	FORM OV 4 **RISK ASSESSMENT FORM** (Focus on the things over which you have control)
	Establishment: Great Clacton Church of England Junior School

ACTIVITY: Residential/Outdoor & Adventurous		**Group Leader: Charlie Watts**	
Visit Details: 5 day residential In the Isle of Wight			**Date of Visit: 14/06/21 – 19/06/21**
Assessment by Malcolm Over/ Karen Jones		**Date: 12/05/21**	**Target Date for review: 12/06/21**
Approved by: Karen Jones		**Position: Headteacher**	**Date: 12/05/21**
Significant Hazards and Associated Risks Those hazards which may result in serious harm or affect several people	**Those who might be harmed** Persons at risk from the significant hazards identified	**Control Measures (CM's):** Controls, including relevant sources of guidance (E.g. Generic Risk Assessment, CSF Offsite Visits Manual, Guidance from Provider, etc.). Specific CM's not included in the generic RA (e.g. briefings, actions by leaders / participants, qualifications / experience of supervisors)	**Additional CM's required?** If existing CM's cannot be met or circumstances have changed	**Residual Risk Rating (H / M / L)**
Injury whilst embarking and disembarking	Children	Children to travel to/from Isle of White by coach provided by NST. Children will be supervised by school staff during the whole week.	No	L
Manual handling injury with luggage	Children	Children to be assisted with baggage/luggage where necessary. Adults to be watchful that children are not lifting/carrying items that may cause injury	No	L

Drowning	Children	Some activities may take place near water (Beach Walk). Adults to ensure children are adequately supervised and have assessed the location properly before allowing children near or in water. Site approved leaders to advice on suitability of going near/in water. Children to be given specific instructions on expectations and conduct before going in/near water. Children only allowed paddling near edge of water.	No	L
Water borne diseases	Children	Site has already carried out own RA.	No	L
Animal and insect bites		Qualified First Aiders on site to treat animal/insect bites or to seek medical help where necessary.		
Slips trips and falls	Children Adults	Children given briefing by course leaders before commencing activities. Tour of site as a group at start of residential to familiarise everybody with terrain and any possible hazardous areas.	No	L
Allergies	Children	Individual circumstances identified, and any necessary information passed on to provider e.g. food allergies. Individual RAs completed for children where necessary and shared with all adults and providers	No	L
Food hygiene and catering	Children Adults	Provider is supplying all food – has own RAs	No	L
Illness, injury, medical emergency	Children Adults	Qualified first aiders on site always. Emergency contact information carried by Group Leader always, including possible medical notes. Group Leader to be responsible for ringing emergency services if necessary	No	L
Accommodation security, fire windows, doors and location of staff	Children	Adults' accommodation is very close to children's' accommodation. The accommodation has been checked by provider in advance	No	L

Use of toileting and washing areas	Children	Children to be briefed on hygiene and personal security at start of residential. Adults to monitor children in toilets/washing blocks to ensure behaviour and conduct are acceptable	No	L
Abduction/child abuse	Children	Site is secure and checked by provider. Children are together in groups always and accompanied by staff on all activities. Children encouraged reporting anything of concern to an adult.	No	L
Dietary requirements	Children	Individual RAs carried out for individual children where applicable and shared with all adults and provider.	No	L
Night time tendencies (sleep walking, illness)	Children	Parents/carers consulted in advance of trip – any individual children who we have concerns about are spoken to and any precautionary measures put into place.	No	L
Activities on site	Children	NST will be providing a full program of activities as per the attached schedule. All these activities have been risk assessed by NST. Further risk assessments have been completed by providers, as necessary, in relation to COVID.	No	M

Notes for guidance:

- Focus on *significant* hazards and associated risks over which Group Leaders / Group Members have control

- Control Measures should be simple and easy to understand
- Include reference to external guidance from providers / LA as part of Control Measures (CM's), where relevant. Also, CM's not included in the Generic Risk Assessment, briefings, actions by leaders and participants, qualifications / experience of supervisors
- Consider the key variables: **S**taffing; Timing; **A**ctivity; **G**roup; **E**nvironment; **D**istance from support (STAGED)
- Compile Risk Assessments with contributions from as many people concerned as practicable, including participants
- Ideally, each Risk Assessment should be no longer than one side of A4
- Ensure, as far as is appropriate, that understanding of the Risk Assessments is shared across all members of the group
- Include Additional CM's if generic CM's are insufficient, existing CM's cannot be met or circumstances change
- Review the Risk Assessments after any incident and as a matter of routine on an annual basis

Definitions:

- **Hazard** Anything with the potential to cause harm
- **Risk** The likelihood that someone may be harmed by the hazard
- **Significant** A hazard is significant when either it may cause *serious* harm to an individual or it may harm *several* people
- **Control** Arrangements in place to reduce / manage the risk
- **Measures**

Reducing the Risks:

- ✓ Experienced and competent leaders
- ✓ Improve briefings
- ✓ Apply stricter supervision ratios
- ✓ Separate people from the risk
- ✓ Reduce the period of exposure to the risk
- ✓ Provide PPE
- ✓ Use alternative method
- ✓ Increase training and qualification of leaders
- ✓ Specify higher competence level of participants
- ✓ Discontinue the activity

Use your Risk Assessment process to inform you're planning

"Clearer objectives lead to safer activities"

School Produced COVID Related Risk Assessment

1. The risk assessment below has been made using the school's current COVID risk assessment as a foundation.
2. The risk assessment below and above is not the full risk assessment for the trip – this is on the EVOLVE platform and complies with the standards expected by Essex and of our trust.
3. Further aspects of our risk assessment, on EVOLVE, include but are not limited to, those by providers in relation to managing the risk of COVID infection

Theme	Control Measures	Risk to Implementation	Risk Level Pre-Action	Action Required / Decision Made	Action Completed Date	Risk Level Post-Action
Engagement in Risk Assessment and Planning	Risk assessment process fully engages staff, governing body and union representatives.					
Emergency Evacuations	Evacuation routes are confirmed, and signage accurately reflects these. *NB In the event of emergency the priority is getting out of the building calmly regardless of social distancing.* Consideration given to PEEP – buddies are assigned or reassigned according to available persons. Arrangements in place to support individuals with reduced mobility including cover arrangements in the case of reduced numbers of staff.	Current evacuation routes would cause multiple groups of people to come into contact. More appropriate alternatives are possible.	M	No change needed. All current hotel evacuation routes are suitable.	12/05/21	L
Cleaning and waste disposal	Enhanced cleaning regime is in place in line with COVID19: Cleaning in non healthcare settings guidance.	Lack of cleaning staff. Lack of cleaning materials. Time	M	Hotel to use enhanced cleaning regime School staff to take cleaning products with them and to monitor all areas and clean or have hotel staff clean, as needed and in addition to normal cleaning.	All staff Hotel	L

				Staff to always have hand sanitiser with them – for use in and out of the hotel. Staff to always have sanitising wipes with them, including for use when not in hotel. For example, all door handles to be cleaned with cleaner/wipes at least twice daily.		
	Sufficient time is available for the enhanced cleaning regime to take place.	Agency availability	M	Hotel to arrange	Ongoing	L
	Process in place for safe removal and/or disposal of face masks.	Lack of advice and facilities.	M	Plastic bags to be used for sanitising wipes and for tissues – these to be sealed and then placed in allocated bins. All staff to have a roll of sealable bags.	All staff	L
	Windows used to allow for necessary levels of ventilation.	All internal spaces to be well ventilated and this, as the weather becomes colder, to be balanced with thermal comfort.	L	Bedrooms to be well aired when not occupied. Bedrooms to be suitably ventilated when occupied.	All staff	L

				All communal areas to be well ventilated. Staff to monitor all of above. Children to be briefed on above on arrival at hotel.		
	Management check of ventilation and thermal comfort.	All internal spaces to be well ventilated and this, as the weather becomes colder, to be balanced with thermal comfort.	L	SLT to monitor the ventilation and thermal comfort in different spaces in the hotel. SLT to use carbon dioxide meter to monitor, and if necessary adjust, the current level of management checks regarding ventilation.	CW Ongoing	L
	Consideration given to the options for redeployment of staff to support the effective working of the trip.	Children to be in five adult supervised groups. CW and JH to share a group – allows for one of them to be with a child that shows symptoms and needs to be isolated or to cover for a colleague that has symptoms/positive LFT result and thus needs to isolate. All staff are first aid trained – if has symptoms/positive LFT result then the other can fulfil the role of first aider.	M	CW/KJ	Ongoing KJ and CW	L

	Approach to support wellbeing, mental health and resilience in place, including bereavement support How staff are supported to follow this within their own situations and that of pupils and colleagues is clear.	Level of staffing allows for at least one member of staff to have a break from the group, when in the hotel. KJ to travel Tuesday and meet with group staying until Thursday morning. This will also allow for support and capacity should symptoms develop whilst away	M	All staff, including trip leader, to have times to have a break from the group.	Ongoing All staff	L
	Arrangements for accessing testing, if and when necessary, are in place. Staff are clear on returning to work guidance. Process in place for use of the limited number of self-testing kits.	National testing programme limitations	L	All staff have been informed of arrangements when in school. These to continue for trip. See guidance and briefings, given to all staff regarding Lateral Flow Test Devices. Continue with current arrangements that allow for twice weekly testing by all staff and necessary action where there are positive test results. Supply of PCR tests from school to be taken	All staff Ongoing	L

				in case child develops symptoms. Household asked to test the evening prior to departure using LFD		
Group Sizes	All children are included in distinct groups/ 'bubbles' that limit mixing and the number of children in each bubble is as small as possible whilst meeting the educational needs of all children.	Too much contact between children which unduly increases the risk of infection. Education needs of children not met because of	M	1. One bubble attending the trip. 2. All staff teach in the bubble in which the children are.	Ongoing	L

		limitations to children and staff contact.				
	Staffing allocations to groups determined, minimising contact with multiple groups as much as possible.	Too much contact between different staff and children which increases the risk of infection. Education needs of children not met because of limitations to children and staff contact.	M	1. Children to have one group leader for the trip.	Ongoing	L
Social Distancing	Arrangements for social distancing in place to consider: • Staggered school drop off/pick up times and locations (if possible) without reducing teaching time • Staggered or limited amounts of moving around the school/ corridors • Classroom design • Break and lunch times are staggered. Plans for social distancing during these times in place, such as when queuing for lunches • Toilet arrangements	Restrictions caused by site, building and educational needs	M	**Coach** Children to be as distanced from each other as is possible. Coach to be well ventilated. **Meal times at the hotel** Children to socially distanced around the dining room. **Lunchtimes – not at the hotel** Children to eat outside or in well ventilated areas.	Ongoing. All staff	L

		The Government has made it mandatory for passengers to wear face coverings when using public transport in England. All our customers, except for children under the age of 11 and those that are exempt, are now required to carry a face covering with them at all times. Customers will be required to wear their face covering when travelling on our ferries (inside and outside) and when using facilities inside our customer buildings.		**Toilet arrangements** Classes to use own en-suite toilets, when in hotel. These to be cleaned at least daily, see above. Staff to use own en-suite facilities when in hotel. **Movement around hotel** This will be limited, as much as possible. Class and office staff to communicate using walkie talkies. **Ferry** Face masks will be worn in accordance with ferry company's approach.		

		For further information, please use this link: https://www.wightlink.co.uk/coronavirus#information-for-travellers				
PPE	PPE requirements understood and appropriate supplies in place. Long term approach to obtaining adequate PPE supplies in place.	Infection Control	M	Staff will use PPE in line with the latest advice of the PHE, SAGE etc. Presently, this means that staff will 1. Wear PPE when providing first aid. 2. Wear PPE when providing intimate care. 3. Wear PPE when responding to a child or member of staff that displays a continuous cough or a high temperature – see action 15. 4. Wear face masks when preparing and serving food. These will be changed at least four hourly. Not wear PPE at other times*	Ongoing All staff	L

	Staff have use of PPE, as set out in this RA	Infection Control		Staff have all been briefed about how and when to use PPE.	MCT – SIM meeting	
Response to suspected/ confirmed case of COVID19 in school	Approach to confirmed and suspected COVID19 cases in place: during trip • Which staff member/s should be informed/ take action • Area established to be used if an individual is displaying symptoms during the school day and needs to be isolated • Cleaning procedure in place • Arrangements for informing parent community in place	Infection control	H	SLT to be informed immediately. They are to be isolated and are to follow COVID-19 guidance for households with possible coronavirus. SLT will contact Essex's advice line and follow the advice they give at the time. There are spare rooms in the hotel to ensure that if isolation, or children, or staff, is needed, then it can be used. If a child or member of staff is waiting to be collected by family then they will be isolated and supervised by a member of staff. PPE will be worn by staff supervising children in	Ongoing All staff, children and parents and carers	L

				this situation. Suitable		

				PPE will be taken on the trip – the school has a plentiful stock. When any child, who has symptoms and has had to wait for collection, leaves the room they were waiting in the supervising member of staff will clean that room. . If the child or member of staff is seriously ill or their life is at risk front office staff will ring 999. SLT to read the then current advice and guidance and to contact the local Public Health England protection team and then to follow any advice they provide**.** All stakeholders, concerned, to engage with the NHS track and trace system. See information in Appendix D		
	Approach to confirmed COVID19 cases in place: outside of school hours	Infection control	M	Parents/carers to inform school as soon as	Ongoing	

	• Approach to relocating CYP away from certain parts of the school to clean, if possible • Cleaning procedure in place • Arrangements for informing parent community in place			possible – before and during the trip. SLT to be informed. SLT to read the then current advice and guidance and to contact the local Public Health England protection team and then to follow any advice they provide**.** All stakeholders, concerned, to engage with the NHS track and trace system.	All staff, children and parents and carers	
	Process in place to engage with the Test and Trace and contract tracing process. *Refer to ECC and public health guidance for more information.*	Infection control	M	All stakeholders, to engage with the NHS track and trace system, as national advice and guidance to schools. Staff to continue to engage with LFT regime. All household members, of children due to attend the trip, and who are adults or in Year 7 and above, must take a LFT no more than three days prior to the start of the trip. If the LFT test is positive they must:	Ongoing All staff, children and parents and carers	L

				1. Report this to the school, immediately. 2. Arrange for an anti-body test. 3. Inform the school of the anti-body test result. If a member of staff, or household member of children due to attend he trip, has a positive anti-body test result, then they must not attend the trip. They must follow national guidance regarding self-isolating.		
Finance	Additional costs incurred due to COVID19 are understood and clearly documented.	Potential financial issues	M/L	School has strong record of good financial management over the past five years. The same approach that has led to the above will be continued.	Ongoing MCT and SBM Trust	L

Appendix A

World Health Organization | Patient Safety — A World Alliance for Safer Health Care | SAVE LIVES Clean Your Hands

Glove Use Information Leaflet

Outline of the evidence and considerations on medical glove use to prevent germ transmission

Definitions

Medical gloves are defined as disposable gloves used during medical procedures; they include:

1. Examination gloves (non sterile or sterile)
2. Surgical gloves that have specific characteristics of thickness, elasticity and strength and are sterile
3. Chemotherapy gloves – these gloves are not addressed within this document

Rationale for using medical gloves:

Medical gloves are recommended to be worn for two main reasons:

1. To reduce the risk of contamination of health-care workers hands with blood and other body fluids.
2. To reduce the risk of germ dissemination to the environment and of transmission from the health-care worker to the patient and vice versa, as well as from one patient to another.

Gloves should therefore be used during all patient-care activities that may involve exposure to blood and all other body fluid (including contact with mucous membrane and non-intact skin), during contact precautions and outbreak situations.

The efficacy of gloves in preventing contamination of health-care workers' hands and helping to reduce transmission of pathogens in health care has been confirmed in several clinical studies. Nevertheless, health-care workers should be informed that gloves do not provide complete protection against hand contamination. Pathogens may gain access to the caregivers' hands via small defects in gloves or by contamination of the hands during glove removal. Hand hygiene by rubbing or washing remains the basic to guarantee hand decontamination after glove removal.

Key learning point: gloves do not provide complete protection against hand contamination.

The impact of wearing gloves on adherence to hand hygiene policies has not been definitively established, since published studies have yielded contradictory results. However, the recommendation to wear gloves during an entire episode of care for a patient who requires contact precautions, without considering indications for their removal, such as an indication for hand hygiene, could actually lead to the transmission of germs.

Key learning point: prolonged use of gloves for contact precautions in the absence of considering the need to perform hand hygiene can result in the transmission of germs.

Glove use and the need for hand hygiene:

- When an indication for hand hygiene precedes a contact that also requires glove usage, hand rubbing or hand washing should be performed ***before donning gloves***.
- When an indication for hand hygiene follows a contact that has required gloves, hand rubbing or hand washing should occur ***after removing gloves***.
- When an indication for hand hygiene applies while the health-care worker is wearing gloves, then gloves should be ***removed to perform handrubbing or handwashing***.

Inappropriate glove use:

- The use of gloves when not indicated represents a waste of resources and does not contribute to a reduction of cross-transmission.
- It may also result in missed opportunities for hand hygiene.
- The use of contaminated gloves caused by inappropriate storage, inappropriate moments and techniques for donning and removing, may also result in germ transmission.

Key learning point: it is important that health-care workers are able to differentiate between specific clinical situations when gloves should be worn and changed and those where their use is not required (see figure The Glove Pyramid). Moreover, the health-care worker should be accurately informed on the moment (see Table) for donning and removing gloves.

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Summary of key messages for practical mccfcal glove use:

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E. The reuseof gloves after reJroC8SS!ng 01decon:amirwion IS no! reconmended.

Table. Summary of the indications for gloving and for glove removal:

	Indication
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Cloves off	1) As soonasglovesaredamaged (or non-integrity suspected) 2) \"11en contact v·.i h blood. anothef body fluid.non-tr.tact skn andmucous meml:rane hasoccurredandhas ended 3) \"11en contact wth a single palier,t and his/her surroundings. or a oonlatrinated bodysiteon a pa1ient hasended 4} When then!is an indication tor hand h)glefle

TheGlove Pyramid - to aid decision making

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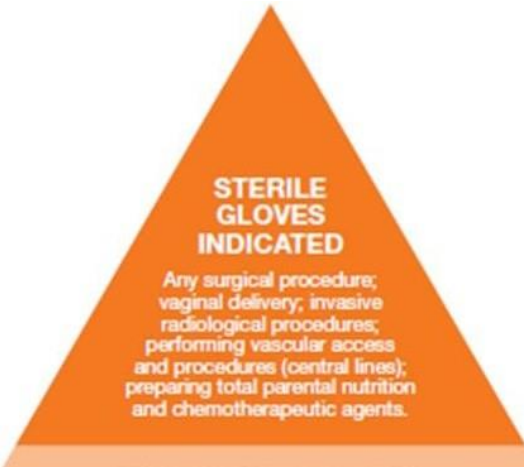

EXAMINATION GLOVES INDICATED IN CLINICAL SITUATIONS

Potential for toucli ng blood. bodY *fluids.*secretions, excnlbons *and items* mi,ly *soled by body* flulds.

DIRECT **PATIENT** EXPOSURE: Contact W11h blood; contact With mucous membrane and .,,,th non-urtact skn potential presence of highly ilfecboUs and dangerous orgamm: epidemic or emergency Sltullions: IV insertion and removal: dr•l'l9 blood: discontnJation of veoousline: peMc:and vaginal eiuwnnauon: suc1iorwlg non-closed systems of endotrc:heal tubes.

INDIRECTPATIENT EXPOSURE: Emptyl'lg emesis basins; handlin cleaning instruments **handling** waste: cleerwlg up spills of *body* fbds.

GLOVES NOT INDICATED (except for CONTACT precautions)

*No potential for exposun,*roblood *or body flt.ntis, or contammated environment*

DIRECT PATIENT EXPOSURE: TamgbloodPfllSSl.n. temperalinSid pube; performilg SC and M in,ecuons: ba1twlgand dressing thepatient. transportng pllll!OI; caring for **aye,and ears** "'llhout secretlOnS); 11ny vascui.line manipual>on **n absence** of bloodleakage.

INDIRECT PATIENT EXPOSURE: Usng the telephone....,JU1Q in the patient ctwt giving oral medic:anon,; distributing or colectingpa1net dietary trays: removilg **and** r inen forplda1lbed;placing noo-nvasive ventilation eq1J1>ment Sld ygancannula;moving pa1ient fu-nihn .

Technique for donning and removing non-stenle eurn.imltion gloves

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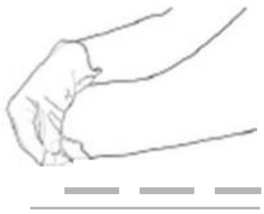

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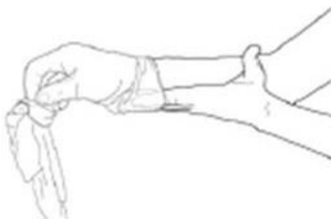

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Appendix B

Applying an apron

1. Perform hand hygiene.
2. Remove an apron from the roll or dispenser. Open it outwards ensuring the inner surface faces the patient to prevent any contamination on its outer surface coming into contact with the patient.
3. Place the neck loop over your head (Fig 3).
4. Position the apron to cover as much of the front of your body as possible.
5. Fix the apron in place by tying the waist straps behind your back.

Source: Peter Lamb

Removing an apron

If disposable gloves are being used, they should be removed first (Loveday et al, 2014).

1. Break the neck loop and waist straps.
2. Roll the apron downwards from your chest so the contaminated outer surface is folded inwards. Avoid touching the outer surface of the apron with your hands (Fig 4).
3. Dispose of the apron in a hazardous waste bin.
4. Perform hand hygiene.

Source: Peter Lamb

(https://www.nursingtimes.net/clinical-archive/infection-control/infection-control-3-use-of-disposable-gloves-and-aprons-24-06-2019/).

Appendix C

Kawasaki disease is a condition that mainly affects children under the age of 5. It's also known as mucocutaneous lymph node syndrome.

The characteristic symptoms are a high temperature that lasts for 5 days or more, with:

- a rash
- swollen glands in the neck
- dry, cracked lips
- red fingers or toes
- red eyes

After a few weeks, and with the correct treatment, the symptoms become less severe, but it can take longer than this in some children.

What will happen if a child has the above symptoms?

1. A member of the Senior Leadership Team will be told immediately.
2. Parent/carers will be telephoned.
3. Child will be assessed and if school staff judge it necessary, 111 will be rung and, if the assessment suggest that life could be at risk, 99 will be rung.
4. Staff will respond on the assumption that the symptoms above may suggest Kawasaki, or Kawaski related disease, and respond as above.

Further information about symptoms

Phase 1: acute (weeks 1 to 2)

Your child's symptoms will appear suddenly and may be severe. Your child may be very irritable.

High temperature

The first and most common symptom of Kawasaki disease is usually a high temperature (fever) of 38C or above.

The fever can come on quickly and doesn't respond to antibiotics or medicines typically used to reduce a fever, such as ibuprofen or paracetamol.

Your child's fever will usually last for at least 5 days, but it can last for around 11 days without the proper treatment.

In some rare cases, the fever can last for as long as 3 to 4 weeks.

Your child's body temperature could possibly reach a high of 40C.

Rash

Your child will almost always have a skin rash. This can vary in appearance from child to child.

Read more about skin rashes in children.

Hands and feet

The skin on your child's fingers or toes may become red or hard, and their hands and feet may swell up.

Your child may feel their hands and feet are tender and painful to touch or put weight on, so they may be reluctant to walk or crawl while these symptoms persist.

Conjunctival injection

Conjunctival injection is where the whites of the eyes become red and swollen. Both eyes are usually affected, but the condition isn't painful.

Unlike conjunctivitis, where the thin layer of cells that cover the white part of the eye (conjunctiva) becomes inflamed, fluid doesn't leak from the eyes in conjunctival injection.

Lips, mouth, throat and tongue

Your child's lips may be red, dry or cracked. They may also swell up and peel or bleed.

The inside of your child's mouth and throat may also be inflamed.

Their tongue may be red, swollen and covered in small lumps, also known as "strawberry tongue".

Swollen lymph glands

If you gently feel your child's neck, you may be able to feel swollen lumps usually on one side. The lumps could be swollen lymph glands.

Read more about the complications of Kawasaki disease.

Phase 2: sub-acute (weeks 2 to 4)

During the sub-acute phase, your child's symptoms will become less severe, but may last a while.

The fever should subside, but your child may still be irritable and in considerable pain.

Symptoms during the second phase of Kawasaki disease may include:

- abdominal pain
- vomiting
- diarrhoea
- urine that contains pus
- feeling drowsy and lacking energy (lethargic)
- headache

- joint pain and swollen joints
- yellowing of the skin and the whites of the eyes (jaundice)
- peeling skin on the fingers and toes, and sometimes also on the palms of the hands or the soles of the feet

Phase 3: convalescent (weeks 4 to 6)

Your child will begin to recover during the third phase of Kawasaki disease, which is known as the convalescent phase.

Your child's symptoms should begin to improve and all signs of the illness should eventually disappear.

But your child may still have a lack of energy and become easily tired during this time.

Cause

The cause of Kawasaki disease isn't fully understood, but a child may be more likely to develop it if they inherit certain genes from their parents.

Infection

The symptoms of Kawasaki disease are similar to those of an infection, so bacteria or a virus may be responsible. But so far a bacterial or viral cause hasn't been identified.

As Kawasaki disease isn't contagious, it can't be passed from one person to another. This makes it unlikely that it's caused by a virus alone.

Kawasaki disease can affect children of any age. It can be more serious in children under the age of 1.

https://www.nhs.uk/conditions/kawasaki-disease/

Appendix D

‘Staff members, parents and carers will need to: • book a test if they or their child has symptoms - the main symptoms are:

o a high temperature

o a new continuous cough

o a loss or change to your sense of smell or taste • self-isolate immediately and not come to school if:

o they develop symptoms

o they have been in close contact with someone who tests positive for coronavirus (COVID-19)

o anyone in their household or support or childcare bubble develops symptoms of coronavirus (COVID-19)

o they are required to do so having recently travelled from certain other countries

o they have been advised to isolate by NHS test and trace or the PHE local health protection team, which is a legal obligation

• provide details of anyone they have been in close contact with, if they test positive for coronavirus (COVID-19) or if asked by NHS Test and Trace

Polymerase Chain Reactions (PCR) tests for symptomatic testing

Booking a polymerase chain reaction (PCR) test through 119

Anyone who displays symptoms of coronavirus (COVID-19) can and should get a test. Tests for symptomatic illness can be booked online through the NHS testing and tracing for coronavirus (COVID-19) website, or ordered by telephone via NHS 119 for those without access to the internet.

Essential workers, which includes anyone involved in education or childcare, have priority access to testing.

All children and young people can be tested if they have symptoms. This includes children under 5, but children aged 11 and under will need to be helped by their parents or carers if using a home testing kit.

Polymerase Chain Reaction (PCR) tests contingency supply

Separate to the asymptomatic testing regime, all schools were sent an initial supply of 10 PCR test kits before the start of the autumn term in 2020. You can replenish these kits when they run out by making an order through the online portal. You should call the Test and Trace helpdesk on 119 if the kits that you have ordered have not arrived.

Having a test at a testing site will deliver the fastest results for symptomatic cases. These PCR test kits are provided to be used in the exceptional circumstance that an individual becomes symptomatic and you believe they may have barriers to accessing testing elsewhere.

You will need to decide how to prioritise the distribution of your test kits.

These kits can be given directly to:

• staff

• parents collecting a pupil who has developed symptoms at school

These PCR tests kits will also help ensure that symptomatic staff can get a test. If they test negative, they can return to work as soon as they are well and no longer have symptoms of coronavirus (COVID-19).

Further information on test kits for schools and further education providers is available.' Page 23ff Schools coronavirus (COVID-19) operational guidance

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'The pupil or staff member who tested positive for coronavirus (COVID-19) can return to their normal routine and stop self-isolating after they have finished their isolation period and their symptoms have gone or if they continue to have only a residual cough or anosmia. This is because a cough or anosmia can last for several weeks once the infection has gone. If they still have a high temperature after 10 days or are otherwise unwell, you should advise them to stay at home and seek medical advice…

In the vast majority of cases, parents and carers will be in agreement that a pupil with symptoms should not attend the school, given the potential risk to others. In the event that a parent or carer insists on a pupil attending your school, you can take the decision to refuse the pupil if, in your *[the*

school's/headteacher's] reasonable judgement, it is necessary to protect your pupils and staff from possible infection with coronavirus (COVID-19).' Page 29 Schools coronavirus (COVID-19) operational guidance February 2021