

**St. Joseph's Specialist Trust**  
**Amlets Lane, Cranleigh**  
**Surrey GU6 7DH**

Website: [www.st-josephscranleigh.surrey.sch.uk](http://www.st-josephscranleigh.surrey.sch.uk)

# **Pandemic Occurrence Procedure & Other Contagious Outbreaks - Preparation and Planning**



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**'No limits ... just possibilities'**

**Your Life ... Your Way**

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***Review Cycle: Annual***

## **St Joseph's Specialist Trust**

### **Pandemic Occurrence & Other Contagious Outbreaks – Preparation and Planning**

**This procedure should be read in conjunction with the Business Continuity Plan, response plan 3.5.3 Health Incident.**

This procedure is applicable to St. Joseph's Specialist Trust which comprises of a specialist school, college, registered children's home and adult supported living houses; for the purposes of this procedure these parties are now referred to as "St Joseph's".

A pandemic is an occurrence of viral disease encompassing a wide geographical area e.g. the Coronavirus pandemic. St Joseph's could equally be affected by other localised contagious outbreaks e.g. norovirus (winter vomiting bug) or influenza.

The Department for Education's (DfE) usual advice to all sectors is that they should seek to continue operating as normally as possible during a pandemic – but should plan for much higher levels of staff absence. During the Coronavirus pandemic the government is using a tiered set of restrictions with the highest tier equating to national "lockdown" with all but core businesses (medical practices, hospitals, food sales etc) ceasing to operate. Schools are different from other settings. Usually children are identified as highly 'efficient' spreaders of infections both among themselves and to adults. Closing schools for a period may significantly reduce the number of students or others infected. In the case of St Joseph's, closure can only be in the most extreme circumstances due to our Children's Home status. Partial closure may be considered e.g. for day students. During the Coronavirus pandemic St Joseph's is directed by government to remain open and all students are considered "vulnerable" against multiple of the government's criteria for that designation.

The DfE advice with respect to specialist residential settings is that as some students have complex needs which can be met better in those schools than elsewhere, the school should weigh up the disruption of keeping students out of school against the increased risk of infection within school. The decision to close the school rests with the Executive Principal in adherence with Government guidance. Closure or partial closure must only happen in line with risk assessments conducted with families and authorities or by government direction.

Staff should continue to come into school unless they have symptoms of the pandemic or have been directed to isolate under current guidance. All staff teams should monitor staff levels and be confident that they can sufficiently cover for absence and retain staffing at a reasonable and manageable level perhaps through:

- Reorganising existing staff.
- Using Supply staff (who are normally familiar to the students).
- Using Agency staff - under the Children's Home regulations no more than 50% are to be agency staff.

If staff absences are at a level which poses a risk to student safety and welfare the decision to partially close the school may be considered but this must be done in line with risk assessment and consultation between St Joseph's, families and local authorities.

If the pandemic reaches the school's geographical area, the Central Government, via the Local Authority (LA) may advise schools to close. During the Coronavirus pandemic schools have been advised to closed over certain periods except for accommodation the children of critical workers as defined by government from time to time and those children deemed vulnerable against government criteria. All St Joseph's students are deemed vulnerable,

During a pandemic outbreak the following actions, as deemed appropriate, should be taken by the School Leadership Team (SLT) with advice and assistance from the surgery staff and other experts in local medicine, health agencies and social services together with Public Health England.

## **Action plan**

### **Actions for surgery staff working with SLT**

- Issue guidance as provided by government and NHS to all staff and students on infection control measures through basic hygiene actions. These include:
  - Covering the nose and mouth when coughing or sneezing, disposing of used tissues carefully.
  - Hard surfaces should be cleaned as often as possible with standard detergents or sanitizing wipes.
  - Frequent hand washing y with soap and water in conjunction with hand gel.
- Issue an advisory letter to families and keep staff well informed of developments. To help limit the spread of the pandemic students and staff who are ill or who have symptoms or are directed to isolate should not attend school.
- Advise on what extra PPE, medical / janitorial supplies are required e.g. additional alcohol gel hand-hygiene dispensers, face masks, sanitizing wipes for disinfecting work surfaces.
- Establish a procedure on when a previously-ill person is no longer infectious and may return to work after illness in line with Government and NHS guidance. Current guidance defines a 10 day isolation period from symptoms arising or testing positive.
- Ensure that staff showing any signs of infection go home immediate, test as soon as possible and that contacts are then informed using the track and trace system and isolate and test as appropriate.
- Ensure that students showing signs of infection are kept separate from other students and minimise contact with staff until you can get them home or isolated in their residential house.

### **Actions for SLT**

- Closely monitor all communications from Central Government, Department for Education and Public Health England and keep in regular contact with the host and other local authorities for updates on the spread of the pandemic and their recommended course of action to their schools. This may influence our own course of action as it may affect staffing levels at St Joseph's.
- Seek the advice of Public health England (PHE) – see below for contact details if there are cases of the pandemic in St Joseph's. PHE will provide advice based on an assessment of all the risks. If the school is to remain open it means that:
- Send students home if staffing levels drop to an unmanageable level. If families prefer students to be given a scheme of work for completion at home, the class teacher will arrange this. Teachers will also advise of any educational TV programmes or online resources which may be relevant to our students. Sending students home or asking them to attend on a limited or staggered basis will only be done in line with risk assessments and consultation with the family and local authorities.

- Depending on the nature, level and proximity of the pandemic and staffing levels, the decision may be taken to close the school or partially close to certain sectors of students. The DfE advice is usually that staff should still be asked to continue to work if they are not ill or caring for dependants. During the Coronavirus pandemic St Joseph's is directed to remain open and staff are directed to work unless ill or isolating. Some staff may be able to work from home, this will be based on need to socially distance, ability to work off site in job role and effectiveness of working from home to meet the needs of the business.
- Limit or cease non-essential travel off site taken by staff and students in line with Government guidance.
- Set up prominent notices at the entrance and on the website advising visitors not to enter if they have symptoms or have been in contact with someone who has symptoms.
- Follow the communication procedures outlined in the Business Continuity Plan i.e.
  - Internal – Rumours can spread quickly and can cause additional stress in a crisis situation. In order to prevent this and for the effectiveness of staff response, staff will be informed as quickly, simply and factually as possible. Briefing notes/agreed statements will be used circulated by the Executive Principal.
  - As personal mobile phones are frequently used by staff when not on duty, staff should be advised of what they are permitted to say in their communications outside St Joseph's and that they are not permitted to answer any media enquiries.
  - External communication is vital during an emergency. An early decision should be made about how to inform parents and other relevant agencies. Contact details for parents, local authorities, social workers and taxi companies are held by the Admin team. An agreed statement should be posted on the school's website.
  - Media Management –. An agreed statement will be prepared for the press if necessary and only designated members of the SLT/Incident Management team should deal with any press enquires. For safety reasons it may be necessary to close all access to non-staff visitors. In the case of the Coronavirus pandemic no onsite visits are permitted from third parties unless deemed vital for safeguarding reasons or in the case of emergency. Ofsted and other regulatory and statutory visits are amended by government from time to time.
  - The press will not be permitted onto the premises other than by the direct invitation of the Executive Principal.
- Consider whether pastoral arrangements need to be put in place for students and staff. Liaise with families and social services as to risk assessment for students' needs.

#### **Actions for Administration staff**

- Admin staff to ensure all staff and student contact details are accurate and readily accessible.
- Based on advice from the surgery department (and Speech and Language Therapy Department for Makaton symboling), issue information sheets to be posted around the school re-emphasising basic hygiene preventative measures.

- Admin support will be needed by SLT to record all actions taken in policies and other relevant documents.
- Programme an information message on the school's answer-phone for out of hours communication.

#### **Actions for Catering Manager**

- Ensure supplies of food and drinks will not be disrupted and use alternative sources if necessary. Plan and stock for long term isolation of St Joseph's population and the possibility of supply chains being affected.

#### **Actions for ICT Network Manager assisted by ICT Technician**

- Ensure that system backups are up to date and SLT know where vital network information is kept (see Disaster Recovery plan (ICT)). Ensure another member of staff is aware of the fundamentals of the network, but suggest an agency for ICT support if necessary.
- Post the agreed communication statement on the school website and regularly update.

#### **Useful links:**

- Department of Health and Social Care: <https://www.gov.uk/government/organisations/department-of-health-and-social-care>
- - includes information on Coronavirus pandemic
- [www.nhs.uk](http://www.nhs.uk)
- Public Health England: [www.gov.uk/government/organisations/public-health-england](http://www.gov.uk/government/organisations/public-health-england) - includes latest statistics and information on spread of pandemics  
Tel: 020 7654 8000
- Government advice on Coronavirus Pandemic [https://www.gov.uk/coronavirus?gclid=EAlaIQobChMI0un9teOT7glVRe7tCh1qfQ9KEAAYASAAEglou\\_D\\_BwE](https://www.gov.uk/coronavirus?gclid=EAlaIQobChMI0un9teOT7glVRe7tCh1qfQ9KEAAYASAAEglou_D_BwE)
- World Health Organisation: [www.who.int/en/](http://www.who.int/en/)
- Surrey County Council – for updates of the LA position [www.surreycc.gov.uk](http://www.surreycc.gov.uk)

<https://www.surreycc.gov.uk/people-and-community/emergency-planning-and-community-safety/coronavirus/latest-information-and-advice>

#### **Other Useful contacts:**

##### **Surrey County Council Emergency Management Team:**

Address: Room 194, County Hall, Penrhyn Road, Kingston Upon Thames, Surrey KT1 2DN

Phone: 03456 009 009

Provides a 24 hour, 365 days a year on call service to manage the response to an emergency on behalf of Surrey County Council to any incidents in Surrey.

#### **Pandemic Recovery Plan and Re-opening**

If the school operation of St Joseph's has been closed/partially closed consideration should be given to the criteria for determining when the school should re-open. This is likely to be when infection rates reach a sufficiently low level and staffing levels have returned to an acceptable level. It is possible that partial re-opening would be advised in the first instance, e.g. for students who have been infected and who have recovered. This will be done where relevant in consultation with the host authority and in line with Department for Education guidance.

- Select a suitable date to re-open the school.
- Ascertain which teaching staff will be available to return to work.
- Ascertain which non-teaching staff will be available to return to work.
- Decide which student groups will return on which dates.
- Decide which methods of notification will be used.
- Record details of school re-opening on the answer-phone and website.
- Ensure all areas are disinfected prior to re-opening to staff or students.
- Consider whether any pastoral support will be needed to be put into place.

This procedure should be used in conjunction with the Business Continuity/Disaster Recovery Plan.

# Annexe A

## **Actions to be taken in the event of a number of cases of Norovirus (Winter Vomiting Bug) on site.**

For any episode of vomiting: staff and day students must go home as soon as possible and must stay away from St Joseph's for 48 hours after the last time that they vomit. Residential students must return to their house and stay there until 48 hours after the last time that they vomit.

A single episode of diarrhoea should be noted and reported to surgery, families and relevant staff, but would not result in going home or returning to houses. A second episode of diarrhoea within the same day would be treated as for vomiting.

Staff caring for residential students with vomiting or diarrhoea must observe the strictest hand hygiene routines and must regularly clean all possible surfaces with antibacterial cleaner as well as using the bodily fluids spill kits.

# Annexe B

## **Coronavirus Pandemic 2020**

The Government guidance as amended from time to time and available on [www.Gov.uk](http://www.Gov.uk) shall be deemed to be annexed hereto and staff will be expected to adhere to all guidance.

# Annexe C

## **Coronavirus Pandemic 2020**

The Coronavirus Act 2020 available at [http://www.legislation.gov.uk/ukpga/2020/7/contents/enacted as amended from time to time](http://www.legislation.gov.uk/ukpga/2020/7/contents/enacted%20as%20amended%20from%20time%20to%20time) shall be deemed to be annexed hereto.

# Annexe D

**Surrey County Council, the host authority has provided PPE guidance for CFLC Staff working with children through the COVID-19 pandemic and staff will be expected to adhere to this guidance**

Continues on follow page.

# PPE guidance for CFLC Staff working with children through the COVID-19 pandemic

Our number one priority is to keep children safe and well. We want to minimise the risks of COVID-19 in whatever “setting” our children are based, whether at home or in other residential and non-residential settings, and essential face-to-face work must continue.

We are also committed to keeping our workforce safe and well. We have developed this **COVID-19 guidance** for professionals and volunteers doing essential face-to-face work, based on the current Public Health England guidance.

## 1. Introduction

This guidance will help you decide when and how to use Personal Protective Equipment (PPE). Professionals are asked to consider each encounter as a **new and individual situation, understand the environment** in which they are working, and therefore make an **informed decision about the need for PPE on a case-by-case basis**.

This guidance should also be read alongside the latest national guidance for [Children's Social Care, Isolation for Residential Educational Settings](#) including children's homes, [SEND risk assessment](#) during COVID-19, [Educational Settings](#) and [infection prevention and control](#).

Please be aware that the national guidance changes frequently, so where possible it is always best to check these links in case advice has changed before we have been able to update our Surrey guidance.

Following this guidance, when working with children in complex situations, is challenging. We recognise that you are best placed to know the children and families you work with.

In the UK, the data up until now is showing that in general children have less severe COVID19 symptoms than adults.

## 2. Policy Statement

The CFLC directorate leadership team has agreed, when interpreting the government guidance on use of PPE, that during direct work with children and families, particularly in their own home, there may be times where this will be deemed an ‘uncontrollable environment’. By “uncontrollable environment” we mean that maintaining a social distance to prevent the spread of coronavirus is impossible, for example because:

- the hygiene standards are very poor, or
- behaviours in the household are unpredictable and challenging, or
- children can't understand and maintain social distancing because of their specific needs and may be close to you for long periods

We know children and families will not necessarily understand or be able to follow the national guidance around COVID-19.



Workers are asked to make every effort to understand what situation they are going into and speak to children and families about COVID-19 guidance and maintaining a social distance of 2 metres wherever possible.

### 3. Measures you should be taking, with or without PPE

- Self-isolate immediately and stay at home if you develop a new continuous cough or high temperature
- Maintain a social distance of greater than 2 metres where possible
- **Wash your hands more often**, with soap and water for 20 seconds. See [Best Practice handwashing](#) guide. Hand hygiene is very effective in preventing spread.
- Catch sneezes/coughs in a tissue (or your sleeve), bin the tissue, wash your hands
- Regularly clean possibly contaminated surfaces

### 4. Why the ability to social distance is important to understand

The ability to maintain a social distance of more than 2 metres is one of the key elements that is used to decide what PPE may be required. This is because COVID-19 is spread mainly by respiratory droplets generated by coughing and sneezing from infected people, and by touching contaminated surfaces. All secretions (except sweat) and excretions are potentially infectious too. The virus is only likely to travel in droplets for a distance of up to 2 metres.

Everyone should, where possible, try and keep a 2 metres distance (social distancing) from all people inside and outside a household.

- **A 2 metres distance can often be maintained during** assessments such as Children and Adolescent Mental Health Service (CAMHS) assessments, other meetings with older children either in their own home or in another setting, and classroom teaching.
- **A 2 metres distance cannot be maintained during** any direct personal care (such as washing, bathing, dressing, toileting and changing nappies), physical treatments and a range of assessments and interactions requiring touch or close proximity, care of children with a range of special needs, and those whose behaviour may include spitting, coughing, biting. These situations need further risk assessment (see later)

It also applies in situations we are calling '**uncontrolled environments**', which is where workers are working with children or families at home or in a setting where they have challenging or unpredictable behaviours and/or where there is poor hygiene in the home. This may also apply when children's understanding or needs means they will be close to you for long periods (transmission is unlikely if a child is transiently within 2 metres e.g. walking past you).

- Scenarios where the activity is cleaning or transporting children have also been considered in this guidance and are included in the PPE table in section 9.
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**A full list of scenarios matched to staff is in the next section (section 5).**

## 5. Staff and scenarios covered by this guidance

These tables acknowledge the breadth of different professionals and settings covered in this guidance. See PPE tables in section 9 for specific advice on PPE for different situations.

<b>1. Professionals visiting and/or doing direct work with children and families in/at their own home. Example situations include:</b>	
<b>EXAMPLE</b>	<b>IMPACTED PROFESSIONALS/SETTINGS</b>
Children coming into care or placement change (including where driving a child is required)	Social worker, family support worker
Professionals visiting and going into the homes of children and families, including direct work (in whatever format)	Social workers, family support worker, youth worker, CAMHS social worker, education professionals (e.g. “therapists”), family group conference work, and any other professional carrying out this function
Professionals doing essential doorstep visits	Social workers, family support worker, youth worker, and any other support worker carrying out this function; and education professionals such as teachers, teaching assistants, inclusion officers, Education Welfare Officers, SEND Caseworker, ‘therapists’
Professionals based in, or visiting, a setting with children and families to do direct work (in whatever format)	Social workers, family support worker, youth worker, family group conference work, CAMHS appointment, HOPE and Extended HOPE, and any other support worker carrying out this function; and education professionals such as teachers, teaching assistants, inclusion officers, Education Welfare Officers, SEND Caseworker, ‘therapists’
Professionals carrying out procedure where there is a potentially high risk of transmitting the COVID-19 e.g. dysphagia assessments on children including those who were previously seen in a special school but are now at home.	Speech and Language Therapists

<b>2. Surrey children being supported in “non-residential settings” where staff are in close proximity to children and/or provide close personal/clinical care. Example situations include:</b>	
<b>EXAMPLE</b>	<b>IMPACTED PROFESSIONALS/SETTINGS</b>
Staff provide support with toileting and intimate personal care (i.e. exposure to bodily fluids)	Schools, Special Schools, Early Years settings, SOLD, other provision providing face-to-face setting support
Children are unable to maintain social distancing because of their understanding and/or behaviour needs e.g. very young children, children with social and communication needs, children with severe learning and behavioural needs (children might spit, cough, bite etc.)	Schools, Special Schools, Short-stay schools, Early Years settings, SOLD, other provision providing face-to-face setting support
<b>3. Surrey children being supported in “residential settings” where staff are in close proximity to children and/or provide close personal/clinical care. Example situations include:</b>	
<b>EXAMPLE</b>	<b>IMPACTED PROFESSIONALS/SETTINGS</b>
Staff provide support with toileting and intimate personal care (i.e. exposure to bodily fluids)	Schools, Residential special schools, residential non-maintained independent schools, Children’s Homes, CwD children’s homes, some instances of foster carers (including IFA placements) taking a new child and if child is confirmed case or symptomatic/coming from symptomatic family
Children are unable to maintain social distancing because of their understanding and/or behaviour needs e.g. very young children, children with social and communication needs, children with severe learning and behavioural needs (children might spit, cough, bite etc.)	Schools, Residential special schools, supported living, residential non-maintained independent schools, Children’s Homes, CwD children’s homes, some instances of foster carers (including IFA placements) taking a new child and if child is confirmed case or symptomatic/coming from symptomatic family
<b>4. Professionals and volunteers undertaking cleaning and/or support activities in a setting that is supporting children</b>	

EXAMPLE	IMPACTED PROFESSIONALS/SETTINGS
Professionals undertaking cleaning and/or support activities (e.g. cooking) where children with or without COVID-19 symptoms have been, where social distancing is possible or is not possible	Schools, Residential special schools, residential non-maintained independent schools, Early Years settings, Children's Homes, Short-stay schools, CwD children's homes
<b>5. Professionals transporting children</b>	
Child coming into care or changing placement and require transporting	Social worker
Child being transported to setting/school by Home to school transport/SEND transport provision	Transport driver

## 6. Understanding if someone is a possible or confirmed case of COVID-19

Unless someone has had a positive result of a COVID-19 test (a 'confirmed' case), you should understand if the child(ren) or others in the environment have possible COVID-19 symptoms (children often do not have symptoms). These symptoms are:

- **A high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature) and/or
- **A new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)

## 7. Understanding the environment – Checklist for face-to-face encounters and decision about PPE

Your manager can support you to understand how to conduct a check for a face-to-face encounter, and the type of PPE you will need, if any.

### Before deciding what PPE is appropriate or not, consider whether the contact:

- Is urgent or could be postponed? If not;
- Could it take place over the phone or by email? If not;
- Could a social distance of more than 2 metres be maintained throughout the contact? If not;
- What PPE is needed based on national guidance (see table in section 9)

### Choice of PPE is set out in the table in section 9. To help you decide always consider:

- Will you be carrying out direct care (personal or clinical)? *Some PPE is worn for all direct care, which includes personal hygiene and contact with bodily fluids*
- Is the child or member of their household in the extremely vulnerable group? *You will always need PPE in this situation*

- Does the child or anyone in their environment have confirmed or symptoms of possible COVID-19? *You will always need PPE if you are within 2 metres*
- Can social distancing be maintained? Consider:
  - the behaviour of the child and their family
  - the space you will be working in/visiting (i.e. is more than 2 metres social distancing realistically possible)
  - the type and length of time of the interaction (the longer the time spent close to a person the higher the risk of transmitting the virus. Transient interactions are usually lower risk).

*If distancing cannot be maintained, then the recommended PPE for different contexts is in the Table in section 9.*

## 8. PPE Use 8.1

### Which PPE to use?

The PPE table covers the different range of COVID-19 contexts that professionals may find themselves in. It is based on national [PPE Guidance](#) accessed on 20<sup>th</sup> April 2020. It assumes you have adequate supplies of PPE. It is important to note that not all interactions require PPE.

National guidance for educational settings can be found here [Guidance for Educational Settings about COVID-19](#) and [COVID-19 SEND Risk Assessment Guidance](#).

Some children and families, particularly families with young children, may find adults dressed in PPE distressing. Where possible, if workers will be dressed in PPE, they should tell children and families in advance and consider how to explain to younger children, for example saying that it is fancy dress day. There is guidance from [Young Minds](#), [The British Psychological Society](#) and [UNICEF](#) on how to talk to children and young people about COVID-19.

### 8.2 Putting on and taking off PPE safely

Follow the [instructions for Donning and Doffing](#) (putting on and taking off) PPE. See Appendix 1 for a donning and doffing poster. For a video click [here](#).

### 8.3 Single use PPE

Single use of PPE means disposal, or decontamination of, the PPE after completion of a care encounter with a child, or at the end of a specific procedure or task.

### 8.4 Sessional use of PPE

Sessional use of PPE means that the PPE is worn either for the period of time of the shift (for example when working on shift in a children's home) or for a period of defined activity (for example a medicine round for children with complex needs). If PPE becomes contaminated, damaged, or if a mask becomes wet, then it should be disposed of and replaced if still required. One reason sessional use is sometimes recommended is that the frequent taking on and off of PPE increases the risk of transmitting the virus.

### **8.5 Reuse of PPE**

The document '[Managing Shortages of PPE](#)', although health focused, has some advice relevant to other care settings about when an item of PPE can be reused.

### **8.6 Disposing of PPE and waste**

Always dispose of PPE, and waste from the cleaning of an area where someone who is a possible or confirmed COVID-19 has previously been. Place in a plastic bag and tied, place into second bag and tie, stored in a secure place for 72 hours, then put in normal waste collection. You are responsible for taking away your own PPE waste from someone's house.

### **8.7 Cleaning**

Recommended PPE for cleaning is shown in the PPE table below. The [Cleaning NonHealthcare Settings](#) guidance is suitable for most situations.

9. PPE requirements						
Context	PPE					
	Disposable gloves (single use)	Disposable plastic apron (single use)	Surgical mask	Surgical mask - Fluid resistant type IIR	Eye protection (single use if available) **	Frequent Hand Hygiene
<b>Working with children who are NOT a possible or confirmed case of COVID-19</b>						
<b>Work with children who do not have COVID symptoms and where you can maintain &gt;2m social distancing</b> E.g. essential CAMHS appointment, classroom teaching <a href="#">Source: SEND risk assessment guidance</a> <a href="#">Source: Educational Settings</a>	X	X	X	X	X	✓
<b>Working with possible or confirmed cases of COVID-19</b>						
<b>Direct care to a child in a household where any member of the household is a possible or confirmed case of COVID-19</b> <a href="#">Source: National PPE Guidance Table 2</a>	✓	✓	X	✓ Fluid resistant type IIR surgical mask (single or sessional use)	✓ Risk assess, and use if likely risk of contamination by splashes, respiratory droplet, blood, body fluids	✓
<b>Facility with possible or confirmed case(s) – and direct resident care within 2 metres</b> E.g. Residential schools, Children's homes, <a href="#">Source: National PPE Guidance Table 2</a>	✓	✓	X	✓ Fluid resistant type IIR surgical mask (single or sessional use)	✓ Risk assess, and use if likely risk of contamination by splashes, respiratory droplet, blood, body fluids (sessional use)	✓
<b>Driver conveying possible or confirmed case(s) of COVID-19, in vehicle with no dividing barrier, no direct care and within 2 metres</b> <a href="#">Source: National PPE Guidance Table 3</a>	X	X	X	✓ Fluid resistant type IIR surgical mask	X	✓ carry tissues and sanitiser in car

<b>Cleaning areas where clients with possible or confirmed COVID-19 have been *</b> <a href="#">Source: Decontamination in non-healthcare settings</a>	✓	✓	X	X (unless visible bodily fluids)	X (unless visible bodily fluids)	✓
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## 9. PPE requirements

Context	PPE					
	Disposable gloves (single use)	Disposable plastic apron (single use)	Surgical mask	Surgical mask - Fluid resistant type IIR	Eye protection (single use if available) **	Frequent Hand Hygiene
<b>Working with extremely vulnerable (Shielding) groups</b>						
<b>Direct care or visit to a child in the extremely household member is extremely vulnerable</b> Note: PPE is to protect the extremely vulnerable <a href="#">Source: National PPE Guidance Table 2</a>	✓✓✓ X X ✓ and person	vulnerable undergoing	to shielding	COVID-19*****	group or where	
<b>Working with children who are NOT a possible or confirmed case of COVID-19 (when UK is in sustained transmission*****)</b>						
<b>Direct care assessing*** in any social care setting - children not currently a possible or confirmed case of COVID-19, but where you will be within 2 metres of the child</b> E.g. Providing direct personal care such as washing, dressing, medical support E.g. “uncontrollable environment” such as safeguarding home visits where child/family have challenging and unpredictable behaviours such as spitting, or poor hygiene which increases the risk of transmitting the virus. <a href="#">Source: National PPE Guidance Table 4</a>	✓	✓	X	✓ Risk assess, and use fluid resistant type IIR surgical mask if likely risk of contamination by splashes, respiratory droplet, blood, body fluids (sessional use)	✓ Risk assess, and use if likely risk of contamination by splashes, respiratory droplet, blood, body fluids (sessional use)	



9. PPE requirements						
Context	PPE					
	Disposable gloves (single use)	Disposable plastic apron (single use)	Surgical mask	Surgical mask - Fluid resistant type IIR	Eye protection (single use if available) **	Frequent Hand Hygiene
<a href="#">Source: SEND risk assessment guidance</a>				contamination by splashes, respiratory droplet, blood, body fluids	droplet, blood, body fluids)	
<b>Performing an aerosol generating procedure on an individual that is not currently a possible or confirmed case</b> E.g. essential dysphagia assessments by Speech and Language Therapists <a href="#">Source: National PPE Guidance Table 4</a>	✓	✓ Fluid repellent gown (single use)	X	Filtering face piece respirator (FFP3) (single use)	✓ (Single use)	✓
<b>Driver conveying a child who is not currently a possible or confirmed case of COVID-19, in a vehicle with no dividing barrier, no direct care and within 2 metres</b> Note: Only essential journeys should be made <a href="#">Source: National PPE Guidance Table 4</a>	X	X	✓	X	X	✓ carry tissues and sanitiser in car
<b>Direct care *** to children in day education settings who are not displaying COVID-19 symptoms</b> E.g providing intimate care <b>in a special school or early years setting</b> (will usually require disposable gloves and apron)	✓	✓	X	More likely to be considered in a special school. Risk assess, and use fluid resistant type IIR surgical mask if likely risk of	More likely to be considered in a special school. Risk assess, and use if likely risk of contamination by splashes, respiratory	✓

\* Waste must be disposed in plastic bag and tied, placed into second bag and tied, stored in a secure place for 72 hours, then put in normal waste collection \*\* If single use eye protection is not available, it must be washed and dried between clients

\*\*\* We have interpreted the phrase 'direct care assessing' as any activity that brings a colleague within 2 metres of a child that is not very brief, and which either includes close personal contact such as washing and bathing, personal hygiene, contact with bodily fluids, or other prolonged contact when assessing a child. Where possible, limit face to face talking in close proximity to less than 15 minutes. The use of PPE depends on the likelihood of contact with respiratory droplets and bodily fluids.

\*\*\*\* Children categorised as extremely vulnerable to COVID-19 are those identified by the NHS as at very high risk because of a medical condition, for example children on treatment for cancer. The child's parent or carer should have received a letter from the NHS identifying the child as 'extremely vulnerable to COVID-19'

\*\*\*\*\* Sustained community transmission means that there is ongoing transmission of COVID-19 within the population. This is either declared nationwide or locally. At publication date of this document there IS sustained community transmission. This will change over the course of the pandemic.

NOTE ON 'RISK ASSESS' – this means consider the likelihood that the encounter will bring you into contact with respiratory droplets from coughs, sneezes or procedures, blood, bodily fluids including vomit, urine and faeces.

## **10. Special considerations for children who are extremely vulnerable to COVID-19 and require shielding**

Children categorised as extremely vulnerable to COVID-19 are those identified by the NHS as at very high risk of severe COVID-19 illness because of another medical condition, for example children on treatment for cancer. The child's parent or carer should have received a letter from the NHS identifying the child as 'extremely vulnerable to COVID-19'. The national [Shielding Guidance](#) should be rigorously followed by people classified as extremely vulnerable. It is intended for use in all situations, i.e. people of any age living in households or in short and long-term care facilities and for people with special needs.

## **11. When and how to implement self-isolation**

**If a child is taken into care or changes care placement and has symptoms of COVID-19** they must continue the period of self-isolation in their new home/placement (7 days from onset of the child's symptoms, as set out in the [Stay at Home guidance](#)). All other household members in the house that the child moves to must then also stay at home and not leave the house for 14 days from when the symptomatic child enters the household.

**If a child is taken into care or changes placement and comes from a family where a member of the household has COVID-19 symptoms**, the child should continue to isolate in their new home/placement for the remainder of the isolation period – see [Stay at Home guidance](#).

**Children living in their own homes** should follow the [Stay at Home guidance](#) if they or a member of their family becomes unwell with COVID-19 symptoms. **Residential facilities** should follow the guidance in [Isolation for Residential Educational Settings](#) including children's homes

**APPENDIX 1.1 PUTTING ON YOUR PPE** – Not all colleagues will need to use all the PPE items depicted. Link for donning and doffing [video](#).



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

Please see donning and doffing video to support this guidance: [https://youtu.be/-GncQ\\_ed-9w](https://youtu.be/-GncQ_ed-9w)

## Pre-donning instructions:

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

- 1** Perform hand hygiene before putting on PPE.



- 2** Put on apron and tie at waist.



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



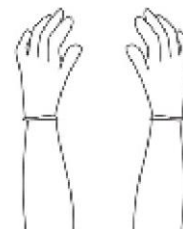
- 4** With both hands, mould the metal strap over the bridge of your nose.



- 5** Don eye protection if required.



- 6** Put on gloves.



\*For the PPE guide for AGPS please see:  
[www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures](https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures)

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**APPENDIX 1.2 TAKING OFF YOUR PPE** – Used PPE items should be discarded into a PPE waste bag, double bagged, left for 72 hours then discarded



**Public Health  
England**

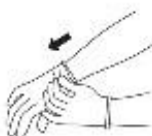
# Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)\*

Please see donning and doffing video to support this guidance: [https://youtu.be/-GncQ\\_ed-9w](https://youtu.be/-GncQ_ed-9w)

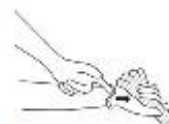
• PPE should be removed in an order that minimises the risk of self-contamination

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

**1** Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist. Peel the remaining glove off over the first glove and discard.



**2** Clean hands.



**3** Apron.

Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated.** Discard.



**4** Remove eye protection if worn.

Use both hands to handle the straps by pulling away from face and discard.



**5** Clean hands.



**6** Remove facemask once your clinical work is completed.



Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. **DO NOT** reuse once removed.

**7** Clean hands with soap and water.



\*For the PPE guide for AGPs please see:

[www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures](https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures)

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### Version control

Version Number	V18
Date	23.04.2020
Signed off by:	Haley Connor and Patricia Denney – CFLC Helen Raison – Public Health
Responsible group:	CFLC PPE Operational Group – Patricia Denney (Chair)
Author control:	Andrew Evans/Lisa Andrews

### Glossary

PPE	Personal Protective Equipment
CFLC	Children, Families, Lifelong Learning and Culture
CAMHS	Child and Adolescent Mental Health Services
SEND	Special Education Need and Disability
SOLD	Surrey Outdoor Learning & Development
CwD	Children with Disabilities
Surgical mask - Fluid resistant type IIR	Is the description of a facemask that is fluid resistant

## Date Procedure Reviewed

Updated	Changes	By	Version
May 2009	Policy Developed	Unknown	v1
July 2009	Unknown	Unknown	v1.1
September 2010	Wording – Page 3 Change of governing name DCSF – DfE	Sian Stephens	v1.2
November 2011	None	Carol Davey	v1.3
April 2013	None	Carol Davey	v1.4
March 2015	Changes to take into account Children's Home status	Carol Davey	V1.5
March 2016	Minor Amends	Carol Davey	V1.6
March 2017	Learners amended to students Updated links and minor amendments	Carol Davey	V1.7
May 2018	Changes to the useful links and contact details section. Additional notes section added for Norovirus	Carol Davey	V1.8
January 2019	Minor change to Trust	Alan Day	V1.9
July 2019	Minor changes	Carol Davey	V1.10
February 2020	Interim review to reclassify policy to procedure	Admin	n/a
April 2020	Minor changes and additional annex B and C added regarding Coronavirus Pandemic 2020	Elizabeth Hurst	V1.11
October 2020	No Changes	Adrian Maxey	V1.12
January 2021	Addition of SCC's PPE guidance for CFLC Staff working with children through the COVID-19 pandemic.	Lizzie Hurst	V1.13
January 2021	Updates to links; guidance to staff; action plans and minor change to title	Lizzie Hurst	V1.14