

Working Safely in Primary schools during Covid-19 pandemic.

Summary of the LB Waltham Forest Council advice to maintained primary schools (Academy schools are free to adopt this guidance or develop their own)

It is the view of the Council based on current UK and WHO advice available that face coverings are for the protection of those around the wearer. They are unlikely to protect the wearer as they do not meet the requirements of personal protective equipment, therefore;

- Primary aged pupils should not be expected to wear face covering anywhere in school and particularly not during lessons
- Staff who are required to work across several cohorts (bubbles) are expected to maintain 2m social distancing at all times from pupils, where this is not possible additional controls will be put in place, see guidance on 1m+ below.
- Staff are always expected to maintain effective (2m) social distancing with other adults and where this is in place there is no expectation for the use of face coverings more widely within Primary Schools.
- Staff anxious at returning to work may wear a face covering, recognising that it is ineffective at protecting them, rather it will protect those around them. Any staff choosing to wear a face covering need to ensure all the controls in the risk assessment put in place by the school are being followed and maintained. Staff must also don and doff their face covering correctly and must wash their hands prior to and after putting on or taking off the face covering. Importantly, when taking off the face covering it must immediately be placed in a plastic bag/double bag to prevent contaminating any other surface. Reusable face coverings should only be worn once and then washed before being reused.
- There may be members of staff for whom the wearing of face mask (not a face covering) for personal protection may be appropriate. Where this is the case it would be identified as a control in the individual health risk assessment.
- All the above will be kept under regular review as evidence and the science of this pandemic improve.

Background

The UK Chief Medical Officers and their deputies from England, Scotland and Wales and Northern Ireland, excerpts from the [statement](#) on 23 August 2020 for School Pupil and Staff safety were:

Pupils

We are confident that multiple sources of evidence show that a lack of schooling increases inequalities, reduces the life chances of children and can exacerbate physical and mental health issues. School improves health, learning, socialisation and opportunities throughout the life course including employment. It has not been possible to reduce societal inequalities through the provision of home-based education alone. School attendance is very important for children and young people.

We are confident in the extensive evidence that there is an exceptionally small risk of children of primary or secondary school age dying from COVID-19. The infection fatality rate (proportion of those who are infected who die) for those aged 5 to 14 is estimated at 14 per million, lower than for most seasonal flu infections. Every death of a child is a tragedy but COVID-19 deaths in children and teenagers are fortunately extremely rare and almost all deaths are in children with significant pre-existing health conditions.

We are confident that there is clear evidence of a very low rate of severe disease in children of primary and secondary school ages compared to adults, even if they catch COVID-19. The

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percentage of symptomatic cases requiring hospitalisation is estimated to be 0.1% for children aged 0 to 9 and 0.3% among those aged 10 to 19, compared to a hospitalisation rate of over 4% in the UK for the general population. Most of these children make a rapid recovery.

Control measures such as hand and surface hygiene, cohorting to reduce number of daily contacts, and directional controls to reduce face-to-face contact remain key elements of maintaining COVID-19 secure school environments and minimising risk.

Children and young people who were previously shielding were identified on a precautionary basis at a stage when we had less data on the effects of COVID-19 in children than we do now. Based on our better understanding of COVID-19 the great majority have now been advised they do not need to do so again, and that they should return to school. A small number of children under paediatric care (such as recent transplant or very immunosuppressed children) have been or will be given individual advice about any ongoing need to avoid infection.

Our overall consensus is that, compared to adults, children may have a lower risk of catching COVID-19 (lowest in younger children), definitely have a much lower rate of hospitalisation and severe disease, and an exceptionally low risk of dying from COVID-19. Very few, if any, children or teenagers will come to long-term harm from COVID-19 due solely to attending school. This has to be set against a certainty of long-term harm to many children and young people from not attending school.

Staff

Data from the UK (Office for National Statistics (ONS)) suggest teachers are not at increased risk of dying from COVID-19 compared to the general working-age population. ONS data identifies teaching as a lower risk profession (no profession is zero risk). International data support this.

Transmission of COVID-19 to staff members in school does occur, and data from UK and international studies suggest it may largely be staff to staff (like other workplaces) rather than pupil to staff. This reinforces the need to maintain social distancing and good infection control inside and outside classroom settings, particularly between staff members and between older children and adults.

If teachers, other school staff, parents or wider family catch COVID-19 their risks of severe illness are similar to those of other adults of the same age, ethnicity and health status. Younger adults have a much lower risk of severe COVID-19 than older adults. The greatest risk is to those over 80 years old.

Current position

The rate of transmission across the London Borough of Waltham Forest is currently low, after a small uptick and then drop in infection rates in the last three weeks (9 – 29 August 2020) The Public Health team along with other colleagues, are keeping a close watch on the rate, along with identifying any clusters or at risk groups and providing support and guidance on managing the risk. Some nearby boroughs have higher rates and the pan London Coronavirus Response Cell are coordinating a pan London response should it be required.

For details on a the latest data for the borough the council provides details on their [website](#).

On 25th August The UK Government have adopted the World Health Organisation advice for [children wearing face coverings](#) which states:

Based on this and other factors such as childrens' psychosocial needs and developmental milestones, WHO and UNICEF advise the following:

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Children aged 5 years and under should not be required to wear masks. This is based on the safety and overall interest of the child and the capacity to appropriately use a mask with minimal assistance.

WHO and UNICEF advise that the decision to use masks for children aged 6-11 should be based on the following factors:

- whether there is widespread transmission in the area where the child resides;
- the ability of the child to safely and appropriately use a mask;
- access to masks, as well as laundering and replacement of masks in certain settings (such as schools and childcare services);
- adequate adult supervision and instructions to the child on how to put on, take off and safely wear masks;
- potential impact of wearing a mask on learning and psychosocial development, in consultation with teachers, parents/caregivers and/or medical providers;
- specific settings and interactions the child has with other people who are at high risk of developing serious illness, such as the elderly and those with other underlying health conditions.

Providing the controls in the risk assessment are functioning effectively it would not be expected for primary school children to be wearing a face covering in school and especially in the classroom. Additionally, on the basis of current evidence, in light of the mitigating measures schools are taking, and the negative impact on communication, face coverings will not generally be necessary in the classroom even where social distancing is not possible. There is greater use of the system of controls for minimising risk, including through keeping in small and consistent groups or bubbles, and greater scope for physical distancing by staff within classrooms. Face coverings can have a negative impact on learning and teaching and so their use in the classroom should be avoided.

Covid-19 Risk Assessment

Schools will have a building risk assessment that identifies the general arrangements for the layout and operations of the school to keep cohorts separated and how the school will implement the control hierarchy of:

1. Ensuring that any individual with symptoms does not attend school, and if they develop symptoms in school, then relevant guidance is followed
2. Good hand hygiene – wash hands for 20 seconds (sing “happy birthday” twice for 20 seconds)
3. Good respiratory hygiene – Catch it, Bin it, Kill it (use a tissue or the crook of your arm)
4. Enhanced cleaning regime
5. Creating cohort groups (Bubbles) to minimise the potential of spread across the school
6. Social Distancing – keeping 2m apart, especially adults, so far as is reasonably practicable and if 1m+ using additional controls
7. Arranging classrooms for pupils to face in the same direction
8. Provision of appropriate Personal Protective Equipment (PPE) when providing personal care
9. Maintaining and where reasonably practicable improving ventilation in the building, to minimise the build-up of any potential Covid-19 in the atmosphere

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Additional Controls for 1m+

- Plan lessons around preventing infection spread e.g. pre-record, so you don't have to raise your voice
- Stand rather than crouch or sit on the floor, as this is likely give you a different breathing zone from the pupils and the droplets from any sneeze/cough will fall further away from your breathing zone
- Stand behind the pupil rather than standing beside, so if they sneeze or cough the direction is away from your breathing zone. Remind pupils why you are standing behind them, so they are less likely to turn around.
- If having to be face to face for small group work use a see-through screen to create a barrier between the staff and pupils, which is bigger, better and more effective than a visor. Always wash your hands before and after these sessions and do not touch your face
- Use recordings, e.g. an audio book, you tube clip, etc.

The wearing of face visors is not recommended, unless the user is also wearing a suitable face mask, as required through the risk assessment wearing of PPE controls. A face visor will not protect against a major route of infection of breathing in infected droplets, which can lead to those wearing a visor not adequately socially distancing and taking unnecessary risks.

Face Coverings

Face coverings are not personal protective equipment, as they do not protect the wearers breathing zone, they are there to protect those nearby the wearer as large droplets of moisture are caught in the covering.

Pupils

Schools should consider the advice above along with:

- young children are unlikely to be a significant route of spreading the virus, current evidence shows spread is caused by adult to adult in schools;
- young children are unlikely to wear face coverings correctly and may increase the risk of infection by having lower standards of good respiratory and hand hygiene, along with taking them off and putting them on surfaces rather than directly into a plastic bag;
- inability of staff to adequately monitor the proper putting on, wearing and taking off of face coverings;
- wearing a face covering makes it more difficult for communication between the teacher and the pupil, inhibiting learning.

Staff

- Staff are not expected to wear face coverings, providing they follow the controls indicated in the risk assessment.
- Where there is an increased transmission rate staff may need to wear face coverings in certain circumstances, on advice from the Council.