

# COVID-19 RESPONSE PLAN

KEEPING FOCUSED ON SUPPORTING OUR STUDENTS AND STAFF

|                         |                            |
|-------------------------|----------------------------|
| SCHOOL                  | PEGASUS SCHOOL             |
| COVID LEADER FOR SCHOOL | KERRY JEFFERSON            |
| REGISTERED MANAGER      | KELLY WATSON               |
| SENAD COVID LEADER      | DR MARK FLYNN              |
| DATE OF THIS VERSION    | 9 <sup>TH</sup> MARCH 2020 |
| VERSION NUMBER          | 1                          |
| DOCUMENT REFERENCE:     | 209.5PEG                   |
| ACCESS                  | OPEN – WEBSITE             |

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## Coronavirus: COVID 19 background

**COVID-19 is a new strain of coronavirus** first identified in Wuhan City, China in January 2020, but it is now worldwide. Due to its incubation period of between 2 and 14 days, high infection rate and the absence of an inoculation or drugs to deal with a virus, the UK Government has identified that organisations need to be prepared for the following scenario:

- Up to 80% of the population being infected over 6 months
- Up to 20% of the workforce being off work during the peak period
- That it may take up to 3 months for the virus infection to peak
- And then for the virus to remain around for up to 3 months
- NHS (hospitals and GPs) being over stretched so NHS services will be affected
- That the majority of people will have a mild version of the virus
- Those with pre-existing health conditions (diabetes, cancer and chronic lung, heart and immune issues) are at greater risk, especially those over age 75
- Young people, in particular children, are at lower risk
- That the majority of people will have to self-manage the illness with 'over the counter remedies' as antibiotics will not work with a virus

The UK government have been planning an initial response based on information available at the time, in a context of uncertainty that can be scaled up and down in response to new information to ensure a flexible and proportionate response.

The plan takes steps to **Contain, Delay and Mitigate** any outbreak, using HM Government leadership to inform policy development. This Covid-19 Response Plan is the framework of how the service will manage the inevitable escalation of the Coronavirus (COVID-19).

### **Education**

<https://www.gov.uk/government/publications/guidance-to-educational-settings-about-covid-19>

### **Social Care**

<https://www.gov.uk/government/publications/guidance-for-social-or-community-care-and-residential-settings-on-covid-19/guidance-for-social-or-community-care-and-residential-settings-on-covid-19>

We have followed the framework set out by the Government in the [HM Government Action plan](#) published on 3<sup>rd</sup> March 2020. Our response will change, that is evolve, as the COVID-19 virus outbreak unfolds over time in line with Government advice.

The Head Teacher and her SLT will review the plan every Monday

## The Three Phases: Contain, Delay, Mitigate

The School supported by the SENAD Group will monitor local, national and international guidelines. This helps us set policy which reflects government guidelines. The school *may* be at a different phase compared to the UK.



### **Contain** and prepare to delay the spread of infection

- In the event of the expected pandemic arriving, infected residents & day students would typically be cared for away from the school/home by hospitals and Health Care facilities
- Day pupils would not come into school
- Infected staff would not come into school as directed by the NHS
- Infection control protocols and training enhanced
- Parents and visiting professionals asked to also play their part with infection control.

### **Delay** and prepare to minimise the impact of next phase

If the virus spreads as is predicted NHS facilities will soon become overwhelmed.

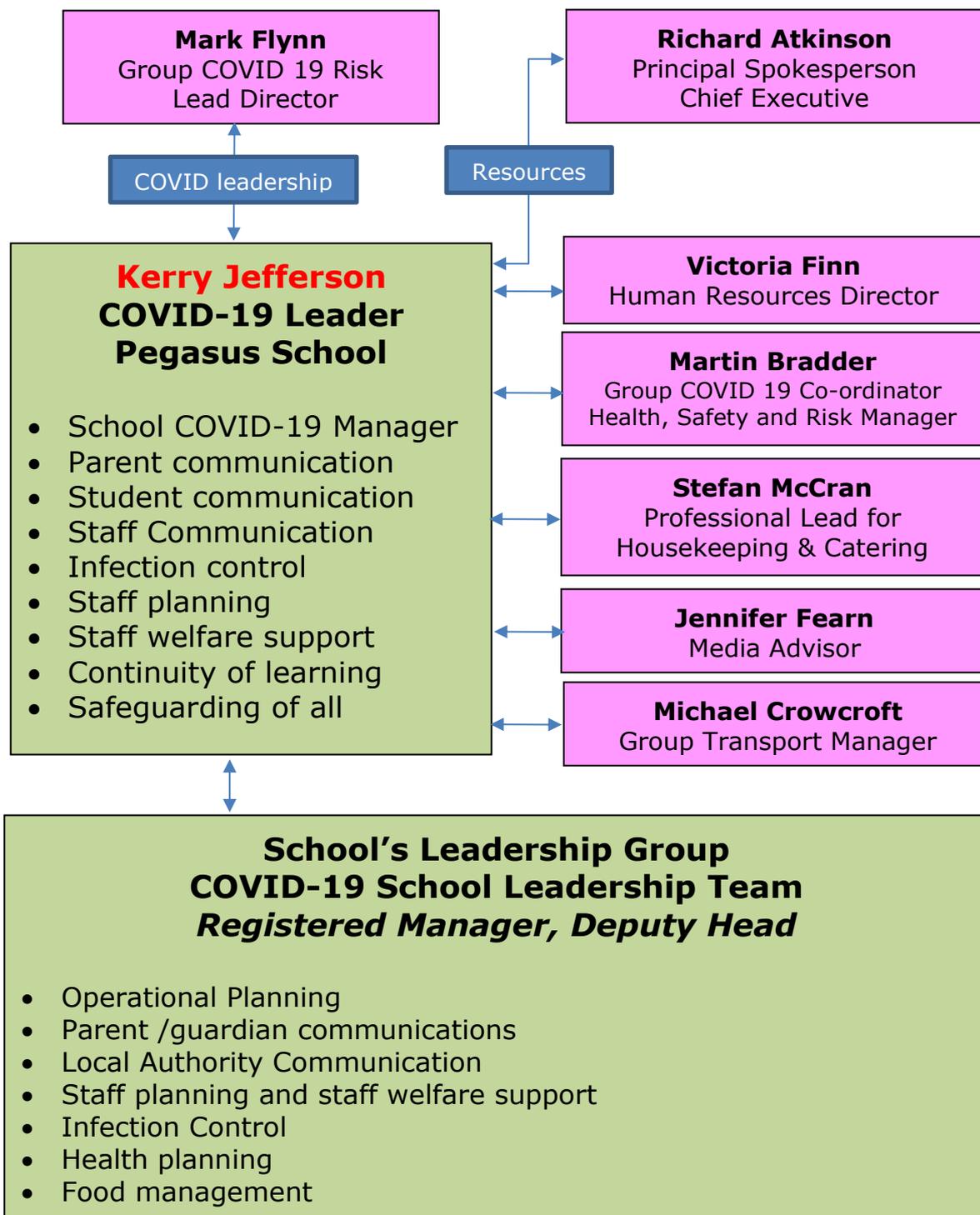
- SENAD facilities would be required to provide primary care for the virus infected resident(s). We would manage this by isolating individual house units within the children's home
- The school may be shut down for parts of the term for cleaning, as directed by PHE Health Protection Teams
- The school has clear protocols for '*barrier care*' infection control management (policy 305 within SENAD services)
- Staff roles and deployment will be reviewed to provide support capacity

### **Mitigate** (reduce) the impact of COVID-19

- If the NHS becomes overwhelmed, SENAD facilities will be obligated to provide some primary care for the service users.
- This will need '*reactive planning*' to minimise the potential for infection spreading amongst our residents and our staff teams.
- We will follow PHE Government advice on how to manage such a scenario which will be published later this (March) month.

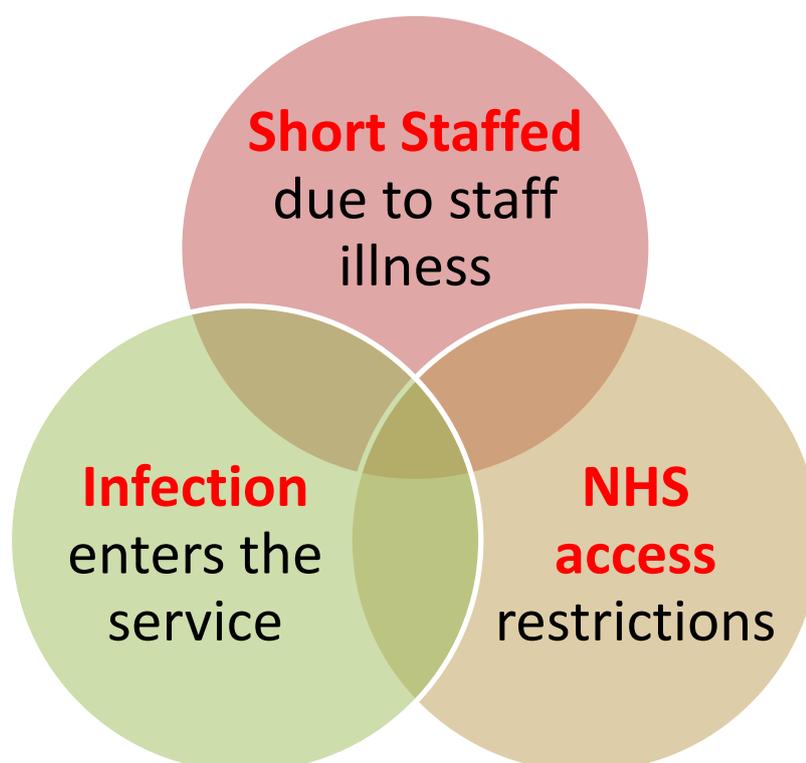
## Leadership of the School's COVID-19 Response Plan

The **Head Teacher** leads the school and supports the Registered Manager who manages the allied children's home. The **SENAD Group's** Chief Operations Officer (and Responsible Individual) supports the Head Teacher and the Registered Manager.



## Three Risks: Staffing, Infection & NHS Access

The scale of disruption and the longevity of the impact of the Coronavirus (COVID-19) **will place schools and homes under extreme pressure.** This is very likely to happen. The School/Home has comprehensive operating policies for managing risks and problems. This **COVID-19 Response Plan** addresses **three key risk areas that become very complicated** to manage when the coronavirus is at its peak.



| What happens?                  | Why this happens  | What needs to be done  |
|--------------------------------|---|--|
| <b>Short staffed</b>           | Staff become ill with COVID-19 or are caring for their families so can't attend work            | <ul style="list-style-type: none"> <li>• Clear minimum emergency staffing ratios</li> <li>• Back up 'cover rotas' where possible</li> </ul>                                      |
| <b>Infection</b>               | Day & resident students will become infected (80% chance)                                       | <ul style="list-style-type: none"> <li>• Day pupils stay at home</li> <li>• 52 week students have "barrier care" social care support by staff</li> </ul>                         |
| <b>NHS access restrictions</b> | NHS will cancel access to treatment outside of COVID-19 priorities.<br><br>GP access is harder. | <ul style="list-style-type: none"> <li>• Clear plan to manage health conditions &amp; primary care needs</li> <li>• Clear on how to escalate medical priority with GP</li> </ul> |

## Planning principles: managing the three risk factors in three phases

| Phase          | Short Staffed  | Infection present  | NHS access blocked   |
|----------------|--|--|--|
| <b>Contain</b> | <p><b>Prepare how to reduce staffing</b></p> <ul style="list-style-type: none"> <li>✓ Start to simplify routines</li> <li>✓ Plan how to combine groups</li> <li>✓ Consult on reduction of escorted parental visits</li> <li>✓ Review &amp; update Behaviour Support Plans</li> <li>✓ Identify who '<i>can do what</i>'</li> <li>✓ Identify '<i>at risk</i>' staff health issues</li> <li>✓ Ensure 1st aider on site at all times</li> <li>✓ Check 1st aid refreshers up to date</li> <li>✓ Set up active access routes to Employee Assist Programme</li> </ul> | <p><b>Manage isolates &amp; prepare</b></p> <ul style="list-style-type: none"> <li>✓ Isolate individuals who are infected as per PHE direction</li> <li>✓ Target '<i>deep cleans</i>'</li> <li>✓ Contact point cleaning protocols</li> <li>✓ Info-campaign on hygiene</li> <li>✓ Check stocks of barrier PPE</li> <li>✓ Clear visitor protocols</li> <li>✓ Refresh infection control training</li> <li>✓ Consult parents about '<i>what happens</i>' if home becomes infected</li> <li>✓ Check day &amp; term-time residential student on arrival for infection – send home if unsure</li> <li>✓ Set up FaceTime for parent contact</li> </ul> | <p><b>Prepare for reduced access</b></p> <ul style="list-style-type: none"> <li>✓ Triage health plan needs into critical vs deferrable</li> <li>✓ Liaise with GP practice on escalation approaches</li> <li>✓ Retime dental/opticians</li> <li>✓ Accelerate appointments</li> <li>✓ Defer non-essential treatment</li> <li>✓ Identify '<i>how to manage</i>' if delayed</li> <li>✓ Agree alternative consultation approaches with specialists</li> <li>✓ Review amended dietary issues</li> <li>✓ Review &amp; update Behaviour Support Plans</li> <li>✓ Refresh CPR training</li> </ul> |
| <b>Delay</b>   | <p><b>Reduce the demand for staffing</b></p> <ul style="list-style-type: none"> <li>✓ Curtail off-site activities</li> <li>✓ Simplify routines</li> <li>✓ Combine groups &amp; activities</li> <li>✓ Reduce escorted activities</li> <li>✓ Typically reduced visitors</li> <li>✓ Be clear how we support necessary medical appointments</li> <li>✓ Support staff welfare</li> <li>✓ Ensure 1st aider on site at all times</li> </ul>   | <p><b>Parts of site infected</b></p> <ul style="list-style-type: none"> <li>✓ Barrier care for affected home</li> <li>✓ Restrict access to affected house</li> <li>✓ Strict hygiene control when entering '<i>infected homes</i>'</li> <li>✓ Discharge residents to parental home if possible</li> <li>✓ Daily deep clean within all homes</li> <li>✓ Restricts movement out of home</li> <li>✓ Set up '<i>internal food bank</i>'</li> <li>✓ No unnecessary visitors</li> <li>✓ PHE notified of infection</li> </ul>  | <p><b>NHS/GP access reduces</b></p> <ul style="list-style-type: none"> <li>✓ Follow health plan triage approach</li> <li>✓ Use alternative consultation models used by GP/NHS (video etc)</li> <li>✓ Use alternative consultation models used by freelance specialists</li> <li>✓ Call GP or 111 for non-emergency care advice</li> <li>✓ Call 999 for emergency care</li> </ul>   |

**Planning principles: managing the three risk factors in three phases continued....**

| <b>Phase</b>    | <b>Short Staffed</b>  | <b>Infection present</b>   | <b>NHS access blocked</b>  |
|-----------------|---|--|--|
| <b>Mitigate</b> | <p><b>Restrict to absolute minimum</b></p> <ul style="list-style-type: none"> <li>✓ Ensure 'minima' ratios covered</li> <li>✓ Simplify food preparation</li> <li>✓ Simplify in-home activities</li> <li>✓ Term-Time students (day &amp; residential) typically sent back to parental home</li> <li>✓ No escorted activities</li> <li>✓ Typically no visitors</li> <li>✓ Support staff welfare – review staff rotation, overnight stays etc</li> <li>✓ Ensure 1st aider on site at all times</li> <li>✓ Access to Employee Assist Programme</li> </ul> | <p><b>Whole site is/may be infected</b></p> <ul style="list-style-type: none"> <li>✓ Barrier care for whole site</li> <li>✓ Restrict access to the home</li> <li>✓ Use infection control protocols to manage staff moving between homes</li> <li>✓ Send other residents to parental home if possible</li> <li>✓ Daily deep clean across whole site</li> <li>✓ Restriction of movement</li> <li>✓ No unnecessary visitors</li> <li>✓ PHE notified of infection</li> <li>✓ Deploy internal food bank to the homes with simplified menus</li> </ul> | <p><b>NHS<sup>1</sup> only accessible for '999'</b></p> <ul style="list-style-type: none"> <li>✓ Follow health plan triage approach</li> <li>✓ Use alternative consultation models used by GP/NHS (video etc)</li> <li>✓ Use alternative consultation models used by freelance specialists</li> <li>✓ Call GP or 111 for non-emergency care advice</li> <li>✓ Call 999 for emergency care</li> </ul> |

The Group COVID 19 Risk Lead Director provides dynamic guidance support, based on HM Government information, to the Head Teacher to respond to the evolving situation that COVID-19 infection brings.

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<sup>1</sup> NHS also covers freelance specialists used by the schools such as SLT, OT, dietician, behaviour support, psychologists and psychiatry