

Schools COVID-19 Risk Assessment – September 2021



Summary

This guidance explains the actions school leaders should take to reduce the risk of transmission of coronavirus (COVID-19) in their school. This includes public health advice, endorsed by Public Health England (PHE). [Schools COVID-19 operational guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/schools-covid-19-operational-guidance)

It is for leaders and staff in:

- primary schools
- secondary schools (including sixth forms)
- special schools, special post-16 providers and alternative provision
- 16 to 19 academies
- infant, junior, middle, upper schools
- boarding schools

Separate guidance is available for:

- [early years and childcare settings](#)
- [further education colleges and providers](#)

Additional operational guidance is also available for [special schools, special post-16 providers and alternative provision](#).

Schools and trusts should work closely with parents and carers (future references to parents should be read as including carers), staff and unions when agreeing the best approaches for their circumstances.

We use the terms 'must' and 'should' throughout the guidance. We use the term 'must' when the person in question is legally required to do something and 'should' when the advice set out should be followed unless there is a good reason not to.

Changes to the guidance since its 2 July 2021 publication include:

- [update to make clear who is no longer required to isolate if identified as a close contact, including clarifying that this includes young people up to the age of 18 years and 6 months \(it previously said 18 years and 4 months\)](#)
- [added additional detail on what close contacts should do whilst awaiting their PCR test results](#)
- [updated information on contingency planning in schools, with link to update 'contingency framework'](#)
- [updated information on boarding school pupils attending from abroad, as quarantine rules have changed](#)

Mixing and 'bubbles'

We no longer recommend that it is necessary to keep children in consistent groups ('bubbles'). However, risks should be minimised. For example, assemblies that do not require two-way interactions could be undertaken.

As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and you no longer need to make alternative arrangements to avoid mixing at lunch.

You should make sure your contingency plans (sometimes called outbreak management plans) cover the possibility that in some local areas it may become necessary to reintroduce 'bubbles' for a temporary period, to reduce mixing between groups.

Any decision to recommend the reintroduction of 'bubbles' would not be taken lightly and would need to take account of the detrimental impact they can have on the delivery of education.

Tracing close contacts and isolation

From July close contacts will now be identified via NHS Test and Trace and education settings will no longer be expected to undertake contact tracing.

As with positive cases in any other setting, NHS Test and Trace will work with the positive case and/or their parent to identify close contacts. Contacts from a school setting will only be traced by NHS Test and Trace where the positive case and/or their parent specifically identifies the individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact. You may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.

Individuals are not required to self-isolate if they live in the same household as someone with COVID-19, or are a close contact of someone with COVID-19, and any of the following apply:

- They are fully vaccinated (and 14 days since completing their vaccination).
- they are below the age of 18 years and 6 months
- they have taken part in or are currently part of an approved COVID-19 vaccine trial
- they are not able to get vaccinated for medical reasons

Instead, they will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a [PCR test](#). We would encourage all individuals to take a PCR test if advised to do so.

Staff who do not need to isolate, and children and young people aged under 18 years 6 months who usually attend school, and have been identified as a close contact, should continue to attend school as normal. They do not need to wear a face covering within the school, but it is expected and recommended that these are worn when travelling on public or dedicated transport.

18-year-olds will be treated in the same way as children until 6 months after their 18th birthday, to allow them the opportunity to get fully vaccinated. At which point, they will be subject to the same rules as adults and so if they choose not to get vaccinated, they will need to self-isolate if identified as a close contact.

Settings will continue to have a role in working with health protection teams in the case of a local outbreak. If there is a substantial increase in the number of positive cases in a setting (see [Stepping measures up and down](#) section for more information) or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures.

Reporting a positive case

The **DfE helpline** will be the place to seek support from, in relation to the following, via calling: **0800 046 8687 (option 1)**

- **Guidance Questions:** For questions relating to clarification of the guidance. For example, for questions about staffing, risk assessments, vulnerable staff, cleaning and infection prevention control, interpretation of the guidance document and all general questions, please contact the DfE helpline directly.
- **Single positive cases of COVID 19 & self-isolation queries.** Cases where you know there is household transmission and single cases in classes or year groups, please contact the DfE helpline directly if you have questions or require support.
- **Contact Tracing:** The role of settings in relation to contact tracing has changed significantly for the new academic term. Settings are no longer required to isolate contacts under the age of 18 years and those over 18 who have received two vaccinations do not need to isolate if they are a contact of a positive case. This means that the previous contact tracing requirements and queries relating to who should isolate will no longer be necessary. Individuals that are positive or symptomatic should isolate for 10 days. Any identified contacts of a positive COVID case will be identified by NHS Test and Trace and asked to have a PCR test. Pupils and staff can remain in school/the setting until the result is confirmed.

The LA Public Health Team will:

- Prioritise the local STORM phonenumber to take calls relating to **outbreak management**. Our STORM phonenumber will continue to be available Monday – Friday from 8 a.m. – 5 p.m. on **0114 273 5334 for outbreak management only. It will not be available at weekends.**
- The PublicHealthC&YP@sheffield.gov.uk inbox will also focus on providing outbreak management support. Questions that come into the inbox relating to clarification of guidance, complaints and queries will be triaged. These questions will be answered by a wider team working in the Education and Skills Service with support from the LA Public Health team where required. This means that questions may not be responded to on the same day and if an urgent response is required you should contact the DfE Helpline.
- The inbox will continue to be monitored and triaged during weekdays. **It will no longer be monitored over the weekend.** If you require a response during the weekend, you should contact the DfE Helpline as the LA Public Health team will have their mobiles switched off over the weekend.

The response and support required from September 2021 will look different from that which you have been used to. It is important that settings receive effective support around outbreaks. Therefore, we would ask that you start the new academic year by directing

queries and questions directly to the DfE Helpline to enable the LA PH team to continue to provide dedicated outbreak support across the city. With the national changes and the move to Stage 4 of the roadmap, Public Health capacity will be focused completely on outbreak control in order to ensure that transmission is minimised, and outbreaks managed across the city.

Reaching the threshold for outbreak management:

All settings will also be provided next week with a case review template which we recommend you use to log and record any positive COVID cases. Please note you are no longer required to inform the LA Public Health Team or PHE of single cases and you do not need to call the DfE helpline to report them. DfE may continue to require you to report case numbers through the portal.

Where you have single cases or cases where you know there is household transmission you are not required to take any action.

Where you become concerned about cases which are linked and potential transmission in the setting you should seek additional support. The threshold to help you monitor this is:

- 5 children, pupils, students, or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period:
or
- 10% of children, pupils, students, or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period

For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students, and staff at any one time:

- 2 children, pupils, students, and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period

All settings should seek public health advice if a pupil, student, child, or staff member is admitted to hospital with COVID-19. They can do this by phoning the DfE helpline (0800 046 8687, option 1), or you can contact our LA Public Health STORM phone line on 0114 2735334 (available Monday to Friday 8 a.m. to 5 p.m.) or email: PublicHealthC&YP@sheffield.gov.uk. This inbox is monitored Monday – Friday 8 a.m. – 5 p.m. If outside of these hours and during the weekend period, please contact the DfE directly on 0800 046 8687 (option 1) available 8-6 p.m. Monday – Friday and 10 a.m. – 6.00 p.m. on Saturday and Sunday.

Hospitalisation could indicate increased severity of illness or a new variant of concern.

Settings may be offered public health support in managing risk assessments and communicating with staff and parents.

Settings may wish to seek additional public health advice if you are concerned about transmission in the setting and the above threshold is met, either by phoning the DfE helpline (0800 046 8687, option 1) or the Sheffield LA public health team on the numbers above

Face coverings

The DFE have advised that face coverings are no longer advised for pupils, staff, and visitors either in classrooms or in communal areas. **However, we would encourage that all staff and pupils (pupils in Secondary Schools) wear a face covering.**

Face coverings are recommended on dedicated school transport and public transport in line with government expectation to wear face coverings in crowded areas when prevalence is high. This does not apply to Special Educational Needs Transport, and all families using this service have been contacted individually regarding arrangements from September 2021.

The government has removed the requirement to wear face coverings in law but expects and recommends that they are worn in enclosed and crowded spaces where you may come into contact with people you don't normally meet. This includes public transport and dedicated transport to school or college.

In circumstances where face coverings are recommended

If you have a substantial increase in the number of positive cases in your school (see [Stepping measures up and down](#) section for more information), a director of public health might advise you that face coverings should temporarily be worn in communal areas or classrooms (by pupils staff and visitors, unless exempt). You should make sure your contingency plans cover this possibility.

In these circumstances, transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. Transparent face coverings may be effective in reducing the spread of COVID-19. However, the evidence to support this is currently very limited. Face coverings (whether transparent or cloth) should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles.

The main benefit from a transparent face covering is that they can aid communication, for example enabling lip-reading or allowing for the full visibility of facial expressions, but this should be considered alongside the comfort and breathability of a face covering that contains plastic, which may mean that the face covering is less breathable than layers of cloth.

Face visors or shields can be worn by those exempt from wearing a face covering but they are not an equivalent alternative in terms of source control of virus transmission. They may protect the wearer against droplet spread in specific circumstances but are

unlikely to be effective in preventing the escape of smaller respiratory particles when used without an additional face covering. They should only be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately.

The use of face coverings may have a particular impact on those who rely on visual signals for communication. Those who communicate with or provide support to those who do, are exempt from any recommendation to wear face coverings in education and childcare settings.

You have a duty to make reasonable adjustments for disabled pupils to support them to access education successfully. Where appropriate, you should discuss with pupils and parents the types of reasonable adjustments that are being considered to support an individual.

No pupil or student should be denied education on the grounds of whether they are, or are not, wearing a face covering.

Whole Staff Meetings and Parents Evenings

Settings are encouraged to maintain these as virtual where possible.

Education settings to receive carbon dioxide monitors

As [announced this weekend](#), the DFE will begin to roll out carbon dioxide monitors to education settings in England, so you can quickly identify where ventilation may need to be improved.

The programme will provide sufficient monitors to take readings from across the indoor spaces in your setting, providing reassurance that existing ventilation measures are working, and helping balance the need for good ventilation with keeping classrooms warm.

More details on when, and how many, monitors you can expect will be available following the completion of the procurement. In the first phase, we will prioritise special schools and alternative provision given the higher-than-average number of vulnerable pupils attending those settings. However, all schools and colleges are expected to receive at least partial allocations during the autumn

term.

As the monitors are rolled out the Department for Education will provide guidance on their use.

Control measures

You should:

1. Ensure good hygiene for everyone.
2. Maintain appropriate cleaning regimes.
3. Keep occupied spaces well ventilated.
4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19.

1. Ensure good hygiene for everyone


Potential Hazard	Risk	Who might be harmed	Existing control measures	School Response and Actions
<p>Hand hygiene</p> <p>Respiratory hygiene</p> <p>Use of personal protective equipment (PPE)</p>	Transmission of the virus	Staff & pupils	<p>Frequent and thorough hand cleaning should now be regular practice. You should continue to ensure that pupils clean their hands regularly. This can be done with soap and water or hand sanitiser</p> <p>The 'catch it, bin it, kill it' approach continues to be very important.</p> <p>The e-Bug COVID-19 website contains free resources for you, including materials to encourage good hand and respiratory hygiene.</p> <p>Most staff in schools will not require PPE beyond what they would normally need for their work. The guidance on the use of PPE in education, childcare and children's social care settings provides more information on the use of PPE for COVID-19.</p>	<p>We are continuing with the handwashing procedures that were previously in place. Hands are washed or sanitised when coming into school or leaving, before and after play and lunchtimes. Additional sinks added outside to help with this.</p>

2. Maintain appropriate cleaning regimes, using standard products such as detergents

Potential Hazard	Risk	Who might be harmed	Existing control measures	School Response and Actions
Cleaning	Transmission of the virus	Staff & pupils	<p>You should put in place and maintain an appropriate cleaning schedule. This should include regular cleaning of areas and equipment (for example, twice per day), with a particular focus on frequently touched surfaces.</p> <p>PHE has published guidance on the cleaning of non-healthcare settings.</p>	<p>Additional cleaner employed for more frequent cleaning.</p> <p>Cleaning materials stored safely in each class for additional cleaning of tables etc as needed.</p>

3. Keep occupied spaces well ventilated

Potential Hazard	Risk	Who might be harmed	Existing control measures	School Response and Actions
Ventilation	Transmission of the virus	Staff & pupils	<p>When your school is in operation, it is important to ensure it is well ventilated and that a comfortable teaching environment is maintained. Do not wedge fire doors open.</p> <p>You should identify any poorly ventilated spaces as part of your risk assessment and take steps to improve fresh air flow in these areas, giving particular consideration when holding events where visitors such as parents are on site, for example, school plays.</p> <p>Mechanical ventilation is a system that uses a fan to draw fresh air or extract air from a room. These should be adjusted to increase the ventilation rate wherever possible and checked to confirm that normal operation meets current guidance and that only fresh outside air is circulated.</p> <p>If possible, systems should be adjusted to full fresh air or, if this is not possible, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply.</p> <p>Where mechanical ventilation systems exist, you should ensure that they are maintained in accordance with the manufacturers' recommendations.</p> <p>Opening external windows can improve natural ventilation, and in addition, opening internal doors can</p>	<p>All classrooms and teaching areas have windows which are left open to provide better ventilation. Door and corridor windows are also open to encourage better air flow.</p> <p>New fire safety door closers have been fitted to corridor and stair doors that close when the fire alarm goes off. Tested weekly.</p> <p>No mechanical systems are available.</p> <p>When CO2 monitors are provided they will be used to check for areas of poor ventilation.</p>

			<p>also assist with creating a throughput of air. If necessary, external opening doors may also be used (if they are not fire doors and where safe to do so).</p> <p>You should balance the need for increased ventilation while maintaining a comfortable temperature.</p> <p>The Health and Safety Executive guidance on air conditioning and ventilation during the COVID-19 pandemic and CIBSE COVID-19 advice provides more information.</p> <p>DfE is working with Public Health England, NHS Test and Trace, and the Scientific Advisory Group for Emergencies (SAGE) on a pilot project to measure CO2 levels in classrooms and exploring options to help improve ventilation in settings where needed.</p> <p>Below is a copy of the ventilation guidance produced by Public Health colleagues</p> <p> Natural ventilation SCC PH guidance note</p>	
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4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19

Potential Hazard	Risk	Who might be harmed	Existing control measures	School Response and Actions
<p>When an individual develops COVID-19 symptoms or has a positive test</p>	<p>Transmission of the virus</p>	<p>Staff & pupils</p>	<p>Pupils, staff and other adults should follow public health advice on when to self-isolate and what to do. They should not come into school if they have symptoms, have had a positive test result or other reasons requiring them to stay at home due to the risk of them passing on COVID-19 (for example, they are required to quarantine).</p> <p>If anyone in your school develops COVID-19 symptoms, however mild, you should send them home and they should follow public health advice.</p> <p>For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household.</p> <p>If a pupil is awaiting collection, they should be left in a room on their own if possible and safe to do so. A window should be opened for fresh air ventilation if possible. Appropriate PPE should also be used if close contact is necessary. Further information on this can be found in the use of PPE in education, childcare and children’s social care settings guidance. Any rooms they use should be cleaned after they have left.</p> <p>The household (including any siblings) should follow the PHE stay at home guidance for households with possible or confirmed coronavirus (COVID-19) infection.</p> <p>Testing remains important in reducing the risk of transmission of infection within schools. That is why, whilst some measures are relaxed, others will remain,</p>	<p>Staff and parents advised that staff/children should not attend school if they have Covid systems but should book a PCR test and self-isolate until they get a result.</p> <p>Any pupil with symptoms will wait to be collected in the first aid room (only used for this purpose at present)</p>


<p>Asymptomatic testing</p>			<p>and if necessary, in response to the latest epidemiological data, we all need to be prepared to step measures up or down in future depending on local circumstances.</p> <p>Staff should undertake twice weekly home tests whenever they are on site until the end of September, when this will also be reviewed.</p> <p>There is no need for primary age pupils (those in year 6 and below) to test over the summer period. They will be offered the 2 tests at an ATS at the beginning of the autumn term when they start at their secondary school as a new year 7. Schools may choose, however, to start testing year 6 pupils earlier, including in summer schools, depending on their local circumstances.</p> <p>Staff and pupils with a positive LFD test result should self-isolate in line with the stay at home guidance for households with possible or confirmed coronavirus (COVID-19) infection. They will also need to get a free PCR test to check if they have COVID-19.</p> <p>Whilst awaiting the PCR result, the individual should continue to self-isolate.</p> <p>If the PCR test is taken within 2 days of the positive lateral flow test, and is negative, it overrides the self-test LFD test and the pupil can return to school, as long as the individual doesn't have COVID-19 symptoms.</p> <p>Additional information on PCR test kits for schools and further education providers is available.</p>	<p>All staff are asked to test with LFT tests twice a week. Data collated by the office.</p> <p>Any staff or pupils that test positive on a LFT are having a confirmatory PCR test.</p>
<p>Confirmatory PCR tests</p>				

5. Other Considerations (Children & Staff who are CEV, Pregnant, pupil wellbeing & Support etc)

Potential Hazard	Risk	Who might be harmed	Existing control measures	School Response and Actions
<p>Children who are clinically extremely vulnerable (CEV)</p> <p>Pupil Wellbeing & Support</p> <p>Contractors</p> <p>Staff who are clinically extremely vulnerable (CEV)</p>	Transmission of the virus	Staff & pupils	<p>All clinically extremely vulnerable (CEV) children and young people should attend their education setting unless they are one of the very small number of children and young people under paediatric or another specialist care who have been advised by their clinician or other specialist not to attend.</p> <p>Further information is available in the guidance on supporting pupils at school with medical conditions.</p> <p>Some pupils may be experiencing a variety of emotions in response to the COVID-19 pandemic, such as anxiety, stress, or low mood. You can access useful links and sources of support on promoting and supporting mental health and wellbeing in schools.</p> <p>You should ensure that key contractors are aware of the school's control measures and ways of working.</p> <p>School leaders are best placed to determine the workforce required to meet the needs of their pupils.</p> <p>A more precautionary approach and consideration of whether individuals should work from home will depend on the outcome of the school's risk assessment and individual risk assessment. This should take account of the rate of infection, the working environment, any extra measures recommended. Employees identified as CEV</p>	<p>We only have one CEV child who is currently undergoing chemotherapy and is not in school. Support is provided by the hospital school team at present.</p> <p>He will not return until later this term after a risk assessment has been completed in conjunction with his medical team.</p> <p>More time has been set aside for supporting pupils' emotional wellbeing.</p> <p>Individual staff who are vulnerable have completed individual risk assessments. Adjustments have been made to reduce contacts for one.</p>

			<p>may be recommended to work from home where the above has been undertaken</p> <p>Clinically extremely vulnerable (CEV) people are advised, as a minimum, to follow the same guidance as everyone else. It is important that everyone adheres to this guidance, but CEV people may wish to think particularly carefully about the additional precautions they can continue to take. Further information can be found in the guidance on protecting people who are CEV from COVID-19.</p> <p>Social distancing measures have now ended in the workplace, and it is no longer necessary for the government to instruct people to work from home. Employers should be able to explain the measures they have in place to keep CEV staff safe at work. The Health and Safety Executive (HSE) has published guidance on protecting vulnerable workers, including advice for employers and employees on how to talk about reducing risks in the workplace.</p> <p>We welcome your support in encouraging vaccine take up and enabling staff who are eligible for a vaccination to attend booked vaccine appointments where possible even during term time.</p> <p>It is recommended that you review the individual risk assessments for staff who are CEV & CV</p> <p style="text-align: center;"></p> <p>COVID-19 Individual Staff Risk Assessmer</p>	<p>Staff are still trying to socially distance and most are still choosing to wear masks in communal areas.</p> <p>We are using four different spaces for phase staff rooms after consultation with staff.</p> <p>Staff have been informed they can book vaccinations in school time.</p>
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<p>Pregnancy</p>			<p>You will need to follow the specific guidance for pregnant employees because pregnant women are considered CV. In some cases, pregnant women may also have other health conditions that mean they are considered CEV, where the advice for clinically extremely vulnerable staff will apply. COVID-19 vaccination: a guide for women of childbearing age, pregnant or breastfeeding contains vaccination advice.</p> <p>If staff are 28 weeks pregnant and beyond, or if they are pregnant and have an underlying health condition that puts them at a greater risk of severe illness from COVID-19 at any gestation, a more precautionary approach should be taken.</p> <p>This is because although the pregnant staff member is at no more risk of contracting the virus than any other non-pregnant person who is in similar health, they have an increased risk of becoming severely ill and of pre-term birth if they contract COVID-19.</p> <p>You should ensure that your staff member is able to adhere to any active national guidance on social distancing and home-based working is recommended. For many workers, this may require working flexibly from home.</p> <p>All employers should consider both how to redeploy these staff and how to maximise the potential for homeworking, wherever possible.</p> <p>An individual Risk Assessment should be completed which should take account of the rate of infection, the working environment, any extra measures recommended etc. The guidance for pregnant women further confirmed that: “<i>Information contained in</i></p>	<p>One pregnant member of staff at present who has completed an individual risk assessment. She has no additional risk factors and is fully vaccinated</p>
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			<p><i>the RCOG/RCM guidance on coronavirus (COVID-19) in pregnancy should be used as the basis for a risk assessment.”</i></p> <p>Action for Schools to take:</p> <p>This means that an important key action for schools is for you to undertake an individual pregnancy risk assessment with your staff member, using the form below.</p> <p style="text-align: center;">  Pregnancy Risk Assessment.docx </p> <p>You will need to consider some pregnant women are at a higher risk of developing serious illness, including:</p> <ul style="list-style-type: none"> • pregnant women from black, Asian and minority ethnic (BAME) backgrounds • women over the age of 35 • women who are <u>overweight or obese</u> • women who have pre-existing medical problems, such as high blood pressure and <u>diabetes</u> <p>Therefore, it is helpful to factor these issues in to any pregnancy risk assessment.</p>	
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Admitting children into school

In most cases, parents and carers will agree that a pupil with symptoms should not attend the school, given the potential risk to others.

If a parent or carer insists on a pupil attending your school, you can take the decision to refuse the pupil if, in your reasonable judgement, it is necessary to protect other pupils and staff from possible infection with COVID-19. Your decision would need to be carefully considered in light of all the circumstances and current public health advice.

Attendance

School attendance is mandatory for all pupils of compulsory school age, and it is a priority to ensure that as many children as possible regularly attend school.

Where a child is required to self-isolate or quarantine because of COVID-19 in accordance with relevant legislation or guidance published by PHE or the DHSC they should be recorded as code X (not attending in circumstances related to coronavirus). Where they are unable to attend because they have a confirmed case of COVID-19 they should be recorded as code I (illness).

For pupils abroad who are unable to return, code X is unlikely to apply. In some specific cases, code Y (unable to attend due to exceptional circumstances) will apply. Further guidance about the use of codes is provided in the [school attendance guidance](#).

Remote education

Not all people with COVID-19 have symptoms. Where appropriate, you should support those who need to self-isolate because they have tested positive to work or learn from home if they are well enough to do so. Schools subject to the [remote education temporary continuity direction](#) are required to provide remote education to pupils covered by the direction where their attendance would be contrary to government guidance or legislation around COVID-19.

You should maintain your capacity to deliver high-quality remote education for the next academic year, including for pupils who are abroad, and facing challenges to return due to COVID-19 travel restrictions, for the period they are abroad.

Independent Schools (not including academies) are only covered by the remote education temporary continuity direction in relation to state-funded pupils in their schools. However, they are still expected to meet the [Independent School Standards](#) in full at all times.

The remote education provided should be equivalent in length to the core teaching pupils would receive in school.

You should work collaboratively with families and put in place reasonable adjustments so that pupils with special educational needs and disabilities (SEND) can successfully access remote education.

Full expectations for remote education, support and resources can be found on the [get help with remote education service](#).

Education recovery

We have announced a number of programmes and activities to support pupils to make up education missed as a result of the pandemic. Further information is available on [education recovery support](#). Specifically for schools, the document includes further information on:

- [catch-up premium](#)
- recovery premium
- [summer school programme](#)
- tutoring (including the [National Tutoring Programme](#) and [16 to 19 tuition fund](#))
- teacher training opportunities
- curriculum resources
- specialist settings
- wider continuous professional development resources, including to support teacher wellbeing and subject-specific teaching

Special schools and other specialist settings should refer to the [additional operational guidance](#).

School meals

You should continue to provide free school meal support to any pupils who are eligible for benefits-related free school meals and who are learning at home during term time.

More information on [providing school meals during the COVID-19 pandemic](#) is available.

Educational visits

Given the likely gap in COVID-19 related cancellation insurance, if you are considering booking a new visit, whether domestic or international, you are advised to ensure that any new bookings have adequate financial protection in place.

We continue to recommend you do not go on any international visits before the start of the autumn term. From the start of the new school term, you can go on international visits that have previously been deferred or postponed and organise new international visits for the future.

You should be aware that the travel list (and broader international travel policy) is subject to change and green list countries may be moved into amber or red. The travel lists may change during a visit, and you must comply with international travel legislation and should have contingency plans in place to account for these changes.

You should speak to either your visit provider, commercial insurance company, or the risk protection arrangement (RPA) to assess the protection available. Independent advice on insurance cover and options can be sought from the British Insurance Brokers' Association (BIBA) or Association of British Insurers (ABI). Any school holding ATOL, or ABTA refund credit notes may use these credit notes to rebook educational or international visits.

You should undertake full and thorough risk assessments in relation to all educational visits and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment. [General guidance](#) about educational visits is available and is supported by specialist advice from the [Outdoor Education Advisory Panel \(OEAP\)](#).

Wraparound provision and extra-curricular activity

More information on planning extra-curricular provision can be found in the guidance for [providers who run community activities, holiday clubs, after-school clubs, tuition and other out-of-school provision for children](#).