schools where large numbers of pupils have been isolated because of groups mixing at break times. Consider staggered break and lunchtimes if possible. Consider all persons staying on site once they have entered it and not use local shops etc, where possible. It is recognised where staff have dual roles that this is not always possible. If staff and pupils go off site, they should follow rules in place for wider society. The sanitisation of hands followed by appropriate washing needs to be undertaken on return to site.	L	M	H
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Consider staggered handwashing for snack and lunchtimes. Staggered toilet breaks. Consider staggering break times to reduce congestion and contact at all times. Localised solutions should be agreed at each establishment. Reinforce handwashing prior to eating food. Hand sanitiser should be where people eat and should be used by all persons when entering and leaving the area. While the Scottish Government guidance encourages maintaining consistent groupings *where possible*, there are circumstances where it is necessary to bring groups together, and in these instances alternative mitigating actions should be put in place. For example, where a shared hall is used for the provision of lunches in a primary school, alternative mitigations could include staggered lunch times, ensuring groups are seated together and not mixing, hand washing/sanitising on entry to/exit from the dinner hall, minimising time groups are together, etc. The approach taken should be risk-based and adapted to the specific circumstances of the school.

Canteen use: Canteen staff should continue to follow Food Standard Agency's (FSA) in food preparation and their Hazard Analysis and Critical Control Point (HACCP) processes. Covid-19 Guidance can be found [here](#). App available for secondary schools for meal selection to assist with queues. Payments should be taken by contactless methods wherever possible. Touch pads will be removed from all till points. Payment will be taken by card or look up by catering staff. Drinking water should be provided with enhanced cleaning measures of the tap mechanism introduced. Ensure that free drinking water is available to children and young people throughout the day. All rubbish and waste should be put straight in the bin by pupils/ the user and not left for someone else to clear up.

Service Counters – all staff working at a service counter are required to wear a face mask during service (unless exempt on medical grounds). In addition, visors can be used at staff member's discretion. All areas used for eating must be thoroughly cleaned at the end of each break and shift, including chairs, door handles, vending machines etc. Catering Risk Assessment found [here](#).

Process/Activity: Infection Prevention & Control	Location: All ECS Establishments	Date: 06.01.2022
Establishment RA Author: Mr Adrian Anderson	Date of Review: ONGOING	