

SPECIALIST EDUCATION SERVICES

COVID 19 ACTION PLAN

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SES Avocet Ltd (4926028) and SES Turnstone Ltd (7972485)
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SPECIALIST EDUCATION SERVICES: COVID 19 ACTION PLAN
(Including Risk Reducing Measures and Key Health and Safety Decisions)

PART 1

1 GENERAL

Given its rapid spread, the World Health Organization (WHO) has declared novel coronavirus (2019-nCoV) to be a public health emergency of international concern. In planning our response in relation to the ongoing operation of Avocet House and Turnstone House there is clearly a direct relationship with the scale and unfolding picture at international, national, regional and local levels.

Core Responsibilities:

- 1. All individuals have a responsibility to their fellow citizens both within and beyond the work place.**
- 2. SES as an employer has a responsibility to ensure as far as is humanly possible its employees are supported in fulfilling (1) above.**
- 3. We have a responsibility for ongoing care and education of the young people for whom placing authorities and families have entrusted in our care.**

This action plan outlines what measures and procedures we can take in order to meet the three core responsibilities outlined above. The strategy of measures and procedures might change as infection levels throughout the SES team and /or the young people progress. The totality of the principles, procedures and actions identified within this plan outline our SES risk assessment of how best to meet and balance our core responsibilities. It is a response to an unprecedented and dynamically changing situation and this document reflects this through regular and frequent review as necessary.

First of all, individual staff members need to support SES in establishing whether they themselves are in the high-risk category should they contract the virus. As it is a new virus not everything can be certain, but the advice from medical observation and research so far means older people and people with underlying conditions which means contracting the virus puts them in a position of comorbidity. In medicine, **comorbidity** is the presence of one or more additional conditions co-occurring. Conditions highlighted are diabetes, asthma, lung disease, heart conditions, lifelong heavy smokers may also be vulnerable. This list is not exhaustive. An SES audit took place on the 8 and 9 of March and the full list was completed by 12 March 2020.

Due to the nature of both Avocet House and Turnstone House being homes for children, applying social distancing measures between staff and young people is not feasible to continue delivering appropriate levels of quality care and learning (*DfE Guidance 21.07.20 'Safe Working in education, childcare and children's social care settings, including the use of PPE'* states that

“Residential settings in which no one is showing symptoms should operate like any other domestic household”).

The current scientific advice indicates that our staff do not require personal protective equipment, as this is needed by medical and care professionals providing specific close contact care, or procedures that create airborne risk, such as suctioning and physiotherapy, for anyone who has coronavirus (COVID-19), and is displaying symptoms. The safety of all in the employment and care of SES is being managed through sensible and reasonable containment and protection measures that are outlined in this document in order to meet our core responsibilities.

Current scientific advice and guidance indicates that children are less vulnerable and unlikely to get seriously ill if they contract the virus. At this stage the greater risk to the children is the indirect threat of not having appropriate levels of adult care and attention should the deployment of the SES team be so seriously compromised in meeting the core responsibilities 1 and 2. All team members will have loved ones and potentially people they might come into contact with in their lives outside work, therefore if the infection actually gets into one of the establishments then decisions about staff deployment and whether staff should come into work becomes a lot more challenging and complex. The definition of “infection getting into an establishment” is not black and white, but as the only full-time residents are the children the purest form of this threshold being met is the infection of one or more of the children. Therefore, the absolute priority in the first instance must be to keep the infection out as long as is humanly possible.

2 PHASES AND STRATEGY

2.1 PHASE 1 – DEFEND AND AVOID

The following are the collective strategies we must all employ in order to achieve the stated primary objective of keeping the infection out of the establishments.

Both establishments as of 9 March moved to Amber alert as described in point 21.1 under the “Enhanced Infection Control Procedures” outlined in the Health and Safety Policy document. This will be bolstered both within the house and Learning Centre environments by the Heads of Education and the Registered Managers facilitating and leading the teams in agreeing robust, regular and systematic cleaning and wipe down procedures for the respective buildings. This will be reflected on monitoring sign off sheets. Such procedures will be documented and available within each establishment.

Clear enhanced hygiene routines have been communicated and established (see Part 2 of this document for further detail).

The Heads of Education and Registered Managers will deliver an agreed structured educational package to all the children, covering the information

children need to know about Covid 19, their own responsibilities in respect of infection control, general infection control and be informed of aspects of this plan such as potential changes in routines, together with changes in staff deployment.

The administrative team maintain a visual spreadsheet to record the health status of each individual staff team member which will be the primary tool and source of information from which managers can plan the deployment of the team. The spreadsheet will be reviewed and where necessary updated on a daily basis. This will be coordinated by the Registered Manager, or in their absence, Head of Care. The spreadsheet will have a rag status as follows:

Green

- Not infected, no symptoms and no immediate known recent contact with an infected person.

Amber

- Have symptoms of any kind in relation to Covid 19.
- Have been in contact with anybody family member or otherwise who has recently been diagnosed with the pandemic strain.
- Has a known indirect link, i.e. son or daughter's friend whose house they have recently been playing at has contracted the pandemic strain.
- Through Track and Trace receive notice that you have been in close contact with somebody who has been infected

Red

- Has been tested and confirmed as infected and therefore infectious.

Yellow

- Have been infected and is now clear of illness and symptoms for period of at least 10 days

To ensure there are no barriers and dilemmas for employees, regardless of length of service, all employees will receive full sickness pay for any absence related to Covid 19. That will apply to:

1. Any direct and confirmed cases covid 19 illness to SES workers
2. Absence whilst categorised as 'amber'
3. Absence related to enforced circumstances such as child care because schools or nurseries close.

In respect of 3, above, we would naturally expect SES workers would be exploring all ways to share the load with partners and extended family wherever possible.

If a staff member (or a member of their household) develop any of the key common symptoms for coronavirus they must alert a senior colleague immediately (e.g. Registered Manager, SES Principal or Executive Principal). As in line with the SES sickness policy they must self – certificate and will need to isolate for ten or fourteen days, depending on whether they or a household member is displaying symptoms, as per government guidance.

If the test is positive then that will form the sicknote that entitles them to full pay for the duration of the illness. The staff member will follow the guidance of the health professionals who are caring for them, who will also be the key people to sign them off as being well and clear of the virus. The minimum period of absence will be ten days from the onset of symptoms.

When the staff member requests a test, using the correct procedure available at the time, they will need to state that their professional role is within a residential setting for children and indicate clearly that local public health experts will need to be alerted if the test is a positive result. On receipt of their test result they must immediately alert the senior colleague of the outcome.

Any staff member in the Amber category must take steps to be tested and cleared under the government guidance rules before returning to work. By definition they will then be re-categorised to yellow. If the test result for the staff member (or household member) is negative then they return to category green, and are fit to return to work when well enough to do so.

As of Thursday 30 July, the Department for Health and Social Care has asked anyone who shows certain symptoms are to stay at home for 10 days, regardless of whether they have travelled to affected areas. This means people should stay at home and avoid all but essential contact with others for 10 days from the point of displaying mild symptoms, to slow the spread of infection. The most common symptoms (updated on 18 May 2020) are:

- **A high temperature (37.8 degrees and above)**
- **A new, continuous cough**
- **Loss or change to your sense of smell or taste**

The NHS Track and Trace Service was launched on Thursday 28 May. An app is due for launch in the future and SES expect all staff to download this app:

- a) To improve and secure the data available to prevent cross infection and / or infection with SES establishments
- b) To support the national effort.

If a staff member receives notification through NHS Track and Trace that they have been in close contact with someone who has tested positive for coronavirus, they will be required to self isolate for 14 days. Evidence of the communication with the Track and Trace service will be required to ensure that absence can be paid in line with the SES sickness policy.

There are some pre-emptive measures that can be taken in respect of structural operation and deployment that can be implemented at any point of choosing. **Limiting the number of people coming to and from the establishments** and vetting those that do. Once again, the timing of this will be very much influenced by the levels of risk being indicated by the unfolding international, national, regional and local situation.

The following are possible strategies some of which are implemented as of now:

- Vetting question leaflet for visitors (week of 9 March)
- SES will not authorise any holiday leave to any identified travel 'hotspots' as defined by the government and available on the government website (As of 9 March)
- Purchase of infra-red forehead temperature readers
- Greater discerning examination of visits and trips out in relation staff and young people activities. To be approved at Head of Education and Reg Manager level.
- Collapsing of the Learning Centre timetable and pooling of the teams
- Children for whom it is possible to spend a period of time at home to go home (possible: Turnstone; ET, MG and JK; Avocet BB, HJC and MO)
- Consolidation of remaining children in one place (Turnstone House, with ensuite facilities). Pooling of the teams and provision of Avocet House building for infected or potentially infected staff to stay, keeping families and loved ones of staff members protected.
- The right to cancel any annual leave

All of the above may be used as pre-emptive and responsive strategies during phase one, but they are equally applicable and indeed almost certain to be responsive strategies employed during phase 2.

All the above options remain available. In mid - March the decision was taken to collapse and merge all frontline personnel into three teams. From 18/20 March 2020 the rota pattern was to stay for four consecutive days and return after eight days at home. On 10 June 2020 this was updated to stay for three consecutive days and return after six days at home. This strategy has so far worked well in many respects and has been successful in terms of the primary aim of keeping us in phase 1. The intention is to return to more traditional rota working patterns from 2 November 2020.

2.2 PHASE 2 – ESTABLISHMENT ISOLATION AND CONTAINMENT

If there is a case of infection of one of the young people then the establishment is, as described in the health and safety policy, on red alert and red alert procedures. In the first instance, as far as is possible, the isolation procedures as described in part 2 of this document should be implemented for that young person and maintained for as long as possible because it is in the height of the illness that the patient will be most infectious.

However, as the suggested isolation period for an individual is 10 days, and the household 14 days, which is a significant period as compared with some virus' then we have to contemplate that given the needs and presentation of most of our young people that isolation beyond two to three days may not be a realistic option. We would only know that at the time. Equally, we also have to contemplate that once one young person is infected within the household then it is highly likely that others are already infected and it may be unrealistic to contain the spread within the household even with the strictest adherence to hygiene and prevention measures.

If this proves to be the case then our priorities might need to change and our duty is to contain within the establishment. To best achieve this the deployment criteria may actually change and all staff Red, Amber, Green and Yellow **MAY** be considered for deployment. SES recognises that it could not compel any individual to enter into an 'infected' work environment. In such extreme circumstances as a red alert situation the only way that we could keep to our core responsibilities is through the goodwill, dedication, loyalty and hard work of the team.

Adults in the clinically extremely vulnerable or clinically vulnerable category are now able to return to work. However, should we enter a situation where we are in phase 2, direct deployment of these adults with young people would be immediately reviewed.

2.3 DEPLOYMENT CONSIDERATIONS UNDER RED ALERT

We have no way of knowing when or at what point a tipping point comes that one of the young people is infected. What is predictable is that there will be a team of people who are at work and caring for that young person and others at the very point that the infection has been confirmed. We have a duty to protect the general public and our own family members and at that point we should take the responsible view that those particular staff in situ are potentially and likely to be infectious.

Therefore, a 48-hour initial window for senior staff to plan deployment and relief deployment will be initiated in these circumstances. Isolation of the infected (or potentially infected) young person(s) would be essential, in line with the personalised plan agreed. The 'suspected or possible internal infection procedures' outlined in part two of this plan would be immediately implemented by that team who will remain in the building until a relief and infection containment plan is drawn up. Immediate consideration should be given to any vulnerable adults, firstly in terms of distancing from a 'source(s)' of infection and exit from the establishment.

The 48 hour window is for managers to plan and liaise about next steps. It also allows team members time to communicate with their own families and allows families to plan their own isolation and protection procedures prior to any arrival home of the SES worker. Some team members might genuinely not want to go home in such circumstances. The 48 hour window as a marker

is the LATEST at which a tangible relief and containment plan will be ready to be implemented.

At the tipping point of red alert there will be the immediate considerations as described above. There will also be the ongoing considerations of meeting our core responsibilities. We have no way of knowing in advance for the purpose of this document what proportion of our team will be in the respective categories of green, amber, red and yellow at the tipping point of red alert, although we will do at the time. Nor do we know enough about the virus and medical advice to determine precisely what is on balance of risk the best policy and approach. Even though we are a team, each team member might have different views, tolerances and attitudes in respect of the potential impact on them. All we can say at this stage is that in such circumstances the following might all be factors and considerations in deployment:

- Infected workers (Red) who are feeling well enough to do so remaining at work for a short or extended period.
- “Covid 19 Commandos” Green workers choosing to come to work and risk infection for a perceived ‘greater good’.
- “Covid 19 Commandos” Amber workers choosing to come to work and risk infection for a perceived ‘greater good’.
- Yellow workers – there doesn’t appear to be an issue about reinfection, but at this early stage it cannot be ruled out that reinfection is a possibility.

Any deployment plan will need to consider any individuals who are putting themselves or finding themselves in excessive and extended working. Judging once again what is excessive on balance of risk in exceptional and unusual circumstances is not an easy or exact science.

Preparation of young people for Phase 2 scenario

Both Registered Managers have led on a consultation with each individual young person, to establish what would help them adhere to a ten day isolation should they develop symptoms. The outcome of those consultations can be found as a separate file “Covid 19 Self Isolation plan” on the network alongside the existing daily care.

Personal Protective Equipment (PPE)

Each establishment has an in initial supply of PPE in the form of aprons, gloves, head shields and masks. PPE would only be used in the course of the direct care of an infected, or suspected infected young person.

All staff have been sent clear communication outlining how SES will respond to young people who are infected on 9 April 2020 (see copy in part 2 of this action plan), ‘Suspected or possible Internal Infection Procedures’. This included a weblink to an NHS training video in respect of the use, donning and disposal of PPE.

2.4 DOOMSDAY: SKELETON STAFFING

We have already referred to quite radical strategies of suspending Learning Centre operation and consolidating the teaching and care teams as well as consolidating onto one site and with that the consolidation of both the Avocet and Turnstone teams.

We do also have to consider that irrespective of all the measures employed above that there could be a situation in one establishment, both or even when consolidated that we cannot deploy staff to the usual day to day levels that we enjoy. Clearly with all our own resources exhausted we would inevitably be in the hands of others (Most likely, placing authorities) for support. It's highly unlikely that they will have any solutions and it maybe that continuing to run with much reduced staffing may be the least of all evils. Clearly in such circumstances we would do our level best to ensure that children are kept safe and cared for but the truth and reality is that safety and care would be potentially significantly compromised compared with our normal service provision.

Draft letter(s) are prepared that would be sent to each placing authority alerting them to this fact. As such they would have to make their own assessment of on balance of risk how that sits for them as compared with any alternatives they wish to explore.

In the event of a positive test result for a child, the SES Principal (or delegate), will contact the Local Norfolk Outbreak Management Centre (01603 223219 / phnnorfolkomc@norfolk.gov.uk) and Public Health England (0300 3038537 / eoe.crc@phe.gov.uk) for discussion and guidance.

This action plan is current from 10 September 2020. It was created on 13 March 2020, with updates on 11, 22, 28 May, 11 June, 7 July, 30 July. However, the situation is fast moving and this plan will be changed accordingly as necessary. The following are useful web links to sites with advice:

<https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response%20>

<https://www.nhs.uk/conditions/coronavirus-covid-19/>

PART 2

SUITE OF RISK REDUCING MEASURES AND KEY HEALTH AND SAFETY DECISIONS

The following decisions, procedures and processes are reviewed on a regular basis by the Directors, Executive Principal, SES Principal and SES Deputy Principal. All senior leaders input to review, updates and required changes through planned SMT meetings. These have taken place on 6 April 2020, 20

April 2020, 11 May 2020, 26 May 2020, 1 June 2020, 9 June 2020, 22 June 2020, 06 July 2020, 20 July 2020, 03 August 2020 and 17 August 2020.

SES have fully considered and implemented the 'System of Controls: protective measures' in line with current national guidance (as published on 8 September 2020 in the DfE 'Guidance for full opening: special schools and other specialist settings').

3 MINIMISING CONTACT WITH INDIVIDUALS WHO ARE UNWELL

3.1 SES STAFF TEAM

As outlined in part one of this action plan, all staff have a responsibility to immediately alert a senior colleague if they develop any of the key common symptoms for coronavirus, arrange a test and follow the guidance within phase 1 – defend and avoid.

Every staff adult must have their temperature checked on arrival to either site, and sanitise their hands. Staff must also follow national coronavirus guidelines when in not in the workplace, remembering their professional responsibility to the three core responsibilities in part one of the action plan.

Whilst working they must adhere to the following daily hygiene checklist:

3.3.1 Daily hygiene checklist

- Everyone must wash hands on arrival to the home.
- We must wash hands for at least 20 seconds, with soap and water:
 - before eating
 - after coughing and sneezing
 - after using toilets
 - whenever we return to our homes
 - on arrival into the building after a trip out (e.g. walk, cycle or car journey)
- All children are expected to wash their hands in the same way – this must be reinforced by all adults.
- Have all adults had their temperature taken?
- All children need to have their temperature taken when they first leave their rooms at the start of the day
- Contact points need to be thoroughly cleaned at the agreed timings using our diluted bleach sprays – this includes door handles, door plates, surfaces in regular use (e.g. tables) and must be signed for on the daily recording sheet
- Remember to promote the "Catch It, Bin It, Kill It" and provide tissues for children and adults.

We all have a responsibility to maintain the hygiene above for our personal safety.

Please raise any hygiene concerns with the DCM or person leading the home on the day.

3.2 VISITORS TO THE HOME

Limiting contact with external professional, contractors and families has been implemented throughout the period of restrictions that commenced on 23 March 2020. Any visitor to the sites has been temperature checked and vetted for any symptoms on arrival. The principal of limiting visitors to either establishment remains in place.

All social work visits necessary are planned to be completed by phone, or if required in person (e.g. safeguarding priority); full health checks are required before the visit proceeds. If an urgent professional meeting with a Social Worker is needed then a suitable office will be utilised and risk assessed on an individual basis, following guidelines around social distancing and appropriate ventilation. Use of PPE would be considered if necessary. Wherever possible, placing authorities should meet with young people in an outdoor environment.

Regulation 44 visits are to be conducted on site (from June 2020), based in an office located outside of the Children's Home. Outdoor premises checks could be completed as part of the Reg 44 visit.

3.3 FAMILIES

Any visits between young people and their family are to be considered at a personalised level and in full consultation with the Registered Manager and/or Principal. The benefit of the visit would be considered in terms of young people's well being and mental health, against potential coronavirus risk. Wherever possible, video apps or telephone communication is to be used to facilitate regular contact.

3.4 ACTIVITIES IN THE COMMUNITY

During the phase of full lockdown announced on March 23 2020, all young people adhered to the stay at home message, only leaving the site for one exercise opportunity a day. Updated guidelines were agreed and provided for all staff from 07 July 2020. These were further reviewed on 14 September 2020, considering the new 'rule of six' that became law in England on the same day. **The current activity guidelines are:**

- All children can have up to one planned activity per day (instead of one every three days); this will need to be planned in advance with a visits form that the Registered Manager will continue to authorise.
- Activities can be in groups of up to 6 in total, including both planned trips and fitness/leisure based ones from the home, e.g. walking, cycling. This can be a combined activity between Avocet House and Turnstone House, but 6 remains the total for a group (inclusive of staff).

- Any proposed group activities that exceed a group of 6 must be agreed and authorised by the SES Principal or Deputy Principal.
- Children can continue to have as many outdoor fitness or leisure activities that start from the home as deemed appropriate by the adults, for example, walks or cycle rides.
- All planned activities to outdoor venues and locations must adhere to the current government guidance issued at the time of the activity.
- Indoor recreational activities remain on hold for all children, with the following exceptions:
 - Individual sporting activities for young people that require membership or registration will be reviewed and authorised on a personalised level where there is clear demonstrable evidence of covid secure procedures in place.
 - Children may be taken to retail shops to purchase clothes, but only on a one to one basis.
 - There is still no rationale for taking children to food shops. However, children will be able to have access to supermarkets, banks and other retail outlets where it is linked to life skills and supported by a 24 hour plan. These activities must be authorised by the Registered Manager, Head of Care or Head of Education. For clarity, trips to indoor locations such as arcades or the cinema will not be permitted.
 - All children will be allowed to attend a hairdresser so long as they can follow the guidelines set by the establishment they visit. This will not count as one of their planned trips.
 - Senior managers will use their discretion to decide if an indoor activity and it's planning should be shared with the child's social worker.
- Anything relating to personal hygiene and basic care is not classed as a planned activity (e.g. trips to doctors, dentists).
- Children may be able to attend a planned activity independent of adult support if it is part of their development, most likely to a sporting club.
- All proposed family related activities or visits must be discussed and reviewed with the Registered Manager or Head of Care.
- Any use of public transport will not be advised unless individual circumstances dictate it is essential for the child.

- The young people must be trained and fully understand social distancing guidelines, as well as personal hygiene whilst out (e.g. not touching their face).
- If a car is used for the journey it must have all contact points cleaned before and after the trip (e.g. handles, steering wheel, interior handles, handbrake etc).
- On return to the home both the adult and the young person must wash their hands with soap and water before they do any other task.

4 SUSPECTED OR POSSIBLE INTERNAL INFECTION PROCEDURES

These procedures are to be used when an SES establishment enters phase two as outlined in part one of the action plan - **establishment isolation and containment**.

4.1 PROVISION AND APPROPRIATE USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

The following web link is a training and information video for NHS staff covering the use of PPE equipment in respect of donning, doffing and disposing of PPE. This is an NHS frontline health and social care standard for staff providing very intimate levels of care; therefore, in most circumstances for the care of a compliant * young person within the context of a residential home is absolutely appropriate and beyond adequate.

https://www.youtube.com/watch?v=-GncQ_ed-9w

*Equipment of this nature in isolation would not address the dangers posed by a level of active non - compliance of a patient in any setting.

Specifics in relation to SES are as follows:

- The PPE equipment is located in the house office (contained in a marked large box) at Avocet House and in the COSHH Cupboard at Turnstone House.
- Dedicated Disposal Bins (Black Round) have been purchased and will be located between the SES office and laundry room at Avocet House and in the garage at Turnstone House (if needed).
- Each bin will store waste for 72 hours, therefore please follow the labels on the bin to ensure waste is disposed of correctly. For example, if a child showed symptoms on 16 April, all waste related to their care would be disposed of in the first bin from 16 -18 April, with the next bin from 19-21 April and the last 22-24 April. This allows the first bin to be emptied safely into the main wheelie bin, at least 72 hours from last waste disposal.
- All waste connected to the infected child's care must be double bin bagged for disposal.

4.2 ROOM ISOLATION PROCEDURE

The team will discuss, agree and deploy a designated person from the team to look directly after the young person's needs whilst they are in room isolation. They will need to adhere to the following procedures:

- Don and dispose of PPE equipment as per the video on each occasion they have entered and attended to the young person. **It is essential** that PPE is donned and doffed in the correct sequence to prevent potential infection.
- Wash hands thoroughly before and after each of these occasions.
- Attend to wiping down frequent touch surfaces in the young person's room. This is not a question of deep cleaning a room within which an infectious person is residing because that may well raise risk for the adult but special attention should be given to entry and exit points such as the door handles, light switches, bedside tables, window handles etc.
- Any utensils used for meals will be removed expediently and washed immediately.
- Laundry will be taken directly to the laundry and washed immediately.
- At Avocet where an ensuite is not available then a procedure for bathroom use should be agreed appropriate to the individual and an immediate cleaning routine of the bathroom deployed immediately after use. PPE should be used for this task.

4.3 PERSONAL APPROACH TO ENSURE AS MUCH SUCCESS AND COMPLIANCE AS POSSIBLE.

If we were in a situation of having to move to phase 2 we have no way of knowing which child is the first to be infected therefore, planning for that event is a challenge. However, we can improve our chances of implementation and compliance by planning for and involving all the children in advance:

- Registered Managers will lead on how we communicate and rehearse with the children what the situation would be like should a young person, or they personally as an individual get infected. This will involve:
 - Talking to them as a community, possibly within a house meeting.
 - Reassuring them that statistically there is very little danger to them but they can play their part in keeping others safe
 - Letting them know there will be follow up conversations and planning with them imagining what the best isolation plan might look like for them
 - Involving them in seeing what PPE equipment is and its purpose so it is not a shock should we ever be in a position that we need to use it.

If there is a suspected of possible case of coronavirus within SES, the provision of movement between the Avocet House and Turnstone House sites would be immediately terminated and regarded as separate households with the infected establishment having a duty to self isolate.

5 SAFEGUARDING CHILDREN AND YOUNG PEOPLE

We will still have regard to the statutory safeguarding guidance, [Keeping Children Safe in Education](#). We continue to follow these important safeguarding principles:

- The best interests of children must come first
- If anyone has a safeguarding concern about any child, they should continue to act on it immediately
- A trained DPCP will be present within the home at all times, with full access to the LDPCP or the Deputy LDPCP at all times
- It's essential that unsuitable people don't enter the school workforce or gain access to children
- Children continue to be protected when they are online

The Lead Designated Person for Child Protection (LDPCP) is the Registered Manager. In the absence of the Registered Manager, the Head of Care acts as the Deputy LDPCP.

In addition, all Deputy Care Managers, Team Leaders, the Deputy Head of Education, the Head of Education, Principal and Executive Principal are trained as Designated Persons for Child Protection (DPCP).

Following temporary changes to the staffing rota pattern, the home will continue to have a DPCP available on site (either a Deputy Care Manager or Team Leader).

If staffing shortages result in this not being possible, the LDPCP or Deputy LDPCP will be available to all staff via the SES first port of call system.

All staff will be aware of who the DPCP will be on a daily basis through the morning handover.

DPCP training has resumed although most will be completed online and only as courses become available due to high demand for places. For the period COVID-19 measures are in place, a LDPCP (or deputy) or DPCP who has been trained will continue to be classed as a trained LDPCP (or deputy) or DPCP even if they miss their refresher training.

On occasions where the LDPCP or the Deputy LDPCP is unavailable, the SES Principal, Deputy Principal or Executive Principal will take responsibility for co-ordinating safeguarding, both of whom are trained to the same level as the LDPCP.

6 STAFFING ROTAS

These were first changed on 18 March 2020 (TH) and 20 March 2020 (AH) to ensure the homes could be fully staffed, maintaining the core principal of safeguarding the children. The Care and Learning Centre teams were

combined into a single staff group, with three teams identified. Each worked four consecutive days with an eight day period following where there was no immediate requirement to be in the establishment.

On 10 June 2020 both establishments moved to a pattern of the three teams working three consecutive days with a six day period following where there was no immediate requirement to be in the establishment. This pattern minimised movement and daily staff changes within each home, thus reducing immediate risk levels. It has also ensured that the staff team is consistent forming a household bubble for the children during each three day period.

The staffing pattern is under constant review, balancing staff wellbeing and the safety of the young people.

Following consultation with the young people and staff, the senior management team are planning for a return to a more traditional rota working pattern from November 2020.

7 FORMAL EDUCATION

As a dual registered Residential Special School and Children's Home, Specialist Education Services have an obligation to ensure the ongoing care and education of our young people. To ensure the safeguarding and wellbeing of young people was maintained to our outstanding level, the Learning Centre (registered school) was temporarily suspended from its normal structured operational routine on 18 March and 20 March at Turnstone House and Avocet House respectively. Our approach to young people's education changed focus at this time, with expectation on provision of learning activities incorporating reading, PHSE and physical health, enhanced by teachers as well as care staff being present 24/7.

From 27 April 2020 (TH) and 29 April 2020 (AH), there has been a re-introduction of planned structured Learning Centre opportunities to be delivered for each young person, with oversight by Learning Centre adults and the Head of Education. This has been updated on LCEPs, indicating the key learning to be focused upon for each young person. A record of engagement has been maintained by the Head of Education.

This approach to learning has allowed all staff to work in partnership, delivering a range of learning opportunities alongside high quality care and therapeutic relationships. The current approach to education and care at Specialist Education Services will continue with a gradual transition to more formal learning sessions alongside broader learning (e.g. 24 hour learning, PESD, life skills) during the first autumn half term 2020. Learning will be overseen by the Head of Education. This planned transition will ensure that the young people are able to re-engage successfully with their education following a prolonged period of disruption. The radical approach to learning initiated by SES ensured that our vulnerable children were able to continue accessing learning throughout the whole period of national schools' closure.

8 EHCP AND LAC REVIEWS

These have continued via video or phone conferencing, although some delays were experienced in the first few months of the pandemic.

SES now expect all EHCP and LAC reviews to go ahead on the planned dates to meet statutory timescales, although this may require some professionals to participate using technology such as video conferencing.

9 CASEWORK

Immediate updates are still required to a young person's risk assessment and daily care to ensure their safeguarding remains the priority. Registered Managers are to oversee quality.

Since the week commencing 27 April 2020, all Case Coordinators, Personal Tutors and Learning Mentors have an additional four hours to complete key casework

The Development and Learning review process for young people was suspended until September 2020. Many of the outcomes have been on hold due to the restrictions on movement, therefore progress has been limited for some young people. Development and Learning meetings were held on 9 September with the process fully operational from 1 October 2020.

10 REFERRALS AND ADMISSIONS

It was agreed to continue seeking the right referrals for SES as the process is completed remotely via paperwork and telephone discussions before an admissions panel is held. If a placement offer is made and accepted, any visits to see a young person, or for them to SES, would only go ahead if both respective settings, staff and family are free of coronavirus symptoms. The standard timescales for admission may well need to be longer to allow for a safe transition.

11 PHYSICAL HANDLING

The Principal Team Teach instructor, Neil Dawson, has maintained frequent communication with Team Teach commencing 9 April 2020, seeking advice on running practical courses and subsequent impact on staff if overdue for refreshers. Team Teach are currently granting 60 working day extensions for individuals. This has been requested for staff as required.

The Team Teach sub committee have met on 22 April 2020, 10 June 2020 and 8 September 2020. Following further government announcements on 11 May 2020 on lockdown restrictions, the decision was taken to cancel the May, June and July courses. Personal safety will be paramount for all staff,

understanding that best practice is through verbal and non verbal de-escalation, and based upon high quality relationships.

New staff received training on 22, 23 and 24 July 2020. This decision was taken as the relative risk of the number of untrained staff in physical handling working in SES has begun to be greater than the potential transmission of the virus through training.

Refresher training for all staff will re-start from 11 September 2020. This is based on staff following the enhanced cleaning and hygiene routines, and in line with the DfE Guidance 21.07.20 'Safe Working in education, childcare and children's social care settings, including the use of PPE' that states "Residential settings in which no one is showing symptoms should operate like any other domestic household".

12 PROFESSIONAL DEVELOPMENT AND PERSONAL SUPPORT

Group and individual Professional Development is to be offered as part of a revised development and training structure sent to the teams by the Registered Managers in the week commencing 27 April 2020. This will be delivered remotely via video calls. All staff have been informed to seek discussions with the SES Principal or Executive Principal if issues emerge, both of whom remain available to staff during the week, dedicating time and communicating physical presence to the team. All staff have been reminded of the BUPA helpline.

13 TRAINING

Remote training (Zoom or Teams) and conference calls are in place as of week commencing 27 April 2020. Priorities for training are discussed between senior leaders and scheduled in advance. Team meetings and core training are delivered by senior managers. External training courses (e.g. safeguarding, first aid, food hygiene) will be rebooked in order of priority and as each becomes available from the relevant provider.

All staff and volunteers will be made aware of any changes to our procedures and local arrangements.

New staff and volunteers will continue to receive the full SES induction week, which will include an extensive safeguarding induction, a copy of our SES Safeguarding and Child Protection Policy, Keeping Children Safe in Education part 1 and Working Together to Safeguard Children.

14 RECRUITMENT AND INDUCTION

Ensuring the homes remain fully staffed is critical to the ongoing care and education of young people. We continue to recognise the importance of

robust safer recruitment procedures, so that adults and volunteers who work in our establishments are safe to work with children. We will continue to follow our safer recruitment procedures, and part 3 of Keeping Children Safe in Education.

In urgent cases, when validating proof of identity documents to apply for a DBS check, we will initially accept verification of scanned documents via online video link, rather than being in physical possession of the original documents. This approach is in line with revised guidance from the DBS.

New staff must still present the original documents when they first attend work at SES.

We will continue to do our usual checks on new volunteers, and do risk assessments to decide whether volunteers who aren't in regulated activity should have an enhanced DBS check, in accordance with paragraphs 183-188 of Keeping Children Safe in Education.

Interviews for new staff will continue with full consideration to appropriate social distancing (2 metres) procedures. This will mean reducing the number of candidates invited, and using larger rooms for interviews to create social distancing space.

We will assess the risks of staff 'on loan' working in our establishments, and seek assurance from the 'loaning' school, children's home or other educational provision that staff have had the appropriate checks. This will be completed by the SES Principal or Executive Principal. They will also be added to the Single Central Record.

We will also use the DBS Update Service, where these staff have signed up to it, to check for any new information. Where SES receive staff from another school, children's home or other educational provision, we will judge, on a case-by-case basis, the level of safeguarding induction required. As a minimum, the visiting professional(s) will be provided with a copy of our safeguarding / child protection policy and the name and contact details of the LDPCP and deputy LDPCP.

15 OFFICE TEAMS

In line with the earlier guidance from the government for all non-essential staff to work from home if possible, SES decided to reduce the number of hours our office teams would be physically present at each establishment. Between Monday 30 March and 25 May 2020, each of our offices (Avocet House and Turnstone House) had one person available between 0900 and 1300 to respond to telephone calls and process admin related enquiries.

From Monday 25 May, following the government guidance being updated to 'stay alert' on 22 May 2020, a gradual and phased return to previous office hours was implemented. The Admin Assistants were available in the office

Monday to Friday, between 0900 and 1500 each day. The Administrators identified three full days that they would be available in the office, with two days being retained for home working. Administrators continued to have access to their emails outside of these hours on weekdays, normally between 0830 and 1630.

From Monday 14 September, and in line with current government guidance, the Admin Assistants will return to their standard working hours. The Administrators will retain the option of flexible home working and will communicate their hours with the SES Principal in advance.

From 1500 onwards (Monday to Friday) and at weekends telephones are transferred to the house teams and therefore external calls may not be responded to immediately as adults are prioritising young people.

Urgent communication with professionals at either Avocet House or Turnstone House is to be completed through email channels.

16 STAFF DEPLOYMENT DECISIONS

In order to continue to provide the three core principles of our Covid 19 Action Plan we have made individual staffing decisions that continue to be reviewed by the Directors, Executive Principal, SES Principal, Registered Manager and Head of Education. Key decisions taken so far have been:

- Recalling a care worker outside of their two year timescale for completion of the L3 Diploma, with an individual explanation on their personnel file.
- Assistant Care Workers offered full time working pattern in short term

These decisions were taken in line with the Adoption and Children (Coronavirus)(Amendment) Regulations 2020 (due to expire on 25 September 2020).

17 FURLOUGHING STAFF

As previously outlined in part one of the action plan, highly vulnerable staff were shielded in line with the guidance issued by the government at the time. Decisions on furloughing individuals were taken by the Directors, Executive Principal and SES Principal. Any decision to furlough was communicated in writing with the adult concerned. Currently only one clinically extremely vulnerable member of staff remains on furlough.