



**COVID-19 Your health and your safety when working in educational settings
G646c**

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Introduction and document updates

The health, safety and well-being of all colleagues is of utmost importance to NCC.

We are keeping up to date with latest information from Public Health England and will continue to put strategies in place to ensure that the risk is effectively managed on their advice.

To help you to work safely, NCC guidance summarises and simplifies the PHE guidance. Please be aware, in some cases, NCC guidance reflects a higher standard than is recommended by PHE.

This guidance applies to all employees who work in a school setting and should be used in conjunction with the *COVID-19 Compliance Code for educational settings* as well as where relevant the guidance for home visits and/or special schools, all of which are available on [InfoSpace](#) and [Norfolk Schools](#).

This guidance is updated regularly, please ensure you are referring to the latest available versions.

Date of change	Section, Page and Change
22-04-20	New document
19-05-20	Full review – please re-read document
03-06-20	Updated key messages P 6 additional information for individual assessments P 7 updated information for Black, Asian and Minority Ethnic staff P10 & 11 updated test and trace information P12 updated well-being information
04-06-20	P12 New information about returning to work
20-06-20	P 8 Updated information regarding the letter written by PHE to the Equalities Minister
07-07-20	Significantly updated, please re-read this document
17-08-2020	Minor changes to reflect government updates such as increase in isolation requirements from 7 to 10 days
26-08-2020	Information on face coverings has been removed and new guidance issued, this can now be found in the compliance code.
23/10/2020	Updated information relating to alert levels, shielding and actions to take if you develop symptoms or are identified as a contact
13/11/2020	Updated information on access to testing Additional sources of well-being support and resources added
28/12/2020	Page 4 – Additional close contact information, reflecting that 15 minutes contact within 1-2 metres can be accumulated time throughout the day Page 7 – Clinically Extremely Vulnerable – update Tier 4



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	Page 8 – Updated to reflect that all BAME information reflecting colleagues should be offered an individual risk assessment.
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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 quickly if you develop 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 and inform your manager of the results
- Follow the safe working arrangements that have been put in place to protect the safety of you, your colleagues, pupils and your family
- Ensure that you understand and follow the infection control measures that are required of you in order to reduce the risk e.g. increased hand and respiratory hygiene
- Set a good personal example both in and out of work and always follow Government requirements in order to reduce the risk of virus transmission.
- Request an individual assessment from your manager if you are in any of the individual risk categories identified in this guidance or you feel it appropriate for any other reason

How COVID-19 spreads and what we can do to reduce the risk of spreading it

The transmission of COVID-19 is thought to mainly be through respiratory droplets generated by coughing and sneezing, and through contact with surfaces that have been contaminated with droplets either directly from a cough or sneeze or indirectly, from someone who has the virus on their hands touching it e.g. from coughing into your hands.

However, research has also identified the presence of COVID-19 virus in other bodily fluids of confirmed cases. All bodily fluids (except sweat), including diarrhoeal stools from people with known or possible COVID-19, should be regarded as potentially infectious. There is also emerging evidence that transmission can occur via aerosols from breathing out particularly where you are in close contact with the infected person or these are propelled as a result of shouting, singing or via other means such as musical instruments.

In summary, there are two primary routes by which COVID-19 can be transmitted:

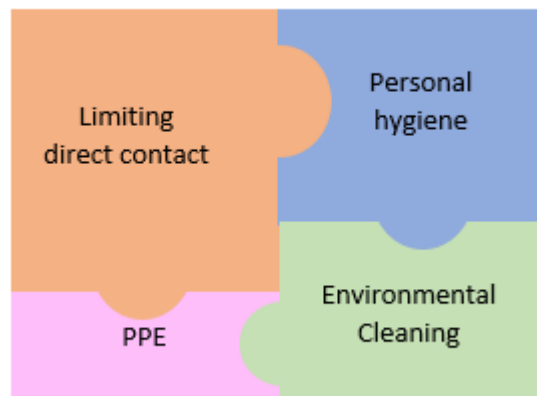
- infection can be spread to people through close contact with infected individuals and respiratory droplets or aerosols generated during coughing, sneezing and breathing.
- direct contact with infected tissues, body fluids or indirect contact with contaminated surfaces such as door handles and then touching their own mouth, nose, or eyes.



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Current evidence suggests that most people will not be infectious until the onset of symptoms although there is emerging evidence of the significance of pre-symptomatic and asymptomatic infectivity. Therefore, for the purposes of contact tracing you will be required to take appropriate action if you have been in close contact with anyone for 48 hours before and any time after they have developed symptoms or 48 hours prior to a positive test where they are asymptomatic (they do not have symptoms). Evidence suggests that the risk of transmission increases the more often and the longer someone has close contact with an infected person and therefore a close contact is defined as someone you have spent any amount of time in face to face contact with within 1 metre, anyone you have spent a minute or more within a metre of, or anyone you have spent 15 minutes or more with within 2 metres (the 15 minutes may be accumulated time throughout the day and does not have to occur within a single exposure).

The longer you are exposed to an infected person and the closer proximity you have to them the greater the risk of you catching the virus.



Therefore, to limit the spread of the virus we need to minimise the available transmission routes and the time of exposure. This requires a combination of approaches as demonstrated in the above picture. This includes:

Limiting direct contact:

- Cohorting staff and pupils to reduce the number of people transmission can occur between;
- Eliminating direct contact with people outside your group where possible
- Implementing social distancing (keeping 2m distance) as much as is possible both within and between cohorted groups.
- Working outdoors in in well ventilated areas where possible

Applying excellent universal hygiene measures at all times:

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- Thoroughly wash hands with soap and water often following the [NHS guidance](#). In particular you should clean your hands when entering a building, after using the toilet, before eating and drinking, after using shared items or equipment, after moving around a premises if you have touched surfaces such as handrails, door panels etc and before you leave for the day.
- If hand washing facilities are not in a suitable location or is not reasonably clean, you should use alcohol hand sanitiser instead.
- Keeping your hands below shoulder height as much as possible. This will help to avoid touching your eyes, nose or mouth, this is particularly important if you haven't washed your hands recently.
- [Catch it, Bin it, Kill it](#) - Covering the mouth and nose with a tissue or sleeve when sneezing and put used tissues in the bin straight away (or put them in your pocket until you can dispose of them). Always wash your hands afterwards
- Minimise touching hand contact surfaces with your hands as far as is reasonable and safe to do so.

Cleaning the space and things around you: Even if cleaning doesn't normally form part of your job we can all clean touch points, shared equipment etc. where wipes have been provided for you

Wearing PPE if required: For most of us in our roles PPE is not required. That is because all the measures described above will significantly reduce the risk. Using PPE where it is not necessary may mean that we are increasing transmission risk to ourselves and others and may use a scarce resource needed by others working in increased risk roles. Separate guidance on when PPE should be used and how is provided.

Your setting will also be ensuring the site is cleaned and disinfected regularly and thoroughly as a means of minimising surface transmission. Detailed information about this can be found in the *COVID-19 Compliance Code for educational settings*

Your health when working

Some colleagues will need individual risk assessments to be in place as a result of particular personal factors that may increase their risk of contracting COVID-19 or the potential health outcomes if they do.

Research of the pandemic has indicated that people with a health condition that makes them extremely clinically vulnerable or clinically vulnerable, who are pregnant or who are from a Black, Asian or Minority Ethnic background may be at increased risk.

Some factors appear to be more significant than others as risk indicators and therefore it is important for each risk assessment to be tailored to individual circumstances. Particular risk factors are:

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1. Age. Risks of severe COVID-19 consequences increase with age. Anyone over 60 may be at increased risk
2. Underlying health conditions. Emerging evidence suggests that particular conditions: hypertension, cardiovascular disease, diabetes and chronic kidney disease are especially important risk factors.
3. Obesity. A BMI of 30 or greater has been identified as an independent risk factor for COVID-19 hospitalisation. The risk increases for some groups, (people of Asian family origin and older people) with a BMI of 27.5 or greater.
4. Ethnicity. BAME populations appear to be associated with increased risks, particularly in those with other risk factors such as underlying health conditions where this is the case, they are presenting with adverse outcomes at a younger age than their white counterparts.
5. Pregnancy. Particularly relating to women over 28 weeks pregnant. For pregnant women with underlying health conditions at any stage of pregnancy a more precautionary approach is required, and ethnicity should be included in the consideration.

Manager's may not know if a member of their team falls into an at-risk group. Therefore, managers should proactively ask team members to inform them if they consider themselves to be at increased risk or if they have any concerns they might be, and colleagues are encouraged to approach their manager about any concerns they may have.

Manager's must undertake an individual risk assessment with anyone identifying themselves as such using the template form to record the conversation and agreed controls.

The conversations should not be considered to be a single, point in time discussion but ongoing. The evidence regarding risk factors is constantly evolving but managers also need to make sure that colleagues mental stress is not increasing over time and changes may be needed as a result of changes to their physical health. Whilst the risk assessment will focus on the factors affecting physical safety, managers should also consider psychological safety.

All conversations must be undertaken in a sensitive and considerate way. For some employees the conversation may be very difficult, and they may not have widely discussed the issues raised previously if at all. Managers must ensure there is enough time to have the conversation at a pace and in a way that works for the employee.

Managers can access further advice and support on undertaking an assessment through contacting:

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- HRenquiry@educatorsolutions.org.uk (where the school uses NCC occupational health services) or
- Their occupational health provider

Extremely Clinically Vulnerable

Early on in the pandemic the government took stringent steps to protect some of the most vulnerable people in the community through shielding advice. This advice has changed over time and from 1st August anyone that was shielding has been able to return to a similar way of life as everyone else under many of the tiers, although it remains important to apply stringent social distancing and hygiene measures to reduce the risk of acquiring COVID-19. Therefore, in all tiers, where [extremely clinically vulnerable](#) colleagues work enables them to work from home they should do so, just like other colleagues. Where this is not the case it will be safe for them to return to work in an area at alert level 'medium' or 'high' because the general measures that have been put in place to ensure your workplace is COVID-Secure will help to keep you safe. However, when undertaking your risk assessment you may identify additional measures that will reduce the risk further.

Where the alert level has risen to 'very high' you will need to revisit your risk assessment and are advised to work from home. If this is not possible you should review with your manager what other steps may be taken to further protect you as outlined in the section on 'Adjustments that may be considered appropriate'.

Where the alert level has risen to 'stay at home' very high, extremely clinically vulnerable people are advised once more to shield and only to work if they can do so from home. At this point the government will write to you to advise you shield, not everyone that was written to before will be written to again.

It is understandable that returning to work and/or an increase in alert levels may create anxiety and concern. As part of the risk assessment managers should consider the supportive measures that may be needed to help colleagues in this regard.

[Please check the most up to date list for details](#) of conditions which are classed as extremely clinically vulnerable as these are regularly updated.

Clinically Vulnerable

The list of who may be considered [clinically vulnerable](#) is comprehensive. Having an underlying health condition on that list does not necessarily always increase your risk. In many cases, if the condition is mild and well managed colleagues will be at no greater risk than people without health conditions. However, where a colleague has a number of health conditions or their condition is not stable this may increase their risk.

Pregnancy

Separate guidance on considerations for pregnant employees are provided in the new and expectant mothers compliance code P640, and supporting risk assessment

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guidance, which now details COVID-19 information. However, manager's must also ensure they consider any other increased risk factors as detailed in this section as part of that assessment. Please note: women who are pregnant with significant heart disease, congenital or acquired are included on the extremely clinically vulnerable list.

Black, Asian and Minority Ethnic (BAME) Colleagues

Emerging evidence shows that BAME communities are disproportionately affected by COVID-19. The reasons for this are not yet fully understood but are considered to be multifaceted and a recent review commissioned by Public Health England concluded that the COVID-19 pandemic has exposed and exacerbated longstanding health inequalities affecting BAME communities in the UK.

Data analysis shows that the risk for black males is more than three times higher than white males and nearly two and a half times higher for black females than white. Adjusting for socio-economic factors and geographical location partly explains the increased risk, but there remains twice the risk for black males and around one and a half times for black females. Significant differences also remain for Bangladeshi, Pakistani and Indian men.

Managers should have sensitive and comprehensive conversations with BAME colleagues to undertake their individual assessment, recognising the long-standing context of the poorer experience some colleagues may have associated with their ethnicity.

It is also important in those conversations to identify any existing underlying health conditions or other factors that may increase the risks for them in undertaking their roles.

All BAME colleagues should be offered an individual risk assessment. A specific BAME individual risk assessment form is provided to record the conversation or that a conversation has been offered and declined. If colleagues do not wish to have an assessment regarding their ethnicity but they have other increased risk factors as outlined in this guidance an individual assessment should still be conducted.

Reasonable adjustments

It is possible that the current situation of the COVID-19 pandemic could bring additional or new further challenges for colleagues with disabilities and therefore current reasonable adjustments may need amending or altering. In addition, there may be some colleagues who haven't previously needed any specific adjustments, but the current situation means they now do. For example; some conditions may result in a weakened immune system, leaving the person more vulnerable to getting an infection, some people may have difficulties with using personal protective equipment (PPE) or interacting with people who do where it is required, and those with a mental health condition may feel increased levels of anxiety and stress. This should be assessed and explored as part of any individual risk assessment process.

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Other

If employees live in a household with someone who are in an increased risk group and are concerned that work will increase the risk to themselves and thereby to their household, managers should discuss these concerns. Strict adherence to the guidance will help to minimise the risk but colleagues may need support to feel less anxious and, in some cases, additional controls may be considered appropriate.

If a colleague has any other concerns that are not included in the above managers should discuss these and consider if any adjustments or supportive measures would be appropriate.

Adjustments that may be considered appropriate

Following a comprehensive discussion with the individual member of staff a number of measures may be considered appropriate to manage the risks and/or anxieties.

Examples include:

- Alteration of duties to enable working from home where this is possible
- Carrying out a role that does not require face to face contact, for example, developing support plans and learning materials in an area that is separate from other staff members.
- Identifying where pupils cannot follow social distancing, hand and respiratory hygiene measures fully and allocating the member of staff to a group who are fully able to follow these requirements instead
- Scheduling work activities so that the member of staff does not support a symptomatic pupil who is waiting to be collected or work in self-isolating households.
- Identify any specific activities and times where close contact may be more predictable, in order to allocate the member of staff to duties which are not supervisory e.g. first aid, working with younger children.
- Avoiding public transport/rush hour through adjustments to work hours
- Do not meet with parents/carers or anyone in the school setting who is not part of their cohorted group (if you work with a cohorted group)

All conversations and reviews relating to staff health including the agreed controls should be recorded. A template *Individual risk assessment* form is available for this purpose.

Staff who are **not in** any of the increased risk groups can carry out their work by following the safe working arrangements that are detailed in the relevant guidance and risk assessment:

- COVID-19 Compliance code for educational settings
- COVID-19 Guidance for complex needs residential educational settings
- COVID-19 Guidance for education staff who carry out home visits



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- COVID-19 PPE guidance - specified activities in education G646f and [instruction video](#)
- COVID-19 e-learning for staff

Circumstances where PPE is needed

As outlined above, NCC procedures and guidance are designed to reduce the risk of transmission of COVID-19 and these follow all of the measures that are recommended by Public Health England.

All of our safe working arrangements address the risks in relation to viral transmission (both associated with close contact and through touching surfaces).

Some work activities require the use of face masks because of the increased risks of COVID-19 transmission to either the member of staff or a service user, for example, work with people known to be symptomatic, work in the community during sustained transmission and the provision of first aid. Information about where face masks and other PPE are needed is detailed in the *COVID-19 PPE guidance*. Face masks are not recommended under any other circumstances.

In the event that you come into contact with a symptomatic person **inadvertently** at work, please notify your manager and monitor your health for signs of infection (a new persistent cough, a high temperature or a change to your sense of taste/smell). **While you are symptom free, you can continue to work as normal unless you have formally been identified as a close contact.**

Supporting your general health and well-being

The COVID-19 pandemic has brought about significant and ongoing changes to people's personal and working lives. In addition to management support, speak to your manager about what support is already available to you such as:

Employee Assistance Programmes for example [Norfolk Support Line](#). If you don't currently purchase NSL and would like to please email well-being@norfolk.gov.uk

- The musculoskeletal rehabilitation service, for support and guidance relating to your musculoskeletal health. Click on [my IPRS Health](#) if you have access to this service.
- NCC's Well-Being Services that are being provided.

Educational Support Helpline

The [Education Support Helpline](#) is available for all teachers and staff in education (primary, secondary, further or higher education. Schools staff should use this support line if they do not already have access an Employee Assistance Programme

Critical Incident Support



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The [Critical incident support service](#) provides support to schools, academies subscribing independence schools and Early Years settings in a Critical Incident A Critical Incident is defined as “an event or events, usually sudden, which involve the experience of significant personal distress to a level which potentially overwhelms normal responses, procedures and coping strategies, and which is likely to have emotional and organisational consequences.”

NHS Live-well information

- The [NHS Live Well](#) provides advice, tips and tools to help you to make the best choices about your health and well-being
- The [NHS - Mental wellbeing audio guides](#) (covering low mood, sadness and depression; anxiety control training; overcoming sleep problems; low confidence and assertiveness; unhelpful thinking) and [NHS - Breathing exercise for stress](#)
- The [Every Mind Matters](#) site provides advice on tips for looking after your mental health
- [Mental Health at Work](#) provide links to providers of various resources such as Mind and Twinkl
- [Anna Freud the National Centre for Children and Families](#) provide Schools in Mind resources
- [Future Learn](#) have made a psychological first aid course freely available on line

COVID-19 Actions to take on development of symptoms, test and trace

If you develop symptoms (no matter how mild)

- Leave work and go home (please note: the only exception to this is where there is a significant risk to a vulnerable person in your care and you need to wait at a safe distance until another member of staff arrives)
- Notify your manager as soon as possible.
- Notify other members of your household so that they can isolate as soon as possible, e.g. notify the school where your child attends so that they can be taken out of the class and wait to be collected in a separate area.
- Follow the arrangements to organise for testing detailed in this section.

When you first develop symptoms and order a test, you will be encouraged to alert the people that you have had close contact with in the 48 hours before symptom onset.

Alerting others

If any of those close contacts are co-workers, you may wish to (but are not obliged to) ask your manager or employer to alert those colleagues. At this stage, managers should advise close contacts, advising them not to self-isolate, but to:

- avoid individuals who are at high-risk of contracting COVID-19, such as someone who has an individual assessment as outlined above



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- take extra care in practising social distancing and good hygiene and in watching out for symptoms

This will enable them to be better prepared if the person who has symptoms has a positive test result and if they (the contact) receive a notification from the NHS test and trace service explaining they need to self-isolate.

Manager actions are detailed in specific guidance documents and depend on the staff members work activities.

Testing

Being tested means it can be established whether staff (or members of their household) have the virus, and it will help you to return to work if the tests are negative. This testing is particularly helpful if someone in a household has just developed a COVID-19 symptom, such as a new persistent cough, high temperature or a loss or change in their sense of smell.

You can [ask for a test through the NHS website](#)

Please note: by attending a test you must agree that the test provider shares results with the setting in order to follow the appropriate course of action. However, we would also ask you to share your test results with your manager as soon as you have them.

You can also follow this link to provide staff with a short video about the drive through testing process: [COVID-19 Getting Tested](#)

If your setting has registered with the local NHS trust for prioritised key worker testing (known as pillar 1 testing) you may also be able to access testing via this route. Further information on how to register and access this testing is available on Norfolk Schools and Infospace sites.

Please note the pillar 1 testing capacity is prioritised as follows:

1. education workers working in Special Educational Needs settings (main group for pillar 1 testing)
2. Education and childcare workers working in other educational settings (eligible if capacity is available)

Tracing

If you have a positive test you will be contacted and asked about people you have been in contact with for the 48 hours before you have symptoms (or your test date if asymptomatic) and the days afterwards.

Close contact is most easily defined as anyone you have been face to face within one metre for any amount of time, within a metre of (but not necessarily face to face for 1

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minute or more) or anyone you have been within two metres of for 15 minutes or more. They will then seek to notify those people that they may have been exposed and that they should self-isolate.

If you are contacted and told to self-isolate for 10 days as a result of close contact, you should notify your workplace. As a close contact, you will not be eligible for a test unless you go on to develop symptoms or are directed by Public Health to get tested. No workplace action is needed in these circumstances unless contacted by Public Health and instructed to do so.

Please note: your household does not need to isolate unless you develop symptoms. If you develop symptoms please follow the testing arrangements detailed in this guidance document

Return to work

If staff are symptomatic when tested

Symptomatic staff who test **negative** can return to work when they are medically fit to do so (e.g. they have been unwell as a result of another illness), so long as no-one else in their household has symptoms and following discussion with their line manager.

Symptomatic staff who test **positive** or who have an **inconclusive** test result, and symptomatic staff who have not had a test, can return to work:

- no earlier than 10 days from symptom onset, provided their symptoms have improved and they have not had a temperature without medication such as paracetamol for 48 hours and are fit to return
- if a cough or a loss of or a change in normal sense of smell or taste is the only persistent symptom after 10 days and they have not had a temperature for 48 hours without medication and are fit to return (please note: these symptoms are known to persist for several weeks in some cases)

All members of a household shared with an individual that is symptomatic or has tested positive should self-isolate for 10 days from the day the individual's symptoms started. However, if any household member develops symptoms of COVID-19, they should get a test and if they are positive should isolate for at least 10 days from the onset of their symptoms, in line with the [stay at home guidance](#). If they test negative, they should continue the rest of their 10 day isolation.

Where a member of staff tests positive for COVID-19, if they become unwell again they should follow the isolation rules, this is because it is currently not known how effective any immunity is or how long it might last.



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If staff have been notified that they are a contact of a confirmed case

Staff who have been notified through the [NHS test and trace](#) service or by their setting that they are a contact of a confirmed case of COVID-19 they should self-isolate for 10 days, in line with the [NHS test and trace guidance](#).

If the notification is via test and trace you must also inform your setting that you are isolating as a contact.

As a contact, you will not be entitled to a test unless you go on to develop symptoms. Even if you test negative as a contact you will still be required to isolate for 10 days in case you have the virus but it wasn't detected. If you develop symptoms your household should also isolate for 10 days.

Summary of isolation requirements

If you are a primary case i.e. you are not currently a contact of a positive test:

- you show symptoms and test positive, you isolate for 10 days from the date of your symptoms
- you do not show symptoms (you are asymptomatic) but you have a positive test, you isolate for 10 days from the date of your test

If you are a contact of a positive test:

- you isolate for 10 days from the date of their symptoms (or test date if they are asymptomatic) if you live in the same household
- you isolate 10 days from the date you were last in contact with them if you do not live in their household

If you are a contact of a positive test (and so isolating) but then get a test (for whatever reason):

- If you test negative, you still need to complete your 10 day isolation in case you were exposed but the virus hasn't developed yet (it is in incubation)
- If you test positive you need to isolate for 10 days as described for the primary case above, and your contacts as for the contact information above.
- If you test positive and any of your contacts are already isolating as a contact of someone else, they need to start their 10 days based on their exposure to you if that was later than their exposure to someone else.



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Further information

- Assessments have been carried out to support the needs of pupils with an Education Health and Care Plan which includes pupils who are classed as an extremely vulnerable person and for those who are at an increased risk.
- The *COVID-19 Compliance Code for educational settings* provides information where increased supportive measures require further assessment in order to protect both staff and pupils.
- We want to make sure that you are kept well informed about coronavirus, and how it's affecting the way we work. [InfoSpace](#) and [Norfolk Schools](#) is regularly updated with the key information you need to know.
- Ensure that you only access information from reputable sources such as the NHS or Public Health England.
- Please talk to your manager if you have any concerns and we will keep you updated with information if anything changes.