

**COVID-19 Guidance for complex needs school residential accommodation
G646d**

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Introduction and document updates

The health, safety and well-being of all staff and pupils is of utmost importance. We are keeping up to date with latest information from Public Health England on COVID-19 and will continue to put strategies in place to ensure that the risk is effectively managed on their advice.

This document specifically relates to planning and implementing arrangements for reducing the risk of transmission and for managing cases of COVID-19 in residential accommodation. It follows on from implementation of the COVID-19 Compliance Code for all educational settings and must be read in conjunction with that guidance.

[Reference](#) should also be made to:

- COVID-19 Educational settings management of cases guidance
- Guidance for new and expectant mothers
- Personal Protective Equipment Guidance
- PPE – Frequently Asked Questions
- How to put on and take off PPE (video)
- First Aid guidance for schools
- Your Health and Your safety when working in educational settings

For ease of reference, changes that are made to this document are detailed below:

Date of change	Section, Page and Change
05/05/2020	New document
18/05/2020	Guidance link to Compliance Code for all educational settings; Updated information to assist with self-isolation planning, first paragraph; Reference to COVID-19 testing process.
15/06/2020	Changes to key messages if someone has COVID-19 symptoms, or is self-isolating due to contact tracing; Changes to isolation periods from 7 days to 10 days; Groupings/bubbles must not be compromised by mixing daily arrangements and residential accommodation; Maintaining safe staff ratios accounting for self-isolation due to contact tracing and where staff have individual considerations; Actions if someone develops symptoms – Management of Cases guidance; Changes to guidance on supporting self-isolating symptomatic pupils;

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	Disinfect car keys after transporting symptomatic pupils; Test and trace information in Management of Cases guidance;
23/11/2020	highlighting importance of ventilation, clarification on cleaning and disinfection frequencies
14/01/2021	Updated isolation period from 14 to 10 days for contacts

Key messages

- **Do not come to work if you or a member of your household have any symptoms of COVID-19, no matter how mild or you are self-isolating due to contact tracing requirements.**
- **Go home as soon as it is safe and possible for you to do so if you develop the symptoms of COVID-19 while you are at work, no matter how mild.**
- **Follow testing arrangements if you have symptoms in order to establish if you have the virus (see Your health and your safety when working in educational settings)**
- In your professional roles you will know how important personal and environmental controls are in the effective minimisation of the spread of any infections, including COVID-19. Everyone must therefore ensure standards of environmental cleanliness and good personal hygiene are maintained (as outlined below) at all times to minimise transmission of the virus.
- Ensure that you have implemented the requirements of the COVID-19 Compliance Code for all educational settings.
- Only wear PPE if it is appropriate to do so following the COVID-19 PPE guidance for specified activities.
- Contact the Norfolk Outbreak Management Team (referring to COVID-19 Educational settings management of cases guidance) if there are any confirmed COVID-19 cases, where you identify an increased level of absence due to COVID-19, or where you think there may be an outbreak relating to your setting.
- Review individual support plans in line with the isolation planning information detailed in this guidance.
 - Be prepared to isolate symptomatic pupils and their close contacts for at least **10 days**
 - **Plan for pupils to isolate due to contact tracing requirements**

Universal hygiene measures

Ensure that you follow the universal hygiene arrangements in order to reduce the risk of transmission of COVID-19. This includes:

- Wash your hands (and where baring forearms, the whole forearm) thoroughly and often with soap and water following the [NHS guidance](#). Use alcohol-based hand sanitiser if soap and water isn't available. Everyone should wash their hands on entering the setting, before eating, after coughing or sneezing, before

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and after they use personal protective equipment and after visiting the toilet, as well as at other regular intervals throughout the day.

- [Catch it, Kill it, Bin it](#) - Covering your mouth and nose with a tissue or sleeve when sneezing and put used tissues in the bin straight away. Always wash your hands afterwards.
- Minimise touching hand contact surfaces with your hands as far as is reasonable and safe to do so.
- Keep your hands away from your face as much as is possible and always wash your hands before hand if you do need to touch your eyes, nose or mouth.
 - encourage pupils to do the same where it is possible.
- Self-isolate if you or a member of your direct household has a new continuous cough and/or high temperature and/or loss of or change in your normal sense of taste or smell.
- Go home as soon as is practically possible if you develop symptoms, no matter how mild.
- Take action if a pupil has developed symptoms, no matter how mild

Arrangements where there are no symptomatic pupils in residential accommodation

Infection control arrangements and additional general arrangements

Existing infection control arrangements should continue to be applied in residential settings where there are no symptomatic pupils.

Please ensure that you have considered the requirements for social distancing, cleaning and disinfection for the residential areas of the setting (as detailed in the COVID-19 Compliance Code for all educational settings), as well as implementing the measures below.

Please note: groupings/bubbles must not be compromised through mixing between daily arrangements and residential accommodation.

Shared dormitories and bathrooms

Where it is possible and pupil and staff numbers allow, shared dormitories and bathrooms should be avoided. Where bedrooms need to be shared:

- ensure that beds are moved at least two metres apart (as a minimum)
- consider where you can install physical barriers between beds in order to increase the separation within the dormitory - please call the Health, Safety and Wellbeing Team to discuss this
- Increase ventilation as much as is possible, where safe to do so.
- ensure that staff are vigilant to the signs and symptoms of COVID-19 (as outlined in the COVID-19 Compliance Code for all educational settings).

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Ensure that towels are not shared, for example, by providing disposable hand towels and ensuring that individual towels used after showering are kept in the individual's personal storage.

Please refer to the planning for self-isolation section below in order to consider how shared accommodation can impact on self-isolation if a pupil becomes symptomatic. You may need to reduce the number of pupils in the setting during this time to implement social distancing and safe isolation.

Other communal areas

Review additional spaces that are associated with residential accommodation and follow the requirements outlined in the social distancing section of the COVID-19 Compliance Code for all education settings.

Close contact activities

Please follow the arrangements for increasing supportive actions for pupils and staff detailed in the Compliance Code for close contact activities that are essential, such as assistance with bathing. Where you provide additional residential activities that involve close contact, consider alternative activities that do not require close contact, where possible.

Planning for changes in staffing levels

You should assess staffing levels each day and liaise with NCC (and families) where there is a risk of staffing shortages in order to arrange to bring in other staff, rather than close the setting.

Please refer to Your health and your safety while working in educational settings for general considerations regarding staff health. Specific considerations for residential settings include:

- How you will maintain staff ratios at a safe level, for example, establishing the impact of:
 - One or more members of staff developing symptoms while they are at work and plans for dealing with this.
 - Isolation as a result of contact tracing
 - One or more members of staff with an underlying health condition or other individual considerations needing to be redeployed to work in roles which mean that they are not in contact with symptomatic people should a child become ill.
 - Staff numbers decreasing due to general or COVID-19 related illness, a combination of the two or a need for members of staff to isolate due to family members becoming symptomatic.
- Agree a location at the setting in advance, in case a staff member becomes ill so that they have somewhere to wait, away from others. This is if they cannot leave,

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for example, because they cannot leave their shift immediately for safeguarding reasons, or because they are unwell and need to be taken home.

- Ensure that you have considered actions at different times of day or different supervision levels.

Actions for employees to take if you develop symptoms

- Notify your manager as soon as possible; use your phone to avoid moving around the premises if you need to.
- Go to the room/area that has been identified if you cannot go straight home
- Put on a surgical face mask where there is a risk of coming into contact with others while you remain at the premises
- Ensure you maintain good personal hygiene while you are waiting to leave
- Place all personal waste such as tissues into a separate bag for safe disposal
- If possible, use a separate toilet to others while you are waiting and notify your manager of the facilities used so they can be thoroughly cleaned after you leave

If a member of staff has helped someone who has become unwell with the symptoms of COVID-19, they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell.

Actions for managers to take if someone develops symptoms

Please refer to [COVID-19 Educational settings – management of cases guidance](#).

Please note: where pupils remain at residential accommodation for self-isolation, the Head Teacher should reflect this in the template letters to parents, pupils and staff.

Planning for self-isolation in residential accommodation

The decision on whether a pupil self-isolates at their setting or at their family home, due to them or another pupil developing symptoms, should be taken in light of each individual's risk assessment; but it is expected that the majority of pupils will benefit most from self-isolating at their setting so that their usual support can continue. This could include when:

- there is no suitable family home to return to
- the health services they need cannot be supplied at home
- the pupil would be significantly disadvantaged by the change, including the impact on them from the disruption to their usual staff relationships and routines.

Grouping and supporting pupils who need to self-isolate in a safe way, that minimises transmission, will be a complex task and managers of residential accommodation need to plan for this eventuality with support from the Health, Safety and Wellbeing Team. Managers should contact the team at the earliest opportunity to seek support.

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The setting, or parts thereof, will be considered as a 'household' for the purposes of isolation. Therefore, when any pupil becomes ill consideration of who is part of the household will be needed as all members of the household will need to isolate, whether symptomatic or not.

Managers should also speak to the parents and carers of each residential pupil to support the development of such plans.

Other factors that will need to be considered in the planning process include:

- The size, layout, facilities and their use, for example:
 - If separate accommodation can be provided for the symptomatic person (bathroom, bedroom and living areas).
 - If separate accommodation cannot be provided, how the space can be compartmentalised to reduce infection transmission.
 - If use of shared areas cannot be avoided, consider drawing up a rota for use of these spaces, where possible, with the symptomatic person using shared areas last, with cleaning carried out after they have left the area.
 - Where possible, plans to avoid the symptomatic person visiting shared spaces should be put in place wherever possible, ensuring that the symptomatic person keeps 2 metres away from others - in particular, those not wearing PPE.
- The increased vulnerability of other pupils, e.g. those with underlying health conditions and therefore considered clinically vulnerable, who may need to be moved/isolated separately for their own safety
- The impact on pupils where established relationships cannot be maintained due to staff absence or the need to rota staff into different areas
- Other staff related considerations:
 - The number of employees providing direct support to a symptomatic person should be limited, where possible. This may require different staff rotas than normal.
 - The support that may be needed for staff due to the impact of working with symptomatic pupils.
 - Where possible, provide a separate bathroom and separate areas for staff to take breaks which are not in an area being used for isolation.
- Other factors to consider include:
 - Laundry transit routes that do not require infected laundry to be carried through 'clean' areas
 - Strict separation of any items which may be inadvertently shared
 - Specific cleaning of areas used where pupils are symptomatic and areas where pupils without symptoms may be isolating.

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Please note: when drawing up plans for managing self-isolation, it may be necessary to limit the number of pupils remaining in residential accommodation for theirs and others safety.

Essential visitors

Staff and other visiting professionals will still be allowed to arrive and leave during the period of isolation. The setting's main COVID-19 risk assessment should include safe arrangements for essential visitors.

Strict infection control measures should be followed by all staff and visiting professionals during and after these visits to ensure transmission risks are minimised. Staff should be familiar with Personal Protective Equipment (PPE) requirements and prepared to wear the PPE available. All visiting professionals should also be required to wear suitable PPE.

Planning for pupils to return home to self-isolate

If it is considered safer for pupils to return home during an isolation period, ensure that plans consider how any required health and therapy support (including access to medical supplies) can continue to be provided. You will also need to establish whether there are any safeguarding concerns if the child or young person returns to their family setting and how these will be managed.

If the pupil is part of an identified 'household' that needs to self-isolate, the family must be prepared to isolate as a household for 10 days following the child returning home. They must be able to get home without the use of public transport.

You must make sure that NCC is aware when a pupil is returning to their family setting, to ensure there is continuity in necessary services.

Supporting a symptomatic pupil, self-isolation and care

The setting should follow their plans for self-isolation where a pupil develops symptoms of COVID-19. All pupils within a designated 'household', as determined by the risk assessed planning process, will be required to self-isolate for 10 days during this period. Non-symptomatic pupils within a household should be separated from symptomatic pupils as much as possible including:

- use of separate cutlery, plates and cups during pupil self-isolation
- providing meals in a separate room to others
- using separate bathroom facilities
- where it is safe to do so, further increasing fresh air intake and general ventilation
- using separate bedrooms within the 'household'
- consider whether to offer pupils within an isolating household masks to wear to protect themselves if they are considered to be at risk, for example, where the

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symptomatic person is not confined to their own room. The provision of masks is not suitable for young children or for some health conditions.

All pupils who become ill with symptoms of COVID-19 must be isolated for at least 10 days from the onset of their symptoms, no matter where they are in the 10 day isolation period.

Personal Protective Equipment

Staff should follow the [COVID-19 Personal protective equipment guidance for Educational Settings](#) when working in an area that is being used for self-isolation.

Supporting a symptomatic pupil

- Arrange for a test
- Use the [NHS 111 Service - COVID-19](#) service for health advice.
- If symptoms worsen during isolation or are no better after 10 days, contact the GP for further advice around escalation and to ensure person-centred decision making is followed.
- For a medical emergency dial 999.

Please note: Where a pupil becomes ill with suspected COVID-19 and medical attention is required, the setting should call 999 for assistance.

Transporting a symptomatic pupil

School transport should only be used in exceptional circumstances. Where a vehicle does not have a bulkhead, refer to the PPE Guidance table for PPE requirements for transporting a symptomatic person.

- the pupil should sit in the back seat of a car, opposite, not behind the driver.
- the driver should open their window as fully as possible and the front passenger window by a small amount to increase the flow of fresh air.
- if a second member of staff is needed to assist the pupil, they should also open the window next to them by a small amount and follow the PPE Guidance table
- If you are using a minibus, consider opening other windows by a small amount where it is safe and possible to do so.
- disinfect touch points after use, including car keys and seat belts and, where possible, leave windows open for a period afterwards.
- If the symptomatic person is able to wear a mask and not remove it during the journey, they should do so,
- Provide tissues and a waste bag for the pupil you are transporting

Test and Trace – staff and pupils

This information is detailed in the [COVID-19 Educational Settings – Management of Cases Guidance](#).

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Waste and laundry

Waste generated through cleaning and generated from a symptomatic person can be disposed of as follows:

- put in a plastic rubbish bag and tied when full
- plastic bag should then be placed in a second bin bag and tied
- put in a suitable and secure place and marked for storage.

Waste can be put into the normal waste after 72 hours or immediately after a test is negative (if testing is being carried out).

Plans for handling and moving laundry will depend on the location of areas used for isolation and laundry facilities. This should form part of your planning process.

Laundry should be washed on the hottest water setting and dried completely. Dirty laundry that has been in contact with a symptomatic person can be washed with other people's items.

Clean and disinfect anything used for transporting laundry with your usual disinfection products.

Cleaning and disinfection

The normal cleaning and disinfection arrangements that are routinely undertaken play an important part in reducing the spread of all sorts of viruses and bacteria, including Coronavirus COVID-19. All touch points should be cleaned and disinfected as a minimum on a twice daily basis (touch points are those that are frequently contacted by several people). Further information on general cleaning and disinfection can be found in the Compliance Code.

Enhanced cleaning and disinfection arrangements will be required for 'households' that are isolating:

- all surfaces must be cleaned using disposable cloths and a cleaning/disinfectant solution at a dilution of 1000 parts per million available chlorine, including:
- All potentially contaminated high-contact areas such as toilet facilities, door handles etc. All surfaces and objects which are visibly contaminated with body fluids should be cleaned as soon as possible by following this method.

This cleaning should be increased in frequency (up to 4 times a day).

All areas that are used to remove PPE should be cleaned and disinfected twice a day.

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Ensure that you identify those touch points that are currently being cleaned (and how they are being cleaned) in order to identify any gaps.

The isolation room(s) should be cleaned after all other affected areas of the facility have been cleaned. Ideally, isolation room cleaning should be carried out by employees who are also providing care in the isolation room.

Cleaning equipment used should be disposable where possible, following normal infection control arrangements for infectious outbreaks.

Where you have more than one person who is symptomatic, you will be advised about enhanced cleaning requirements by the Health Protection Team or Norfolk Outbreak Management Team.

Bed and mattress cleaning

The accessible areas of the bed frame should be disinfected on a daily basis. The mattress should be wiped down in line with normal infection control arrangements.

Cleaning after self-isolation is complete

A final thorough clean and disinfection, as described above, should be undertaken and in addition, where there are soft surfaces such as sofas and soft furnishings that are visibly contaminated or have been in high contact, these should be steam cleaned.