



Department
for Education

Protective measures for out-of-school settings during the coronavirus (COVID- 19) pandemic

May 2021

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Main changes

- Provided additional guidance on residential visits, which can commence from Step 3 (no earlier than 17 May)
- Updated use of face coverings section
- Updated guidance on indoor group sizes
- Updated advice on parental attendance at settings

Who is this guidance for?

This guidance is for out-of-school setting providers and their staff, who provide, for children (who were under the age of 18 on 31 August 2020):

- community activities
- tuition
- holiday clubs
- breakfast and after-school clubs for children

It applies to:

- providers that fall within the government's definition of an [out-of-school setting](#)
- providers caring for children aged 5 and over and registered with Ofsted on either the compulsory or voluntary childcare register
- schools or colleges that offer extra-curricular activities or provision for children before and after school, during weekends or outside of term-time
- providers that offer breakfast, after-school clubs or extra-curricular activities in schools, who should also refer to the guidance on [actions for schools during the COVID-19 pandemic](#).
- registered early years providers caring for children under the age of 5, who should refer to the guidance for [early years and childcare providers during the COVID-19 pandemic](#).
- providers of youth services and activities, who should also refer to the [National Youth Agency's guidance for managing youth sector spaces and activities during COVID-19](#).

There is separate guidance available for [parents and carers of children attending out-of-school settings during the COVID-19 pandemic](#).

Venue-specific guidance

If your out-of-school setting takes place in one of the following premises, you should also follow:

- [guidance for places of worship](#)
- [guidance for community centres, village halls and other multi-purpose community facilities](#)
- [guidance for providers of grassroots sport and leisure facilities](#)
- [actions for schools during the COVID-19 pandemic](#)
- [guidance on working safely during COVID-19 in other people's homes](#)

Providers operating out of these premises should work with the relevant parties (for example, the owner or voluntary management committee) to agree on and distribute responsibility for protective measures to help prevent the transmission of COVID-19. Read [carrying out a risk assessment](#) for more information.

About this guidance

Out-of-school settings can continue to open for indoor and outdoor provision. They should follow the protective measures set out in this guidance.

Evidence continues to confirm that children can be susceptible to COVID-19 infection although a range of analyses suggest that children's susceptibility to infection appears less than adults. The evidence is stronger that pre-school and primary aged children are less susceptible to infection than adults and more mixed for secondary-age and older children.

Who can attend your setting

Out-of-school settings and wraparound childcare providers can offer provision to all children, without restriction on the reasons for which they may attend.

You should note that some premises are only permitted to open for certain exempt activities. The [COVID-19 response - spring 2021](#) guidance provides a list of businesses and venues which must remain closed, and those that can open for certain purposes, including registered childcare and supervised activities for children or, where applicable, for education or training.

Children should be encouraged to attend settings close to where they live or go to school if possible. This should, ideally, be within walking or cycling distance. However, where

children and young people do attend settings further afield they should follow the [COVID-19: safer travel guidance for passengers](#).

Shielding advice was paused nationally at midnight on 31 March. As of 1 April, all CEV children and young people can now attend wraparound childcare and out-of-school settings, unless they are one of the very small number of children or young people under paediatric or other specialist care and have been advised by their GP or clinician not to attend.

Home education

Where a child who is electively home educated takes part in an out-of-school setting, this guidance will apply. This is the case regardless of whether the setting is attended solely by children who are electively home educated or a combination of children attending school and children being home educated.

All children who are electively home educated can attend out-of-school settings for any purpose. Read [who can attend your setting](#) for more detail.

Staff and workforce

You should ensure you have enough staff available to meet the required ratios for your setting. You should have:

- at least one person with first aid training
- at least one person with up-to-date Designated Safeguarding Lead (DSL) training - you may want to consider a deputy DSL to cover if the DSL is unavailable
- a caretaker or cleaning staff if available

If appointing a person to cover these roles, you should carry out the [appropriate pre-employment checks](#) to assess their suitability to work with children.

You should ensure that new staff members and volunteers follow the protective measures you have in place to help prevent the transmission of COVID-19.

Staff who are clinically extremely vulnerable

Since 1 April, those who are clinically extremely vulnerable (CEV) are no longer advised to shield. Updated advice is for the group to continue taking extra precautions to protect themselves, and to follow the practical steps set out in the [CEV guidance page](#) (updated on 1 April) to minimise their risk of exposure to the virus.

People who are clinically extremely vulnerable are advised to work or volunteer from home where possible, but can attend their place of work or volunteering if they cannot do so from home.

CEV individuals (over 18) were prioritised for vaccination in phase 1 before the general population and in line with the priority ordering set by the Joint Committee on Vaccination and Immunisation.

Staff who are clinically vulnerable (CV)

Clinically vulnerable staff should continue to attend the setting. Those living with someone who is clinically vulnerable should also attend the workplace. Everyone should practise good hand and respiratory hygiene, minimise contact and maintain social distancing.

Pregnancy

You will need to follow the specific [guidance for pregnant employees](#) because pregnant women are considered clinically vulnerable. In some cases, pregnant women may also have other health conditions that mean they are considered CEV, where the advice for CEV individuals will apply. [COVID-19 vaccination: a guide for women of childbearing age, pregnant or breastfeeding](#) contains vaccination advice.

Your workplace risk assessment should already consider any risks to female employees of childbearing age and, in particular, risks to new and expectant mothers. If you are notified that an employee is pregnant, breastfeeding, or has given birth within the last 6 months, you should check the workplace risk assessment to see if any new risks have arisen. An assessment may help identify any additional action that needs to be taken to mitigate risks.

Any risks identified at that point, or later during the pregnancy, in the first 6 months after birth, or while the employee is still breastfeeding, must be included and managed as part of the general workplace risk assessment. You must take appropriate sensible action to reduce, remove or control the risks.

As part of your risk assessment, you should consider whether adapting duties or facilitating home working may be appropriate to mitigate risks.

You should be aware that pregnant women from 28 weeks' gestation, or with underlying health conditions at any point of gestation, may be at greater risk of severe illness if they catch COVID-19. This is also the case for pregnant women with underlying health conditions that place them at greater risk of severe illness if they catch COVID-19.

Staff who may otherwise be at increased risk from coronavirus (COVID-19)

Current evidence shows that a range of factors mean that some people may be at comparatively increased risk from COVID-19. Where it is not possible to work from home, these staff can attend your setting as long as the system of controls set out in this guidance are in place. You should continue with an equitable approach to risk management for your workforce, recognising that staff may have a variety of baseline risks. Work continues to build our understanding of what these baseline factors are and the increased risks they pose.

There is further information available on [who is at higher risk from COVID-19](#). Staff who live with those who may have comparatively increased risk from COVID-19 can attend the workplace where it is not possible to work from home.

Carrying out a risk assessment

There are important actions that you should take during the COVID-19 pandemic, to help prevent the transmission of the virus.

Providers have a legal duty to protect people from harm. This includes taking reasonable steps to protect staff, children and others attending your setting from COVID-19. You must comply with health and safety law.

We strongly recommend that you consult advice set out by the [Health and Safety Executive on COVID-19](#), including:

- [managing risks and risk assessment at work](#)
- [first aid at work](#)
- [first aid cover and qualifications during the COVID-19 pandemic](#)

As part of your risk assessment, you should identify protective measures to put in place, such as those listed in the guidance on [working safely during COVID-19](#). If you work in other people's homes, for example as a private tutor, you should follow the guidance on [other people's homes - working safely during COVID-19](#).

You should also look at other disease transmission risks, such as the tendency for older children to mix with other community groups outside your setting or when using public transport to attend your setting.

In most cases, risk assessments and preparation for reopening or wider opening of out-of-school settings should be carried out by a senior member of staff. However, you should also work with other relevant parties, such as your staff members, the owner of

the premises where your provision is being held, and your local authority, to identify the risks and determine protective measures to put in place. You will need to establish who is responsible for implementing each protective measure.

You should regularly review and update your risk assessments – treating them as ‘living documents’ – as the circumstances at your setting and the public health advice changes. This will be particularly relevant at each point you prepare to welcome back more children.

You should share any significant findings of the risk assessment with your staff and on your website if you have one.

You should, as a minimum, be able to explain to parents and carers the steps you are taking to reduce the health and safety risks in your setting and outline the protective measures you have in place. If parents and carers need to be aware of the protective measures put in place by the owner of the premises that you are operating out of, you should outline these to them or direct them to the relevant website.

Considering group sizes

Decisions on group sizes for your setting should be based on:

- whether the activity takes place indoors or outdoors
- the current government guidance on social distancing
- the ability of the children in attendance to maintain social distancing and practise hand hygiene
- the age of the children in attendance
- nature of your activity or provision (for example, static, classroom set-up rather than an activity that requires a range of movement)
- the size or layout of your premises, and the recommended occupancy levels of the premises
- the ability to ventilate your premises effectively with fresh air

Indoor provision

If you normally run sessions indoors, you should consider whether you can run them safely outside instead, as the risk of transmission is lower outdoors.

Until 17 May, if the provision is taking place indoors, and it is not possible to group children in the same bubble as they are in during the school day, providers should keep children in consistent groups of no more than 15 children and at least one staff member.

From 17 May, in line with the commencement of [Step 3 of the roadmap](#), where wraparound and other extra-curricular activities for children are taking place indoors, they will be able to take place in groups of any number. However, when considering appropriate group sizes, it will be important to take into account the factors outlined above, such as the recommended occupancy levels of the premises you are operating from and levels of ventilation. For example, the [Providers of grassroots sport and sport facilities - working safely during coronavirus \(COVID-19\)](#) guidance recommends that the maximum occupancy of an indoor facility should be limited by providing a minimum of 100sqft per person. Therefore, if you are operating from a premises which is not well-ventilated or in which it is difficult to maintain social distancing, you should have smaller group sizes (e.g. 15 children or fewer per group).

It will also remain important to continue to minimise mixing between children where possible. This can be achieved by keeping children in separate consistent groups, or in smaller groups where it is not possible to do this.

Outdoor provision

If provision is taking place outdoors, this can continue to take place in groups of any number.

However, it remains important to continue to minimise mixing between children. This can be achieved by taking steps, such as keeping children in consistent groups and keeping these separate.

Reviewing groups

You should review groups to minimise the amount of 'mixing'. For example, when new children register for your provision, you should determine whether they attend the same school or early years setting as other children in your setting and group them together if appropriate.

To help you review your groups, you should keep up-to-date records of the children attending your setting for at least 21 days. These records should include the school or early years setting that they attend and the specific groups and members of staff they have been assigned to in your setting.

There may be instances where you cannot keep consistent groups, or you need to have smaller groups, because of:

- the premises not being large enough to ensure social distancing between groups
- the premises having insufficient safe ventilation capacity. For more information see [Ventilation and air conditioning during the COVID-19 pandemic \(hse.gov.uk\)](https://www.hse.gov.uk/ventilation/)
- varying booking patterns
- additional bookings throughout the term and during school holidays
- safeguarding or welfare concerns
- children of different ages attending
- the 'drop in' nature of some services and activities, for example, support groups for vulnerable young people

Any decisions should be taken with full consideration of any welfare needs and safeguarding concerns.

Group sizes for children under 5

Providers caring for children:

- under 5 years only should refer to the guidance for [early years and childcare providers during the COVID-19 pandemic](#)
- both under 5 years and aged 5 years and over, in mixed groups together, should follow this guidance. The section on [considering group sizes](#) contains more information.

Operating with multiple groups

When operating provision for multiple groups of children throughout the day, you should stagger arrival times, allow enough changeover time in between groups for cleaning, and to prevent children and parents or carers waiting in large groups.

Multiple groups from the same provider can use the same shared space if necessary, provided that distancing between the groups can be maintained and there is adequate ventilation. Although, different groups sharing the same space should be avoided where possible.

If you operate in a space that is also used by other groups or organisations, such as a community centre, you should discuss the [infection protection and control measures](#) with the owner of the space. The owners of these shared spaces must continue to meet all existing health and safety obligations to ensure that their premises are safe for providers to hire and to operate from.

System of controls: infection protection and control

In this section, where something is essential for public health reasons, as advised by Public Health England (PHE), we have said 'must'. Where there is a legal requirement we have made that clear. This guidance does not create any new legal obligations.

This is the set of essential public health actions you must take. They are grouped into 'prevention' and 'response to any infection'. If you follow the system of controls, you will effectively reduce risks in your setting and create an inherently safer environment.

These additional measures will be reviewed in partnership with health experts to decide whether evidence suggests that these measures can be eased ahead of the summer.

Prevention

Providers (including their staff where applicable) must always:

- 1) Prevent contact with individuals who are required to self-isolate by ensuring they do not attend your setting.
- 2) Ensure face coverings are used in recommended circumstances.
- 3) Ensure everyone is advised to clean their hands thoroughly and more often than usual.
- 4) Ensure good respiratory hygiene for everyone by promoting the 'catch it, bin it, kill it' approach.
- 5) Maintain enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents.
- 6) Consider how to minimise contact across the site and maintain social distancing wherever possible.
- 7) Keep occupied spaces well ventilated.

In specific circumstances:

- 8) Ensure individuals wear the appropriate personal protective equipment (PPE) where necessary.
- 9) Promote and engage in asymptomatic testing, where available.

Response to any infection

Providers (including their staff where applicable) must always:

- 10) Promote and engage with the NHS Test and Trace process.
- 11) Manage and report confirmed cases of COVID-19 amongst the setting community.
- 12) Contain any outbreak by following local health protection team advice.

1. Prevent contact with individuals who are required to self-isolate by ensuring they do not attend your setting

Children and young people, staff and other adults must not come into your setting if:

- they have one or more [COVID-19 symptoms](#)
- a member of their household (including someone in their [support bubble](#) or [childcare bubble](#), if they have one) has COVID-19 symptoms or had a positive test
- they are legally required to quarantine, having recently visited countries outside the [common travel area](#)
- they have had a positive test

When an individual develops coronavirus (COVID-19) symptoms or has a positive test

They must immediately cease to attend and not attend for at least 10 full days from:

- the start of their symptoms
- the test date if they did not have any symptoms but have had a positive LFD test (if a PCR test is then taken within 2 days of the positive lateral flow test, and is negative, it overrides the self-test LFD test and the child or staff member can return to the setting)

You must follow this process and ensure everyone onsite or visiting is aware of it.

Anyone told to isolate by NHS Test and Trace or by their public health protection team, has a legal obligation to self-isolate, but you may leave home to avoid injury or illness or to escape risk of harm. More information can be found on [NHS Test and Trace: how it works](#).

If anyone in your setting develops a new and continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), you:

- must send them home to begin isolation - the isolation period includes the day the symptoms started and the next 10 full days

- advise them to follow the [guidance for households with possible or confirmed COVID-19 infection](#)
- advise them to [arrange to have a test](#) to see if they have COVID-19

Other members of their household (including any siblings and members of their support or childcare bubble if they have one) should self-isolate. Their isolation period includes the day symptoms started for the first person in their household and the next 10 full days. If a member of the household starts to display symptoms while self-isolating, they will need to restart the 10-day isolation period and book a test.

If a child in your setting displays symptoms and is awaiting collection, they should:

- move to a well-ventilated room, if possible, where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision - a window should also be opened for ventilation if it is safe to do so
- stay at least 2 metres away from other people
- use a separate bathroom if possible, which must be cleaned and disinfected using standard cleaning products before being used by anyone else

PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained.

In an emergency, call 999 if someone is seriously ill or injured or their life is at risk. Anyone with COVID-19 symptoms should not visit the GP, pharmacy, urgent care centre or a hospital, unless advised to. Further information is available on how to [manage and report confirmed cases](#) of COVID-19 amongst the out-of-school settings community.

When an individual has had close contact with someone with coronavirus (COVID-19) symptoms

Any member of staff who has provided close contact care to someone with symptoms, regardless of whether they are wearing PPE, and all other members of staff or children who have been in close contact with that person, do not need to go home to self-isolate unless:

- the symptomatic person subsequently tests positive
- they develop symptoms themselves (in which case, they should self-isolate immediately and arrange to [have a test](#))
- they are requested to do so by NHS Test and Trace or the Public Health England (PHE) advice service (or PHE local health protection team if escalated), which is a legal obligation

- they have tested positive from an LFD test as part of a community or worker programme

Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who has symptoms. The area around the person with symptoms must be cleaned after they have left, to reduce the risk of passing the infection on to other people. Read [COVID-19: cleaning of non-healthcare settings guidance](#).

2. Ensure face coverings are used in recommended circumstances

From 17 May, in line with Step 3 of the roadmap, face coverings will no longer be recommended in classrooms and in all communal areas for children in year 7 (or of equivalent age i.e. who were aged 11 on 31 August 2020) and above.

Face coverings will also no longer be recommended for staff in classrooms.

We continue to recommend that face coverings should be worn by staff and visitors in situations outside of classrooms where social distancing is not possible (for example, when moving around in corridors and communal areas).

The reintroduction of face coverings for children or staff may be advised for a temporary period in response to particular localised outbreaks, including variants of concern. In all cases, any educational or wellbeing drawbacks should be balanced with the benefits of managing transmission.

The Local Action Committee structure (Bronze/Silver/Gold) should be used in such circumstances to re-introduce the use of face coverings. Immediate outbreak response (at the level of individual settings or a cluster of settings) remains for local Directors of Public Health to advise on.

Where out-of-school settings (including private sector wraparound childcare providers) are operating in community settings, such as village halls or community centres, they must also comply with requirements on the use of face coverings in these premises (and should have regard to relevant [COVID-19 sector guidance](#)).

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 requirement to wear face coverings in education settings or in public places.

Where our guidance recommends face coverings, 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. They may be effective in reducing the spread of coronavirus (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 must be considered alongside the comfort and breathability of a face covering which contains plastic which may mean that the face covering is less breathable than layers of cloth.

More broadly, out-of-school settings should consider whether they can make reasonable adjustments for disabled children and young people, to support them to access activities successfully.

Where this is appropriate, out-of-school settings should discuss with children and parents the types of reasonable adjustments that are being considered to support an individual. This may include the following, noting that this is a non-exhaustive list of possible adjustments:

- the provision and effective use of assistive listening devices, such as radio aids.
- an increased focus on the listening environment, minimising all unnecessary background noise - steps should be taken so that children with hearing loss are taught in classrooms with the best possible listening conditions
- allowing the use of speech-recognition apps on mobile devices and tablets in classrooms, taking into account possible variations in the effectiveness of such apps in different classroom situations
- additional communication support, including remote speech-to-text reporters or sign language interpreters
- separate one-to-one teaching and support, without the use of face coverings and in rooms where social distancing can be achieved or through a Perspex panel

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.

Exemptions

Where face coverings are recommended there are some circumstances where people may not be able to wear a face covering.

This includes (but is not limited to):

- people who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability
- where putting on, wearing or removing a face covering will cause you severe distress
- if you are speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expressions to communicate
- to avoid harm or injury, or the risk of harm or injury, to yourself or others – including if it would negatively impact on your ability to exercise or participate in a strenuous activity

The same exemptions will apply in education and childcare settings and you should be sensitive to those needs, noting that some people are less able to wear face coverings and that the reasons for this may not be visible to others.

Access to face coverings

Due to the use of face coverings in wider society, staff and children and young people are already likely to have access to face coverings. You should have a small contingency supply available for people who:

- are struggling to access a face covering
- are unable to use their face covering as it has become damp, soiled or unsafe
- have forgotten their face covering

Safe wearing and removal of face coverings

You should have a process for when face coverings are worn within your setting and how they should be removed. You should communicate this process clearly to children and young people, staff and visitors and allow for adjustments to be made for children and young people who may be distressed if required to remove a face covering against their wishes. Safe wearing of face coverings requires the:

- cleaning of hands before and after touching – including to remove or put them on
- safe storage of them in individual, sealable plastic bags between use

Where a face covering becomes damp, it should not be worn, and the face covering should be replaced carefully. Staff and children and young people may consider bringing a spare face covering to wear if their face covering becomes damp during the day.

You must instruct children and young people to:

- not touch the front of their face covering during use or when removing it
- dispose of temporary face coverings in a 'black bag' waste bin (not recycling bin)
- place reusable face coverings in a plastic bag they can take home with them
- wash their hands again before heading to their classroom or activity room

3. Ensure everyone is advised to clean their hands thoroughly and more often than usual

COVID-19 is an easy virus to kill when it is on skin. This can be done with soap and water or hand sanitiser. You must ensure that children clean their hands regularly, including:

- when they arrive at your setting
- when they return from breaks
- when they change rooms
- before and after eating

Consider how often children and staff will need to wash their hands and incorporate time in for this. Staff working with children who spit uncontrollably may want more opportunities to wash their hands than other staff. Children who use saliva as a sensory stimulant or who struggle with 'catch it, bin it, kill it' may also need more opportunities to wash their hands.

Continue to help children with complex needs to clean their hands properly.

Frequent and thorough hand cleaning should now be regular practice. You should consider:

- whether you have enough hand washing or hand sanitiser stations available so that all children and staff can clean their hands regularly
- if you need to supervise hand sanitiser use given the risks around ingestion – skin friendly skin cleaning wipes can be used as an alternative

- building these routines into your setting's culture, supported by behaviour expectations and helping ensure younger pupils and those with complex needs understand the need to follow them

4. Ensure good respiratory hygiene for everyone by promoting the 'catch it, bin it, kill it' approach

The 'catch it, bin it, kill it' approach continues to be very important. Make sure enough tissues and bins are available to support children and staff to follow this routine. As with hand cleaning, you must ensure younger children and those with complex needs are helped to get this right, and all pupils understand that this is now part of how the setting operates. The [e-Bug COVID-19 website](#) contains free resources for schools, including materials to encourage good hand and respiratory hygiene.

Some children with complex needs will struggle to maintain as good respiratory hygiene as their peers, for example those who spit uncontrollably or use saliva as a sensory stimulant. This should be considered in risk assessments in order to support these children and the staff working with them and is not a reason to deny these children a place at your setting.

5. Maintain enhanced cleaning, including cleaning frequently touched surfaces often, using standard products, such as detergents

In line with the risk assessment and timetabling of activities in your setting, put in place and maintain an enhanced cleaning schedule. This should include:

- more frequent cleaning of rooms, shared areas or shared items that are used by different groups
- frequently touched surfaces being cleaned more often than normal
- cleaning toilets regularly
- encouraging children to wash their hands thoroughly after using the toilet
- if your site allows it, allocating different groups their own toilet blocks

PHE has published [guidance for cleaning non-healthcare settings](#). This contains advice on the general cleaning required in addition to the existing advice on cleaning when there is a suspected case.

6. Consider how to minimise contact and maintain social distancing across the site wherever possible

Minimising contacts and mixing between people reduces transmission of COVID-19. This is important in all contexts, and you must consider how to implement this.

The overarching principle to apply is reducing the number of contacts between children and staff. This can be achieved through keeping groups separate and consistent - read the section [considering group sizes](#) - and through maintaining distance between individuals.

You should encourage children and young people to maintain social distancing as far as possible. This should also be observed by staff members and parents and carers at pick up and drop off.

Staff members and children and young people within the setting, should also maintain [social distancing](#) as far as possible.

There will be some situations where social distancing is not possible, for example between younger children or in outdoor sports and activities. Therefore it is important that the other protective measures outlined in this guidance are implemented.

7. Keep occupied spaces well ventilated

Good ventilation reduces the concentration of the virus in the air, which reduces the risks from airborne transmission. This happens when people breathe in small particles (aerosols) in the air after someone with the virus has occupied an enclosed area.

When your setting is in operation, it is important to ensure it is well ventilated and a comfortable childcare or teaching environment is maintained. These can be achieved by a variety of measures including:

- mechanical ventilation systems – 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. If possible, systems should be adjusted to full fresh air or, if not, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply)
- natural ventilation – opening windows (in cooler weather windows should be opened just enough to provide constant background ventilation, and opened more fully during breaks to purge the air in the space). Opening internal doors can also assist with creating a throughput of air

- if necessary external opening doors may also be used (as long as they are not fire doors and where safe to do so)

The Health and Safety Executive [guidance on air conditioning and ventilation during the COVID-19 pandemic](#) and [CIBSE COVID-19 Advice](#) provides more information.

To balance the need for increased ventilation while maintaining a comfortable temperature, consider:

- opening high level windows in colder weather in preference to low level to reduce draughts
- increasing the ventilation while spaces are unoccupied
- providing flexibility to allow additional, suitable indoor clothing
- rearranging furniture where possible to avoid direct draughts

Heating should be used as necessary to ensure comfort levels are maintained particularly in occupied spaces.

8. Ensure individuals wear the appropriate personal protective equipment (PPE) where necessary

Most staff in out-of-school settings will not require PPE beyond what they would normally need for their work. Face coverings are not classified as [PPE \(personal protective equipment\)](#).

PPE is only needed in a very small number of cases, for example:

- children, young people and learners whose care routinely already involves the use of PPE
- if a distance of 2 metres cannot be maintained from any child, young person or other learner displaying COVID-19 symptoms

More information on the use of PPE is available in the [guidance on safe working in education, childcare and children's social care settings](#).

Providers should use their local supply chains to obtain required PPE. They may also be able to source PPE and cleaning products through the [Crown Commercial Service \(CCS\) 'Safer Working Supplies' Portal](#). In addition, public sector buying organisations have pre-existing experience and relationships across our sector. Some of these organisations have e-catalogues offering PPE and cleaning products, including:

- [ESPO](#)
- [YPO](#)

- [NEPO](#)

9. Promote and engage in asymptomatic testing, where available

Asymptomatic testing will help to break the chains of transmission of COVID-19 in education and childcare settings by identifying asymptomatic positive cases. This is important as up to 1 in 3 people who have the virus have it without symptoms (they are asymptomatic) so could be spreading the disease unknowingly. Staff who test positive then self-isolate, helping to reduce transmission of the virus.

Anyone in England who does not have symptoms can now get regular rapid lateral flow tests to check for COVID-19.

Primary school and nursery staff have been supplied with lateral flow device (LFD) test kits to self-swab at home.

For secondary schools, we have moved to a home testing model. Home test kits are available for all staff.

Secondary school pupils can collect test kits from their school. When testing at home, students aged 18 and over should self-test and report the result, with assistance if needed, via the NHS Online reporting system for both negative and positive test results. Pupils aged 12-17 should self-test and report their negative or positive result with adult supervision. The adult may conduct the test if necessary.

Public Health England have advised against programmes for LFD testing of primary age pupils. Primary age pupils, particularly younger children, may find the LFD testing process unpleasant and are unable to self-swab.

Staff or children with a positive LFD test result must self-isolate. They should do so in line with the stay-at-home guidance. They will also need to arrange a lab-based polymerase chain reaction (PCR) test to confirm the result. If the PCR test is taken within 2 days of the positive lateral flow test and is negative, it overrides the self-test LFD and the child or staff member can return to the education or childcare setting. Those with a negative LFD test result can also continue to attend education and childcare settings and use protective measures.

More information can be found in:

- [schools COVID-19 operational guidance](#)
- [COVID-19 asymptomatic testing in schools and colleges](#)

- [rapid asymptomatic COVID-19 testing for staff in primary schools, school-based nurseries and maintained nursery schools](#)
- [rapid asymptomatic COVID-19 testing in early years settings](#)

If you are operating on or linked to, a school, including maintained nurseries, then you should discuss with that school or nursery how your staff can access regular asymptomatic testing. Schools and nurseries should offer testing to all staff who are working in their settings including contractors or peripatetic staff. They should also offer testing to those supporting with wraparound childcare to children currently attending school, as well as other staff members such as clinical practitioners, therapists, other support staff, caterers and volunteers.

Wraparound childcare and out-of-school settings providers who are not linked to a school site can also access twice-weekly asymptomatic testing by any of the following:

- attend a test site to take a test or pick up tests to do at home - [find your nearest test site via the postcode checker](#) or check your local council website
- attend a collection site to collect tests to do at home - [find your nearest collection site online](#)
- [order a test online](#)

For more information see [Regular rapid COVID-19 tests if you do not have symptoms - NHS \(www.nhs.uk\)](#).

The asymptomatic testing programme does not replace the current testing policy for those with symptoms. Anyone with symptoms (even if they recently had a negative LFD test result), should still self-isolate immediately according to government guidelines and get a PCR test as soon as possible.

System of controls - response to any infection

10. Promote and engage with the NHS Test and Trace process

The NHS Test and Trace service will help to manage the risk of the virus re-emerging as restrictions on everyday life are eased.

Anyone contacted by NHS Test and Trace and told to self-isolate has a legal obligation to do so, but they may leave home to avoid injury or illness or to escape risk of harm. More information can be found on [NHS Test and Trace: how it works](#).

Staff members, parents and carers will need to:

- [book a test](#) if they or their child has symptoms - the main symptoms are:
 - a high temperature
 - a new continuous cough
 - a loss or change to your sense of smell or taste
- [self-isolate](#) immediately and not come to your setting if:
 - they develop symptoms
 - they have been in [close contact](#) with someone who tests positive for COVID-19
 - anyone in their household or support or childcare bubble develops symptoms of COVID-19
 - they are required to quarantine having recently visited countries outside the [common travel area](#)
 - they have been notified by NHS test and trace or the PHE local health protection team that they have tested positive
 - provide details of anyone they have been in close contact with, if they test positive for COVID-19 or if asked by NHS Test and Trace

Polymerase chain reaction tests (PCR) for symptomatic testing

Anyone who displays symptoms of COVID-19 can and should get a test. Tests for symptomatic illness can be booked online through the [NHS testing and tracing for COVID-19 website](#), or ordered by telephone via NHS 119 for those without access to the internet.

Critical workers, which includes anyone involved in education or childcare, have priority access to testing. All children and young people can be tested if they have symptoms. This includes children under 5, but children aged 11 and under will need to be helped by their parents or carers if using a home testing kit.

Use of the NHS COVID-19 app

Please refer to the guidance on the [use of the NHD COVID-19 app in schools and further education colleges](#) for more information. The NHS COVID-19 app is available to download for anyone aged 16 and over.

Test and Trace support payments

Individuals who are self-isolating and are unable to work from home may lose income as a result. These individuals may be entitled to a [Test and Trace support payment](#) of £500, payable as a lump sum from local authorities.

To be eligible for a Test and Trace support payment, the individual must be living in England, meet the eligibility criteria and be formally advised to self-isolate by NHS Test and Trace, who will provide them with an NHS Test and Trace Account ID.

More information about [applying for a Test and Trace Support Payment](#) is available.

11. Manage confirmed cases of coronavirus (COVID-19) amongst the setting community

You must take swift action when you become aware that someone who has attended has tested positive for COVID-19.

If they test positive, NHS Test and Trace will speak directly to those they have been in contact with. This may mean that the rest of their group or bubble will be required to self-isolate. If this is the case, they will be advised to self-isolate immediately and for at least the next 10 full days counting from the day after contact with the individual who tested positive. It is a legal requirement for an individual to self-isolate if they have been told to do so by NHS Test and Trace.

To support NHS Test and Trace in reaching close contacts, you should keep a record of:

- close contact between children and staff in specific groups or rooms
- the timing of the activities and interactions

Records should be kept for 21 days.

You should also inform your local authority of a positive case in your setting. Where more detailed local arrangements are in place with the local authority, and are working, your setting can continue to receive support through that route to take action in response to a positive case.

Household members of those contacts who are sent home do not need to self-isolate themselves unless the pupil or staff member who is self-isolating subsequently develops symptoms, or they have been told to self-isolate by NHS Test and Trace, in which case they must self-isolate - this is a legal obligation. If someone in a class or group that has been asked to self-isolate develops symptoms themselves within the 10 days from the day after contact with the individual who tested positive, they should follow [guidance for households with possible or confirmed COVID-19 infection](#).

You should not request evidence of negative test results or other medical evidence before admitting children or welcoming them back after a period of self-isolation.

If a child, young person or staff member develops COVID-19 symptoms but tests negative, they can return to your setting. If they remain unwell, they should not return until they have recovered.

12. Contain any outbreak by following PHE local health protection team advice

If you have 2 or more confirmed cases within 14 days, or an overall rise in sickness absence where COVID-19 is suspected, you may have an outbreak.

You should work with your local health protection team who will be able to advise if additional action is required.

In some cases, health protection teams may recommend that a larger number of other children self-isolate at home as a precautionary measure. This could be the whole site or bubble.

If you are implementing the protective measures in this guidance, addressing any issues you have identified and therefore reducing transmission risks, whole site closure will not generally be necessary. You should not consider closing except on the advice of health protection teams.

Safety measures for activities in out-of-school settings

Parental Attendance

We continue to advise that parents and carers should not routinely be present during sessions in out-of-school settings or wraparound childcare provision. Where parents do attend, you should consider the ability to maintain social distancing in line with the current guidance on [\(COVID-19\) Coronavirus restrictions: what you can and cannot do](#), levels of ventilation, and the recommended occupancy levels of the premises you are operating from. For example, the [Providers of grassroots sport and sport facilities - working safely during coronavirus \(COVID-19\)](#) guidance recommends that the maximum occupancy of an indoor facility should be limited by providing a minimum of 100sqft per person.

These factors may mean that you are unable to accommodate or have to limit the number of parents and carers that are present during a session. You should ensure that you have parents' and carers' most up-to-date contact details in case of an emergency.

Sports provision

All sports provision can be accessed by all children without restriction on the purposes for which they may attend. Read the sections [who can attend your out-of-school setting](#) and [considering group sizes](#) for more information.

Care should be taken to maintain social distancing in a sports setting as people breathe more heavily and rapidly during exercise. Outdoor sports should be prioritised where possible, and large indoor spaces used where it is not, maximising natural ventilation flows (though opening windows and doors or using air conditioning systems wherever possible), distancing between children, and paying scrupulous attention to cleaning and hygiene.

Where you are considering team sports you should only engage in those sports whose national governing bodies have developed guidance under the principles of the government's guidance on team sport, and been approved by the government, for example, sports on the list available at [grassroots sports guidance for safe provision](#) including team sport, contact combat sport and organised sports events.

Read the [providers of grassroots sport and sport facilities guidance](#) for more information. Providers of sports activities should also refer to relevant guidance from:

- [Sport England](#)
- [Association for Physical Education](#)
- [Youth Sport Trust](#)

Music, dance and drama provision

Teaching music, dance and drama, can be particularly valuable for supporting children's wellbeing, and helping them to build more self-confidence.

Music lessons in private homes can take place, following the protective measures in this guidance, and additionally following the government [guidance for working in homes](#). However, there may be an additional risk of infection in environments where singing, chanting, playing wind or brass instruments, dance or drama take place. There is now some evidence that additional risk can build from aerosol transmission with volume and, in particular, with the combined numbers of individuals within a confined space. This is particularly evident for singing and shouting.

When planning this provision, you should therefore consider additional safety measures; and should ensure you follow the measures in this guidance and read the guidance on [working safely in performing arts](#) to reduce any risks of aerosol transmission.

Minimising contact between individuals

You should take particular care in music, dance and drama activities to observe social distancing where possible. This may mean you need to have smaller groups when indoors. It will also prevent physical correction by teachers and contact between children and young people in dance and drama.

Measures you can take to reduce the risk of transmission and infection during these activities include:

- limiting the number of children singing or playing
- ensuring you are following the advice in “considering group sizes”
- making sure children are socially distanced at all times (2 metres apart), are outside or in a well-ventilated room
- activities which can create aerosol are discouraged, such as shouting or singing loudly
- keep any background or accompanying music to levels which do not encourage teachers or other performers to raise their voices unduly

When children are singing or playing wind or brass instruments, you should also ensure:

- children sit down where possible to help maintain social distancing
- back-to-back or side-to-side positioning (rather than face-to-face) is used whenever possible, to ensure for example, air from instruments does not blow on to another player
- use microphones where possible or encourage children to sing quietly - if possible, do not share microphones; if they are shared, follow the [guidance on handling equipment and instruments](#)
- if indoors, use a room with as much space as possible, for example, larger rooms; rooms with high ceilings are expected to enable dilution of aerosol transmission
- limit the number of children to maintain social distancing and increase space ventilation.
- improve ventilation whenever possible, through the use of mechanical systems or opening windows and doors
- limit the length of activity as far as possible, considering the need for breaks

Performances and Events

In line with Step 3 of the roadmap, providers can host sports events, performances, and other organised events with an audience from 17 May.

If planning an indoor or outdoor face-to-face performance in front of a live audience, you should follow the latest advice in the DCMS [performing arts](#) guidance, which provides details of how to manage audiences as well as carry out performing arts safely. If planning an outdoor performance you should also give particular consideration to the guidance on delivering [outdoor events](#). If delivering sporting or other organised events, more information can be found in the [COVID-19: Organised events guidance for local authorities](#). Attendees should also ensure they maintain social distancing in line with the current guidance on [\(COVID-19\) Coronavirus restrictions: what you can and cannot do](#).

You may also wish to consider alternatives such as live streaming and recording performances, subject to the usual safeguarding considerations and parental permission.

Educational visits and trips

The government's roadmap is driven by data, not dates. The government will only move from one step to the next when it is safe to do so based on 4 tests set out in the [COVID-19 response - spring 2021](#).

Educational day visits

Schools and out-of-school settings can undertake educational day visits.

Any educational day visits must be conducted in line with relevant COVID-secure guidelines and the regulations in place at the time, including protective measures, such as keeping children within their consistent groups, and the COVID-secure measures in place at the destination.

Out-of-school settings should undertake full and thorough risk assessments in relation to all educational visits to ensure they can be undertaken safely. As part of this risk assessment, out-of-school settings will need to consider what control measures need to be used and ensure they are aware of wider advice on visiting indoor and outdoor venues.

Domestic residential educational visits

Until 17 May, we continue to advise out-of-school settings and wraparound childcare providers (such as supplementary schools, holiday clubs and out-of-school extra-curricular clubs) against undertaking residential educational visits.

From 17 May, in line with Step 3 of the Roadmap, out-of-school settings and wraparound childcare providers should undertake overnight stays or residential visits with children in groups of no more than 6 people or two households (including at least one member of staff).

Out-of-school settings undertaking residential visits or overnight stays should continue to implement the system of controls outlined in this guidance, and particularly the detailed advice at [Annex B](#) which highlights additional measures out-of-school settings should put in place for residential visits or overnight stays. You should also ensure you are aware of wider advice on visiting indoor and outdoor venues.

Hotels and other accommodation providers that are hosting out-of-school setting groups should have in place the protective measures outlined in the [Working Safely: Hotels and Other Accommodation guidance](#).

School Trips

In line with the roadmap, schools should undertake domestic residential education visits no earlier than 17 May. Schools may use out-of-school settings, such as outdoor education centres, to undertake these visits. Out-of-school settings hosting school trips should see the further detailed [guidance on Residential Visits for Schools](#) and the [Working Safely: Hotels and Other Accommodation guidance](#).

International visits

Given the complexities attached to international travel at this stage of the pandemic, we recommend out-of-school settings do not go on any international visits.

This advice will be reviewed again in advance of Step 4.

Use of shared equipment

Equipment and resources are integral to many different out-of-school activities. For frequently used resources, such as pens and pencils, we recommend that staff, children and young people should have their own. Classroom based resources, such as books and games, can be used and shared within groups.

Equipment that is shared between groups, such as sports or art equipment, should either be:

- cleaned frequently and in between use by different groups

- rotated to allow it to be left unused for 48 hours (72 hours for plastics) between use by different groups

Outdoor playground equipment should be cleaned more frequently than usual, and where possible, between use by different groups of children.

Children and young people should only bring essential items into your setting. Bags should be allowed.

Children, young people and staff need not be forbidden to take books and other shared resources home, although unnecessary sharing should be avoided. The same rules on cleaning and rotation should apply to these resources.

Managing toilet use

When managing toilet use you should:

- consider how to limit the number of children using the toilet at any one time
- encourage children to wash their hands thoroughly, with soap and water for 20 seconds, after using the toilet
- consider allocating groups their own toilet blocks, but only if the site allows it

Toilets should be cleaned thoroughly using detergent and bleach. The frequency of cleaning required will depend on usage, however we expect toilet facilities to be cleaned at least twice a day, and in between use by different groups.

The guidance on [cleaning of non-healthcare settings outside the home](#) provides general advice about the cleaning of facilities, as well as advice for the cleaning of facilities if they have been used by someone suspected of having, or confirmed to have COVID-19.

Communicating with staff and parents or carers

Please ensure you read and implement the guidance on [working safely during COVID-19](#). Talk to staff about your safety measures and discuss whether specific training would be helpful. You should also arrange regular opportunities to get feedback from staff on these safety measures.

If you employ cleaning staff, you should tell them about the extra cleaning requirements and agree additional hours to allow for this.

The [actions for schools during the COVID-19 pandemic](#) includes information for staff that you may be able to apply to your own setting.

When communicating with parents and carers about safety measures, you should:

- advise parents and carers that they should be limiting their use of multiple out-of-school settings, and should as far as possible only be sending their children to one out-of-school setting, in addition to school, in order to minimise mixing
- encourage parents and carers to avoid public transport to get to your setting - where possible, encourage them to have their child walk or cycle to the setting, or have them dropped off by a member of their household in a private car
- ensure they know the process for pick-up and drop-offs, for example, which entrance to use or limiting drop off and pick up to one parent or carer per family and staggering timings

Try to avoid the need for parents and carers to wait if possible, but where they have to, consider whether distancing markings can be used and make clear they cannot gather at entrance gates or doors.

Safeguarding and wellbeing

Safeguarding and child protection

The COVID-19 pandemic may have caused significant mental health or wellbeing difficulties for some children and they may be at increased risk of harm or abuse. Due to the current circumstances, vulnerable children may be particularly isolated, meaning that the family, community and professional networks they usually rely on may be unavailable or hard to access.

It is important that you and your staff are aware of safeguarding issues and the signs to look out for. Further information is available in the guidance for [keeping children safe during community activities, after-school clubs and tuition](#).

Supporting children and young people's wellbeing

You and your staff may also need to consider how to support:

- children and young people who have found the long period at home hard to manage
- those who have developed anxieties relating to the COVID-19

Some children may have experienced bereavements in their family or wider circle of friends, or may have increased or new caring responsibilities. As part of your provision, you may wish to provide:

- opportunities for children to talk about their experiences of the past few months

- opportunities for conversations with trusted adults
- lessons on relevant topics, for example, mental wellbeing and staying safe

Equality

It is important that you create spaces, services and opportunities that enable everyone to engage equally.

This may require adjustments to ensure that everyone benefits fairly. Your equality and diversity policy should be considered at all times, especially when making decisions and judgements related to the impact on individuals and groups with different protected characteristics.

When applying this guidance, consider the particular needs of different groups of workers and individuals. You should be aware that some parents and carers may look to holiday clubs and out-of-school settings to offer respite childcare for children with special educational needs or with an education, health and care plan (EHCP). Parents or carers of disabled children may continue to access respite care to support them in caring for their disabled child. Further information on this is available in the [guidance for children's social care services](#).

Providers are permitted to open for disabled children¹ who are accessing these services as a local authority funded short break or as respite care, and ensuring that provision is available and accessible to these children, as far as possible, should remain a priority in these current circumstances.

Local authorities will need to work with their short breaks/ respite care provider base to ensure children can attend services (and to ensure that these can operate during the school holidays, as this can be a key pressure point for families with caring responsibilities). For example, some local authorities have made more use of direct payments beyond their usual criteria.

It is against the law to discriminate, directly or indirectly, against anyone in employment and in the provision of services because of a protected characteristic, such as age, sex, race or disability.

¹ If a child meets the definition of a disabled child within the meaning of s.17(11) of the Children Act 1989, the local authority must provide short break services to the individuals who provide care for such children under paragraph 6 of Schedule 2 of the Children Act 1989. If a child with SEND does not meet the s.17(11) definition, the local authority can carry out an assessment of the child's needs and offer short break services if appropriate under s.17 (1).

Employers and organisations (voluntary or otherwise) also have additional responsibilities towards disabled individuals and those who are new or expectant mothers.

There is evidence that black, Asian and minority ethnic (BAME) individuals may be more severely affected by COVID-19. You should be especially sensitive to the needs and worries of BAME children and young people, parents and carers, and staff. Interventions in the work setting to manage risk should be carefully and appropriately communicated.

Annex A: resources to help children learn about coronavirus and how to keep themselves and others safe

The following links may be helpful in supporting the children that attend your setting to learn about COVID-19 and promote safety measures:

- [e-Bug](#) has produced a series of helpful COVID-19 posters:
 - [Horrid hands](#)
 - [Super sneezes](#)
 - [Hand hygiene](#)
 - [Respiratory hygiene](#)
 - [Microbe mania](#)
 - [Busy Bees handwashing song](#)

Other resources you may find useful are:

- [Professional association for children and early years \(PACEY\): supporting children in your setting](#)
- [Dr Dog explains coronavirus](#)
- [Bright Horizons: Talking to Children about COVID-19 \(novel coronavirus\)](#)

Annex B: Residential Domestic Educational Visits for Out-of-school Settings

Introduction

The purpose of this additional guidance is to highlight the issues that out-of-school settings should consider when undertaking domestic residential visits from Step 3 of the roadmap.

Given the complexities attached to international travel at this stage of the pandemic, we are continuing to recommend that out-of-school settings do not undertake any international visits.

It is important to remember that the UK is still operating under COVID-19 restrictions which may differ across devolved administrations. For more information go to the devolved nations for more information go to [Coronavirus in Scotland - gov.scot](#), [CoronavirusCymru.wales](#) and [Coronavirus \(COVID-19\)inidirect](#). As a consequence you will need to make sure that your educational visit is compliant with the various requirements for each UK country you will be visiting and that COVID-secure measures are in place at the educational visit destination.

In addition to the general COVID-19 guidance, out-of-school settings will need to operate along the principles outlined in this annex which includes working within the system of controls, especially with reference to keeping children and staff within their consistent (and exclusive) bubbles whilst on the residential visit.

All providers operating residential educational visits for out-of-school settings, schools and further education colleges should follow the [Hotels and other guest accommodation - working safely during coronavirus \(COVID-19\)](#) guidance. You should familiarise yourself with the content of this guidance to ensure that accommodation arrangements for the residential educational visit are in line with the required standards.

You should be fully engaged with parents, carers and children about the organisation of the visit and the COVID-19 measures in place, from the initial planning to completion of the visit. You should be very clear and able to demonstrate that the visit has been fully risk assessed and that measures are in place to ensure that, as far as is practicably possible, the visit is and will remain COVID-19 compliant.

This guidance will continue to be reviewed and updated in line with the roadmap.

Extra considerations for out-of-school settings when planning domestic educational visits during Step 3

Based on PHE advice, the following sets out the additional conditions that should be implemented for the educational visit to take place.

You should carry out a full and thorough risk assessment for the educational visit in line with existing general and COVID-19 specific guidance and the following conditions:

- Ensure children and staff attending the residential visit are in consistent groups or “bubbles” of no more than six people (or two households).
- Where you have already assigned children to “bubbles” for your normal day-to-day provision (see the section “Considering group sizes”), you should, as far as possible, try to keep children from the same bubble together when undertaking residential visits in groups of six. This will minimise the risk of transmission of COVID-19 when children and staff members return from the residential visit to your setting.
- Consider how you will ensure bubbles of no more than six people (or two households) are maintained throughout the visit. For example, by ensuring that, that bubbles are kept separate when in shared dining facilities and other shared areas, activities or during recreation time, and children and staff do not interact with or mix between bubbles.
- Ensure that bubbles from your out-of-school setting do not mix with groups from other out-of-school settings, or other guests. You should not use residential visits to engage and meet with partnered OOSS groups, such as those that are based in other parts of the country.
- Engage in asymptomatic testing. Staff should self-test twice a week. Children aged 12-17 should also self-test twice a week, with adult supervision. You should consider encouraging staff and children to engage in asymptomatic testing before and after the residential visit. See the asymptomatic testing section for more information, including advice on how to access test kits.
- Ensure that there are clear contingency plans in place to respond immediately to:
 - Changes in government guidance
 - A child/ staff member testing positive
 - A child/ staff member needing to self-isolate due to being identified as a close contact
 - A child / staff member becoming symptomatic during the visit

Risk Assessments

Out-of-school settings should undertake full and thorough risk assessments in relation to all educational visits to ensure they can be undertaken safely. Where appropriate, you should implement the DfE health and safety [guidance on educational visits and the Health and safety Executives \(HSE\) Risk assessment - Working safely during the COVID-19 pandemic](#).

Your risk assessment and extra planning should reflect the public health restrictions in place and your residential visit provider should be able to provide you with the evidence to demonstrate how their centre meets the requirements set out in [Hotels and other guest accommodation - Working safely during COVID-19](#). You should request this information prior to any visit and pay particular attention to how the centre will manage any COVID-19 outbreaks during your stay and what arrangements you will need to have in place should a member of staff or child/ young person become symptomatic.

You will also need to ensure that you have carefully considered the system of controls section of this guidance.

It is worth noting that consideration should be given to spending as much time as possible outdoors as this reduces the rate of transmission of the virus.

Accommodation

You should familiarise yourself and your staff members with the [Hotels and other guest accommodation - Working safely during COVID-19](#).

You should note the guidance states that overnight stays in guest accommodation should happen in groups of no more than six people or two households/ support bubbles including staff. This is because overnight sleeping arrangements place children, young people and adults at the most risk of exposure to COVID-19.

Accommodation providers should reflect how separate groups of 6 can be maintained throughout the visit in their risk assessments. As part of your own risk assessment, you should carefully consider how consistent groups of no more than 6 people (including at least one staff member) can be maintained throughout the visit.

In advance of any visit, it will be important for you to confirm arrangements with the accommodation provider, especially with regard to maintaining the integrity of the bubble, arrangements for overnight accommodations and travel to, from and during the visit. [Hotels and other guest accommodation - Working safely during COVID-19](#) sets out the process and procedures any accommodation provider should follow when they are welcoming guests on residential visits or overnight stays.

You should check in advance that the provider has assessed the risk of COVID-19 and implemented appropriate control measures. In particular, you should ask the accommodation provider to confirm that they:

- are confident they can maintain the integrity of the bubbles and minimise mixing with other guests and bubbles.
- have assessed overnight sleeping arrangements in line with the size of the group that will be expected to share rooms and/or dormitories.
- ensure appropriate ventilation at all times, particularly during overnight sleeping arrangements. Good ventilation reduces the concentration of the virus in the air, which reduces the risks from airborne transmission.
- measures are in place to ensure that sanitising and cleaning of any shared facilities such as:
 - bathroom
 - kitchen/dinning
 - or any potentially shared equipment/communal facilities.

The accommodation provider should, if asked, be in a position to set out to you how the integrity of the bubbles can be maintained throughout the visit.

If a child or staff member is symptomatic, tests positive for COVID-19, or is a close contact of someone who tests positive for COVID-19, or

You should encourage children and staff members to [engage in asymptomatic testing where appropriate](#).

[Hotels and other guest accommodation - Working safely during COVID-19](#) sets out the procedures that accommodation providers should follow if a guest has symptoms or tests positive for COVID-19.

Before undertaking a residential visit or overnight stay, you should discuss these procedures with the accommodation provider to ensure you are familiar with the steps that should be taken if a staff member or child in your out-of-school setting group becomes symptomatic or tests positive.

If this happens, in the first instance, accommodation providers have been advised in the [Hotels and other guest accommodation - Working safely during COVID-19 guidance](#) that they should inform the relevant guest (and any relevant members of the group, such as those sharing a room) that they need to immediately self-isolate.

If possible, the child, young person or staff member should return home to self-isolate. If they choose to return home, they should use private transport. In the case of a staff

member falling ill or needing to self-isolate, the children in their group will also need to return home as it will not be possible to merge bubbles into a group larger than 6, or for one staff member to work across two bubbles.

If a child, young person or staff member cannot reasonably return home (for example, because a child's parents are unable to collect them or they are too unwell), their circumstances should be discussed with an appropriate health care professional and, if necessary, the local authority.

Insurance

You should make sure that you have an appropriate level of insurance cover whilst on an educational visit. Whilst it may be difficult to secure COVID-19 cancellation cover for new bookings, any visits booked prior to the COVID-19 pandemic are likely to include cover for COVID-19. If unsure, you are advised to check with your insurance company or the [Risk Protection Arrangement \(RPA\)](#) for information on the level of cover/protection available especially in the event of a COVID related cancellation.

For new bookings, whilst there are still gaps in the traditional insurance market regarding COVID-19 cancellation cover, out-of-school settings should be able to secure appropriate travel insurance for other aspects of their visit. Given the absence or changes to COVID-19 (cancellation) insurance, you should check that any new bookings have adequate financial protection in place.

Many providers are now offering no cost deferral to a later date or a full cash refund of all monies paid against a new booking should a deferral not be acceptable. Other measures that may be available include: Insurance backing of 'COVID-19 guarantee', extended payment terms, financial protection in case of insolvency and membership of industry organisations.

If in doubt, and early on in the planning, out-of-school settings should consider any new bookings and the guarantees associated with them very carefully. It is also recommended out-of-school settings seek independent advice from organisations such as the British Insurance Brokers Association (BIBA) or Association of British Insurers (ABI) in respect of general travel insurance.

It is also important to note that the department does not get involved in disputes regarding travel provider, travel insurer, performance or behaviour. Any dispute should be resolved in line with the contractual arrangements and in line with the relevant industry and sector representative body bonds, standards, codes of practice, consumer rights legislation and current regulator guidance or regulations.

The Association of British Insurers (ABI) has produced [information on travel insurance implications following the COVID-19 pandemic](#).

Travel

Out-of-school settings should carefully consider arrangement to travel to the destination as safely as possible while maintaining the integrity of the bubbles of six. You should follow the systems of control set out in this guidance for travel to and from destinations as well as the [COVID-19: safer travel guidance for passengers](#)



Department
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