



Supporting health professionals to visit settings

Purpose

This guidance is to enable settings to welcome back external health professionals who will need to see children and young people in the setting in a safe and controlled manner.

Context

This guidance draws upon:

Norfolk County Council Risk Assessment and Compliance Code available at <https://www.schools.norfolk.gov.uk/coronavirus/health-safety-and-wellbeing>

The Norfolk County Council Risk Assessment and Compliance Code reflects the Government guidance:

- Implementing DfE guidance: supporting children and young people with SEND as schools and colleges prepare for full opening. Andre Imich, SEN and Disability Professional Adviser, DfE
- <https://www.gov.uk/government/publications/guidance-for-full-opening-special-schools-and-other-specialist-settings/guidance-for-full-opening-special-schools-and-other-specialist-settings>
- <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools>
- <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0552-Restoration-of-Community-Health-Services-Guidance-CYP-version-3-June-2020-1.pdf>

The [DfE's full opening of schools document](#) dated 7 August 2020 provides information relating to pupils who were previously shielding, pupils who are self-isolating and how to support pupils and families who are anxious about return to school making it clear that:

- While a small number of pupils will be unable to attend as they are self-isolating, have had symptoms of COVID-19 or have been in contact with someone who has coronavirus, the majority of pupils will be able to return to school.
- A small number of pupils who were previously shielding will remain under the care of a specialist health professional and their care may need to be discussed with a health professional before returning to school. More advice on this is available from the [Royal College of Paediatrics and Child Health](#).

- Schools should bear in mind the potential concerns of pupils, parents and households who may be reluctant or anxious about returning and put the right support in place to address this. This may include pupils who have themselves been shielding previously but have been advised that this is no longer necessary, those living in households where someone is clinically vulnerable, or those concerned about the comparatively increased risk from coronavirus (COVID-19), including those from Black, Asian and Minority Ethnic (BAME) backgrounds or who have certain conditions such as obesity and diabetes.

Norfolk Compliance code and RA

This guidance links to the following sections of the **Norfolk risk assessment for settings**:

- Management planning
- Minimise contact, maintain social distance and activity risk reduction
- Visitors and reception area
- Universal hygiene arrangements
- Pupil health and planned close contact activities
- Communication and involvement
- Offices and other work spaces

This guidance links to the following sections of the **Norfolk compliance code for settings**:

- Section 2: specific responsibilities
- Section 3: principles of safe working
- Section 4: safe working. Settings should be particularly aware of page 20 which states that 'specialists, therapists, clinicians and other support staff for pupils with SEND should provide interventions as usual'.

Expectations on settings and external health professionals

There are the following expectations around the visits of health professionals to settings outlined within DfE guidance: -

Guidance for full opening: Schools

Guidance for full opening: Special Schools and other specialist settings

- Specialists, therapists, clinicians and other support staff for pupils with SEND should provide interventions as usual.
- Supply teachers, peripatetic teachers and/or other temporary staff can move between settings.
- All external professionals should ensure they minimise contact and maintain as much distance as possible from other staff.

NHS England guidance gives the following expectations for the [COVID-19 restoration of community health services for CYP](#)

- SEND community services must be prioritised for CYP 0–25 with an EHCP in place or going through an EHC assessment.
- Key SEND services are:
 - Speech and language therapy; OT; physio
 - Community paediatrics: community children’s nursing; special school nursing
 - Providers [of the key SEND services] must work with their designated clinical officer (DCO) and/or designated medical officer (DMO).

Health professionals’ organisations are expected to have produced their own risk assessments which details how they can operate safely in schools. Schools may ask for a copy of this risk assessment from any external professional.

These expectations draw on:

- [Guidance for full opening: Schools](#)
- [Guidance for full opening: Special Schools and other specialist settings](#)

a) Prevention

It is expected that **visiting health professionals:**

- **Must not** attend a setting if they have had coronavirus symptoms or have tested positive in the last ten days. They will follow the [Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#) which sets out that they must self-isolate for at least ten days and should [arrange to have a test](#) to see if they have coronavirus (COVID-19). Other members of their household should self-isolate for 14 days from when the symptomatic person first had symptoms.

- **Must** clean hands thoroughly, more often than usual. Health professionals will do this on entry to settings and the setting will make best endeavours to ensure CYP do the same.
- **Must** ensure good respiratory hygiene by promoting the ‘catch it, bin it, kill it’ approach.
- Will minimise contact between individuals and maintain social distancing wherever possible. This must be properly considered by settings and settings must put in place measures that suit their particular circumstances.
- **In specific circumstances**, wear appropriate PPE. This will be at the discretion of the setting and health professional depending on the rationale for the visit. However, it is expected that settings be mindful of the guidance that the majority of staff in education settings will not require PPE beyond what they would normally need for their work.
 - PPE is only needed in a very small number of cases, such as:
 - where an individual child or young person becomes ill with coronavirus symptoms while at school, and only then if a distance of 2 metres cannot be maintained;
 - where a child or young person already has routine intimate care needs that involves the use of PPE, in which case the same PPE should continue to be used.
 - When working with children and young people who cough, spit or vomit but do *not* have coronavirus symptoms, only any PPE that would be routinely worn, should be worn.

For more information consult the [guidance on safe working in education, childcare and children’s social care](#) about preventing and controlling infection, including when, how PPE should be used, what type of PPE to use, and how to source it. Further information is also available here on the [Norfolk Schools Website](#) in the ‘essential actions’ section.

It is expected that the **setting** will:

- Introduce enhanced cleaning. After visits from health professionals, frequently touched surfaces will be cleaned in the areas used by these professionals. Section 4.3 of the Norfolk County Council compliance code details universal hygiene and expectations around cleaning and disinfection.

b) Response to any infection

It is expected that **both the visiting health professional and the setting** will:

- Engage with the NHS Test and Trace process.
- Work together to ensure the appropriate response is taken. Settings will take contact details of any health professionals visiting the school. The health professional will contact the setting if they start to display any symptoms of coronavirus and likewise the setting will contact the professional if anyone in their setting or within specific ‘bubbles’ of CYP connected with a CYP being visited by an health professional starts to display symptoms. The management of cases guidance is available [here](#) in the ‘essential actions’ section of the page.

Frequently Asked Questions

- 1. Does the health professional need to leave a 48-hour gap between visits?**
 - a. If it is possible for a visiting professional to do this that would be the ideal scenario because it reduces the number of possible contacts identified through test and trace should the professional develop COVID-19. However, this will not always be possible. Where this is not possible the application of the other infection control measures in place will be of increased importance.
- 2. The risk assessment states that ‘short duration, ad hoc and working at more than one setting is avoided’. How does this fit with visiting health professionals who will work in settings for short periods?**
 - a. The risk assessment says this should be avoided where possible, it is recognised that with some roles this is not going to be possible.
- 3. The risk assessment states that ‘groups are kept static’. Can visiting professionals see students from more than one bubble or group during the same visit or do they need to come back at a later date? Does there need to be a 48-hour window between visits?**
 - a. It is preferable for all staff to stay with their group or extended group. Schools may be able to organise their extended groups taking the need for additional support into account. The compliance code states *‘Members of staff should remain consistent within groups as much as they can. Where members of staff need to be connected to more than one group e.g. for teaching specialist subjects, the other infection control measures must be scrupulously followed i.e. maintaining social distance, hand hygiene’* This also applies to visiting professionals.
- 4. Do visiting professionals need to maintain a 2m distance from the students they are seeing?**
 - a. Maintaining distance is one of the key ways that transmission risk is reduced. However, it is recognised that this is not always possible. Again, where this is the case the other infection control measures become even more important.
- 5. Are visiting professionals permitted to use toilet facilities?**
 - a. Yes. Your staff and visiting professionals should all be practicing good hand hygiene. That supported by your enhanced cleaning regime means that it is safe for visiting professionals to use toilet facilities.
- 6. Do we need a separate office/space for visiting professionals to use?**
 - a. Where visiting professionals need an office space to work this should be provided in line with the guidance in the compliance code and risk assessment on office spaces. If visiting professionals are borrowing a desk space while they are in your setting you should clean the area used after they have left and before anyone else uses it. They should provide their own resources e.g. pen and paper.
- 7. How long do we need to leave once a visiting professional has left before the office/space they have used can be used by someone else?**
 - a. If the space is well ventilated, you can use it after it has been cleaned.
- 8. Is more than one professional able to see the same student at the same time? (e.g. if a student therapist is accompanying a qualified therapist.)**

- a. The visiting professional's organisation should have undertaken a risk assessment addressing this. It is preferable however that unless this is essential additional visitors are discouraged at this time. Depending on the space in your setting this may also compromise distancing requirements. If visiting professionals request this, you should discuss it with them and consider these points.

9. Do visiting professionals need to wear a face covering when coming into our setting or seeing our students?

- a. The other measures that you and the visiting professional are taking will keep you all safe. Face coverings are not recommended for use during education provision as they can impede communication. If you feel it is necessary as a supplementary measure you can ask visiting professionals to wear a face covering when they move around your setting. However, please be aware some people are not able to wear face coverings due to their own health conditions.

10. I have a pupil with quite specific health care needs — do I need to do anything differently?

- a. You may have an individual risk assessment for pupils with specific health care needs which might have been written in conjunction with a health care professional. If you have a pupil who was previously shielding, then you may need to discuss their care with their health professional. The Royal College of Paediatrics and Child Health regularly reviews its advice relating to children and young people who are extremely clinically vulnerable and can be accessed by clicking [here](#).

Some children and young people need procedures during the school day relating to their condition that need to be risk assessed separately and managed appropriately, these are known as aerosol generating procedures or AGPs. Examples of AGPs include induction of sputum and suctioning of the respiratory tract. Guidance on what is considered an AGP and what you need to do is available [here](#).

We would advise you to seek the advice of your competent health and safety support to undertake a risk assessment as outlined in the Norfolk Schools guidance on PPE which is available [here](#).

If you have further questions or queries, please email:
sendadviceandsupportrequests@norfolk.gov.uk