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Safe operation guidance: post-16 learning providers

Guidance setting out the arrangements for the safe delivery of learning in the further education, work-based and adult learning sectors.

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Introduction

In July 2021 the First Minister published the updated **Coronavirus Control Plan for Wales**, which sets out arrangements for 'alert level zero' – a new phase which is designed to ensure a proportionate approach to COVID-19, reflecting the impact of vaccination and the balance of risks and harms.

The Control Plan signals the expectation that education settings should operate as normally as possible at alert level zero. Baseline measures including risk assessments, hygiene, ventilation and preventing attendance by individuals with COVID-19 symptoms will continue to be in place, as set out in this guidance; but many of the more severe restrictions around attendance and delivery have been relaxed as part of a proportionate system of controls. For education settings, this allows some flexibility for local decision-making, supported by public health

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teams and underpinned by risk assessments.

This guidance is made under regulation 18 of the **Health Protection (Coronavirus Restrictions) (No. 5) (Wales) Regulations 2020** (as amended) (“the Coronavirus Regulations”). It sets out arrangements for the delivery of learning from 1 September 2021 in the further education, work-based learning and adult learning sectors. It should be read in conjunction with:

- the Welsh Government’s overall **guidance for employers, businesses and organisations** at alert level zero
- the local testing and infection control framework for post-16 providers at Annex A, which enables providers to tailor interventions to reflect local risks and circumstances

Operation of post-16 learning at alert level zero

At alert level zero, there is more flexibility for employers to determine what is required to **manage risks**. A number of the restrictions that have governed education settings since the start of the pandemic have been relaxed, with operation much closer to a normal model of delivery. However, COVID-19 has not gone away, and reducing close interactions between individuals is still important in helping to control its spread.

At alert level zero, learning providers:

- must take **reasonable measures** to protect learners, staff and others from COVID-19 within their premises
- must ensure risk assessments satisfy the requirements of regulation 3 of the **Management of Health and Safety in the Workplace Regulations 1999**
- must continue to carry out specific coronavirus **risk assessments** for their buildings and activities, building on their learning to date and practices they have already developed during the pandemic
- should follow the system of control set out in this guidance
- should follow any relevant **workplace guidance**, where they are operating facilities such as training salons, restaurants or gyms

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- should follow the local testing and infection control framework, taking account of local risk levels and advice from local IMTs

Risk assessments

Learning providers should follow the [guidance for employers, businesses and organisations](#), which refers to requirements for employers to carry out risk assessments. A risk assessment [template](#) is also available. For additional guidance, see the [Health & Safety Executive's website](#).

For learners, including apprentices, whose learning takes place in the workplace, the responsibility for the safety of the learning environment rests with the employer; but the learning provider must satisfy itself of the safety of its staff who are undertaking workplace delivery. Apprenticeship providers must undertake a health and safety review of employer premises to determine how assessors can safely undertake visits, and must confirm with employers that appropriate arrangements are in place that accord with the Coronavirus Regulations. Where providers are arranging work placements on behalf of learners they must ensure that a risk assessment is carried out to assure themselves that the workplace is COVID-aware and that appropriate mitigations are in place.

Learning providers should work with staff, parents/carers, learners and employers so that there is clarity on what the revised arrangements are and how they will work in practice and have active arrangements in place to monitor that the controls are:

- effective
- working as planned
- updated appropriately, considering any issues identified and changes in local risk levels, any changes to local or national alert levels, and public health advice

Local testing and infection control framework

There are well established local systems in place to gather intelligence and information through Test Trace Protect (TTP), Public Health Wales, health boards and local authorities working with education settings. Incident Management Teams (IMTs) are also in place to manage clusters/outbreaks. It will be important for colleges to be part of their local IMT to share intelligence and respond to incidents when necessary.

The national risk level for Wales will continue to be determined nationally by Welsh Government and communicated to learning providers. This is separate to the national Alert Levels for Wales. Table 1 of the local testing and infection control framework at Annex A identifies indicators that will be used by local public health officials to assess whether the risk level – for a region, area or individual learning provider premises – differs from the national risk level. This may, for example, happen when there is a cluster or outbreak associated with a learning provider. In these cases local Incident Management Teams will work with the provider to review its risk assessment and put additional proportionate tailored interventions in place using Table 2 of the framework. Any decision to recommend the reintroduction of tailored interventions such as contact groups or reduced attendance would be taken in discussion with public health, TTP and the provider.

Safeguarding clinically vulnerable learners and staff

Clinically extremely vulnerable learners and staff

Please refer to the [Guidance on protecting people defined on medical grounds as clinically extremely vulnerable](#).

Where a staff member falls into the clinically extremely vulnerable (ex-shielding) category, their employer should follow [employer guidance](#) to ensure that

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suitable and sufficient measures are in place to minimise the risks of exposure to COVID-19 in the workplace setting. The Welsh Government recommends that risk assessments be made on an individual basis for such individuals, taking account of their individual needs and circumstances. Where possible, staff in this group should be supported to continue to work from home.

Learners or staff at ‘increased risk’

Individuals at ‘**increased risk**’ can attend their learning provider, as long as safety measures are in place as set out in this guidance and the **reasonable measures guidance**.

Guidance for pregnant women and employers is available from the Royal College of Obstetricians and Gynaecologists **website**.

The Welsh Government’s **workforce risk assessment tool** can be used by any member of staff to undertake a self-assessment, and it is recommended particularly for those at increased risk or clinically extremely vulnerable. There are also a number of models which can be used to support managers during discussions with their teams about an individual’s personal risk factors when returning to, or remaining in, the workplace. The aim is to help enable good quality conversations between managers and colleagues about any personal circumstances which may increase their risk from coronavirus, and to agree any actions which need to be carried out in line with the **Management of Health and Safety in the Workplace Regulations 1999**. It is important that all staff and learners in this category have opportunities to discuss any concerns they may have before they attend their education/work setting.

Learners and staff who are anxious about attending their provider

The alert level zero **guidance for the public** provides information on protective behaviours that can help to manage the risk of exposure to COVID-19.

Providers should bear in mind the potential concerns of learners and staff who

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may be reluctant or anxious about attending and put the right communications and support in place to address this. This may include those who have themselves been shielding previously but have been advised that this is no longer necessary, those living in households where someone is at increased risk, or those concerned about the comparatively increased risk from COVID-19, including those from Black, Asian and Minority Ethnic backgrounds.

If learners or staff with significant risk factors (or learners' parents or carers) are concerned, we recommend that the provider discuss their concerns, conduct an individual risk assessment and provide reassurance of the suitable and sufficient measures they are putting in place to reduce the risk from attending.

The system of controls for post-16 learning

The system of controls established by Public Health Wales continues to provide a set of principles for infection control; if learning providers follow this advice and maximise the use of these control measures, they should effectively minimise risks of viral transmission. All elements of the system of control are essential. All learning providers must address each of these elements, but the way they implement some of the requirements will differ based on their individual circumstances and local context.

The system of controls is set out below:

Prevention

1. Minimise contact between individuals wherever possible
2. Ensure that individuals who have COVID-19 **symptoms**, have tested positive for COVID-19, or who have been asked to self-isolate by TTP do not attend their learning centre
3. Ensure adequate levels of ventilation
4. Ensure good hand and respiratory hygiene
5. Ensure proportionate cleaning regimes are in place
6. Wear face coverings where required and/or, where necessary, wear

appropriate personal protective equipment (PPE)

Response to any infection

7. Comply with the Welsh Government's and NHS' **Test, Trace, Protect strategy**
8. Contain any outbreak by following local health protection team advice

1. Minimise contact between individuals wherever possible

At alert level zero, regulations no longer require organisations to take all reasonable measures to maintain two metre distancing between individuals. However, physical distancing is still highly effective and remains one of the reasonable measures that should be considered to mitigate the risk of exposure to COVID-19. This means that, as part of their risk assessments, learning providers should consider how close face-to-face interaction can be minimised, alongside the other controls such as ventilation and face coverings. The **guidance for employers, businesses and organisations** provides examples of ways to support physical distancing.

Learning providers should consider how best to use the available space, including outdoor space, to maximise the distance between people where possible. Individuals (both learners and staff) should be encouraged to maintain social distancing from each other whenever possible, as any steps taken to minimise contact will help to limit transmission. Where there is room to configure classrooms or workshops, staff working areas, common rooms, resource centres and other shared spaces to maintain distancing, providers should do so.

Learners who are interacting with clients or in a “hands-on” way with one another to practice techniques, and learners who spend time on employer premises, are at greater risk of contracting and transmitting COVID-19 and this should be reflected in risk assessments and ensuing actions.

From 1 September, learning providers are no longer required to operate contact

groups for learners. Instead, contact tracing will be used to identify close contacts of learners or staff who have tested positive and who may have to self-isolate as a result. From 7 August, close contacts under the age of 18 and those over 18 who have been fully vaccinated in the UK are not required to self-isolate unless they have symptoms or test positive; current [guidance on self-isolation](#) sets out the requirements in detail.

Learning providers should ensure they plan for the possibility that in some local circumstances it may become necessary to reintroduce contact groups on a temporary basis, to help reduce risks of transmission. Any decision to recommend the reintroduction of contact groups would need to be taken in discussion with public health officials and the local authority, as part of the local testing and infection control framework.

Learning providers have flexibility to decide how they wish to use blended learning models, both to manage any self-isolation requirements and to enhance all learners' experiences.

Work-based learners

Apprenticeship assessors can undertake routine workplace visits at alert level zero for reviews, assessments and meetings, as set out in the local testing and infection control framework. They should have regard to employer [guidance](#) for the workplace and any [industry-specific guidance](#). Traineeship work placements can take place, subject to risk assessments and local risk levels, as set out in the local testing and infection control framework.

Working from home

At alert level zero, people should continue to work from home where possible, as part of Wales' overall efforts to control the spread of COVID-19. Learning providers should make their own decisions locally, in consultation with staff and their representatives, on what this means in practice. In doing this they should have regard to the [guidance for employers, businesses and organisations](#), and should consider:

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- whether alternative arrangements could meet business needs
- whether any individual's wellbeing would be particularly adversely affected by returning to the workplace, including those who are clinically extremely vulnerable
- whether particular workspaces should not be used by those who are clinically extremely vulnerable or particularly anxious about returning to work, for example because those spaces are small or poorly ventilated
- whether working from home would be detrimental to efficiency, teamworking, the achievement of business objectives, or employees' wellbeing
- whether flexible working arrangements could be used to achieve an appropriate balance of on-site and remote working

2. Minimise contact with individuals who are unwell by ensuring that those who have COVID-19 symptoms, or who have tested positive for COVID-19, do not attend their college or training centre or work setting

Under no circumstances should learners or staff attend their learning provider or workplace if they:

- feel unwell and have any of the identified COVID-19 symptoms. If this is the case, they must self-isolate immediately and book a COVID-19 test
- have tested positive for COVID-19
- have been asked to self-isolate by the NHS Wales Test, Trace, Protect service

Learning providers should have regard to the guidance for employers on COVID-19 vaccinations, to ensure that they do not discriminate against staff who are not vaccinated. However, if unvaccinated staff are identified as contacts of a positive case, they will have to self-isolate as instructed by TTP and will have no exemption.

Learning providers play an important role in supporting contact tracers to undertake their role in determining the contacts of a positive case. The overall aim is to safely minimise the number of contacts resulting from a positive case. It

will not be a one size fits all approach and settings will need to determine how they can most effectively reflect their local context and circumstances.

Providers should have a clear escalation policy and procedures in place if they become aware that a learner or member of staff has symptoms of COVID-19 while at their college or centre. These need to be fully understood by staff, learners (where able) and parents/carers.

Surfaces that learners or staff with symptoms have come into contact with should be carefully and thoroughly cleaned.

Anyone displaying symptoms of COVID-19 should stay at home and self-isolate while also making arrangements to be tested. The Welsh Government's **self-isolation guidance** sets out the actions to be followed and the periods of isolation required for those with possible or confirmed cases of COVID-19, and their household members, and this should be read carefully and adhered to.

Learners or staff who have had a positive Lateral Flow Device (LFD) test should not attend their learning provider, and should arrange for a confirmatory PCR test.

3. Ensure adequate levels of ventilation

Those in control of premises have a **legal duty** to ensure effective ventilation. Further advice on ventilation is set out in the **guidance for employers, businesses and organisations**.

4. Ensure good hand and respiratory hygiene

Washing hands thoroughly and frequently with soap and running water or hand sanitiser is an effective way of minimising the risk of contracting COVID-19. It is important that everyone continues to practice respiratory hygiene through covering coughs and sneezes and the immediate and safe disposal of used tissues and washing hands immediately afterwards. The 'catch it, bin it, kill it, wash your hands' approach continues to be very important, so providers must

ensure that they have enough sanitiser stations, tissues and bins available to support learners and staff to follow this routine.

Providers should, via messages, signage and notices, remind all learners of the need to clean their hands regularly, including when they arrive, when they return from breaks, when they change rooms, after putting on or removing face coverings, and before and after eating. Regular and thorough hand cleaning is going to be needed for the foreseeable future.

It is also important that staff and learners continue to wear face coverings in indoor public areas and in other places where a risk assessment has identified this as a reasonable measure to be taken (see section 6).

Learners with complex needs should continue to be helped to clean their hands properly. Some learners with complex needs may find it difficult to maintain good respiratory hygiene effectively. This should be considered in risk assessments in order to support these learners and the staff working with them.

5. Ensure proportionate cleaning regimes are in place

Cleaning regimes need to be proportionate and in line with that required for any other comparable communicable disease. Learning providers do not need to routinely set aside specific days for deep cleaning. If however there is a confirmed case in the provider's premises, a deep clean of the immediate area will continue to be helpful in reducing transmission.

6. Wear face coverings where required and/or, where necessary, wear appropriate personal protective equipment (PPE)

Face coverings

From 1 September, face coverings are not routinely recommended in the teaching and learning environment – e.g. classrooms or workshops. The use of

face coverings in these environments can be determined by the risk assessment for each space.

Face coverings should be worn by staff and learners in indoor communal areas, and other areas where it is difficult to maintain two metre social distancing. This should form part of a provider's risk assessment, recognising that in communal areas such as corridors and in some work spaces the physical layout means that individuals cannot remain separated to the same degree and where it is difficult to adhere to other control measures. Face coverings should also be worn on dedicated provider transport, aligning with the continued requirement for face coverings on public transport.

Face coverings should be worn by other visitors who are entering public areas of the provider's premises, including parents, contractors and members of the public. Learning providers should consider in their risk assessments for each centre whether the general public (individuals other than staff or learners) have or are permitted access to public areas, to determine where face coverings should be used.

Face coverings are not generally required outdoors, unless in a crowded or confined space where social distancing is not possible, and should not be worn whilst participating in sport or fitness activities.

Learners on work placements and visiting tutors must abide by the arrangements in place at those workplaces.

Face coverings may need to be provided to learners who may be unable to obtain them through other means, if they are recommended by risk assessments or at their work placements. Providers should be sensitive to the needs of those who may have exemptions, such as people who have existing medical conditions; complex needs which means that they cannot correctly use a face covering, and those who are speaking to or providing assistance to someone who is deaf or has any level of hearing loss. Providers should put systems in place to ensure staff know when and how to challenge those not using face coverings in public or communal areas.

Where a decision is made to use a face covering we would encourage that

individuals use recyclable/multi use face coverings and use them correctly, covering the mouth and nose, ensuring hand hygiene before putting on and following removal. The World Health Organization recommends that face coverings should be made up of three layers, but should not be medical-grade face masks.

Regardless of their provider's policy, learners and staff may choose to use face coverings to help minimise the risk to themselves and others, and should be encouraged to do so if this helps them to feel more confident about attending their college or learning setting. If anyone wishes to wear a face covering for personal reasons anywhere on-site, indoors or outdoors, when it is otherwise not mandated, they should be permitted to do so. This may help support wider wellbeing, reduce anxiety and provide additional reassurance for some individuals alongside other mitigating measures.

PPE

PPE is protective equipment that is manufactured to a regulated standard to give the wearer a known level of protection against a health or safety hazard. Circumstances where PPE may be required are set out below.

- Suspected cases of COVID-19
 - Gloves, aprons and a fluid-resistant surgical mask should be worn if someone becomes unwell with symptoms of COVID-19 and needs direct personal care
 - Eye protection should also be worn if a risk assessment determines that there is a risk of splashing to the eyes such as from coughing, spitting, or vomiting
 - Gloves and aprons should be used when cleaning the areas where a person suspected of having COVID-19 has been
- Intimate care
 - Gloves and aprons should continue to be used when providing intimate care to a learner. This can include personal, hands-on care such as washing, toileting, or first aid and certain clinical procedures such as assisted feeding

- Fluid-resistant surgical masks and eye protection should also be worn if a risk assessment determines that there is a risk of splashing to the eyes such as from coughing, spitting, or vomiting
 - Gloves, fluid repellent gowns, FFP3 masks and eye protection are indicated when undertaking aerosol generating care procedures such as suction
 - Gloves and aprons should be used when cleaning equipment or surfaces that might be contaminated with body fluids such as saliva or respiratory secretions
- Vocational learning
 - Where learners are studying vocational or work-based programmes, learning providers should have regard to any appropriate **workplace guidance** for the relevant industry. Where work placements require industry-standard PPE to be worn, people on placement and visiting assessors must comply with any requirements in this regard
 - For “close contact” industries like hairdressing or care, where learners require physical contact with clients or with one another in order to learn skills and carry out assessments, industry-standard PPE must be worn

Learners and staff should have training on the safe use of PPE, where relevant. All staff should understand how to put on or remove medical grade PPE in the right order, safely dispose of the waste and use correct hand hygiene steps to reduce the risk of onward transmission of infection. In any case, hand washing should always be practised before putting on and after removing medical grade PPE.

7. Comply with the Welsh Government’s and NHS’ **Test, Trace, Protect** strategy

Test, Trace, Protect (TTP) works by:

- testing those people who have COVID-19 symptoms, asking them to **self-isolate** while they take a test and wait for the result. Information and guidance on how to apply for a test can be found **the Welsh Government**

website

- tracing those people who have been in close contact with people that have tested positive for the virus, and identifying those who need to self-isolate. From 7 August 2021, contact tracers will use the Welsh Immunisation Service to identify adults who have been fully vaccinated in the UK and do not need to self-isolate if they are contacts of a positive case. Under 18s who are identified as contacts of a positive case are not required to self-isolate unless they develop symptoms or test positive themselves
- Although under-18s and adults fully vaccinated in the UK are no longer required to self-isolate if they are identified as contacts, TTP will provide them with advice and guidance via a “warn and inform” service. Further information on contact tracing and how it operates can be found [on the Welsh Government website](#). If someone who is otherwise exempt from self-isolation as a contact has symptoms or tests positive themselves, then they should self-isolate as in these cases there are no exemptions
- ensuring that if the symptoms are not due to COVID-19, individuals and their contacts can get back to their normal routines as soon as possible
- providing advice and guidance, particularly if the person who has symptoms or their contacts are in the [clinically extremely vulnerable](#) group or the [increased risk](#) group

Providers should reinforce these messages and in particular, remind all those who show any of the virus symptoms to self-isolate immediately and book a test.

In the event of a positive test, a contact tracer will contact the person tested to help identify potential contacts. From 7 August 2021, contacts under the age of 18 and those who were fully vaccinated in the UK do not have to self-isolate unless they themselves start to show symptoms of COVID-19 or test positive themselves on a routine test. Contact tracers will also get in touch with close contacts who do not meet these criteria and advise them to self-isolate.

A positive test on site does not require closure of that site. The process of testing and contact tracing is part of the ‘new normal’ and where providers follow these guidelines carefully, there is no cause for alarm.

The Welsh Government has published [guidance](#) on keeping records on staff, customers and visitors. This can be used by providers as one of the reasonable

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measures to help to identify individuals who may have been exposed to COVID-19.

To support the operation of education settings, lateral flow device (LFD) testing is being made available to provider staff and learners. Guidance is available via the [LFD asset bank](#).

8. Manage confirmed cases within the provider and contain any outbreak, by following local health protection team advice

Building upon the Communicable Disease Outbreak Plan for Wales (2020), Public Health Wales has provided specific [advice regarding the investigation and management of clusters and incidents of COVID-19](#).

If there are multiple cases of COVID-19 in a learning provider's premises, then experts including TTP, Public Health Wales and Incident Management Teams will work together to prevent ongoing transmission. Regional TTP teams will appoint a clear lead for the investigation of a cluster and will work with the head of the provider or their nominated deputy. Advice based on the assessment of each individual situation will be provided to support the provider in preventing further spread, using the additional tailored interventions identified in the local testing and infection control framework.

TTP teams are normally responsible for contacting each positive case and collecting information about their close contacts both within and outside the provider's premises. Learning providers may work with their local TTP teams to agree their own arrangements to identify and notify close contacts, in order to ensure that tracing is efficient and minimises disruption to learning.

Educational visits

Learning providers wishing to undertake any type of educational visit, including those involving overnight stays, should ensure a risk assessment is undertaken.

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This should include arrangements for what will happen if a member of the group develops COVID-19 symptoms during the visit.

The Association of British Insurers (ABI) has produced [information](#) on travel insurance implications following the COVID-19 outbreak. If schools and settings have any further questions about their cover or would like further reassurance, they should contact their travel insurance provider.

Further guidance regarding educational visits is available from the Outdoor Education Advisers Panel, which has developed [guidance](#) which may be useful for schools and settings considering undertaking visits.

Annex A: Testing and infection control framework for further education, work-based and adult learning from autumn 2021

This framework provides testing and infection prevention control measures for post-16 learning providers from September 2021, and sets out how these measures may be varied in response to the pandemic. It underpins operational arrangements in providers as well as helping learners, staff and the wider community understand how this suite of measures will work in future.

The framework should be read in conjunction with the Safe Operation guidance. This explains other measures that should remain in place regardless of local risk levels, including:

- All staff and learners should be reminded to follow the Welsh Government guidance for self-isolation as appropriate and instructed not to attend if they have any symptoms, or test positive
- Staff and learners should get a PCR test as soon as they have symptoms or if they test positive on an LFD test
- Regular handwashing, social distancing and respiratory etiquette (Catch it, Bin it, Kill it, Wash Your Hands) to prevent spread and limit cases, incidents and outbreaks

- Adequate ventilation by opening windows or adjusting ventilation systems
- Continuing to apply reasonable measures such as social distancing and wearing face coverings where appropriate

The framework should be used irrespective of the alert level that the whole of Wales or a particular area is in at a particular time. It may be, for example, at alert level zero that a cluster of positive cases in a particular geographical area (e.g. in the community where a provider is located) would result in a provider using the framework to assess the risk level and apply localised measures even if the alert level under the Regulations does not change for that particular area.

However, it must be noted that:

- Where an alert level under the Regulations applies a stricter requirement than set out in this framework, then that stricter requirement must be adhered to
- Where no requirement applies, or a less strict requirement applies under an alert level under the Regulations, then the approach set out under the relevant risk level in the framework should be followed. In these circumstances any additional reasonable measures to minimise the risk of exposure to or spread of coronavirus that are identified as the result of a provider's risk assessment should also be put in place

Currently Wales is at alert level zero, and the overall risk level for Wales is determined as low. Learning providers will be notified by the Welsh Government when alert levels change.

Many of these measures are not binary – there will be incremental steps between the measures listed below that may need to be employed to reflect the specific risks identified by the provider for its sites, its staff, its learners and its communities. Their use in each provider should respond dynamically based on local intelligence, advice issued by the Welsh Government, Chief Medical Officer for Wales, Chief Scientific Advisor for Health, and other professionals. Measures can be, and should be, escalated and de-escalated accordingly, based on established risk assessment processes.

Table 1 sets out the overall risk ratings, whilst Table 2 sets out the framework of

measures that providers will use in response to changes in that risk rating.

Table 1: Overall risk ratings

Level of risk	Description	Actions
Low	<ul style="list-style-type: none">• The uptake of 2 doses of COVID-19 vaccine is above 85% for priority groups 1-9 and there is no evidence of waning immunity• While 7 day incidence may be increasing the majority of infections are reported in those 30 years of age and younger who have not been vaccinated or have received just 1 dose• The percentage of community cases requiring hospital admission remains low• Deaths remain low• Delivery of frontline health and social care and blue light services are not at risk due to number of individuals self-isolating• LA enforcement of business compliance remains	<ul style="list-style-type: none">• Symptomatic individuals will continue to self-isolate and have a test, responding appropriately to the result. Asymptomatic testing of various cohorts is being undertaken as per guidance• Cases are contacted as soon as possible so that contacts can be advised to self-isolate and reduce the risk of on-ward spread• Action is ongoing locally to support uptake of the vaccine in those who were not receptive to receiving it on first offer• Engaging with local communities to ensure that the good behaviours in high risk settings (areas of poor ventilation and overcrowding) can continue and communities are receptive to this• Agencies are working proactively across all sectors to ensure that they can operate in a risk based environment• Reactive enforcement of business compliance

Level of risk	Description	Actions
	<p>low</p> <ul style="list-style-type: none"> Minimal introduction of infection into closed settings or schools Genomics provides no intelligence that a variant of interest or concern has been identified 	
Moderate	<ul style="list-style-type: none"> The uptake of 2 doses of COVID-19 vaccine is above 85% for priority groups 1-9 and there is no evidence of waning immunity The 7 day rolling incidence of infection continues to rise. All new infections are being responded to and evidence from TTP shows that while the majority of infections are still occurring in the younger mobile population the incidence of infection in those 60 years and over has started to increase Hospital admissions are increasing albeit from a low base but 	<ul style="list-style-type: none"> Symptomatic individuals will continue to self-isolate and have a test, responding appropriately to the result. Asymptomatic testing of various cohorts is being undertaken as per guidance In addition to responding to all new infections backward tracing is continuing and may provide evidence that the chains of transmission from known risks are seeding infection in the wider community At this stage consideration will be given to identified risks (e.g. wet pubs/clubs) for acquisition of infection which will influence the introduction of further local actions and communications LA enforcement powers being used effectively to assure compliance with restriction regulations and in response to clusters Proactive engagement locally with specific business sectors where there is emerging evidence of ongoing risk Evidence from TTP may suggest that no one sector is driving transmission but there is poor understanding of the personal behaviours that can reduce risk of both acquisition of infection and t potential risk to others. The IMT will consider how best to engage with the

Level of risk	Description	Actions
	<p>he percentage of community cases requiring hospital admission remains less low</p> <ul style="list-style-type: none"> • Deaths remain low • There is increasing introduction of infections in care homes (often single staff member) and schools suggestive of significant transmission in the community • Levels of LA enforcement increasing. Emerging evidence that business non-compliance is associated with clusters of infection • Genomics provides no intelligence that a variant of interest or concern has been identified 	<p>community and support them in understanding their personal risk and risk to the wider population</p> <ul style="list-style-type: none"> • Action is ongoing locally to support uptake of the vaccine in those who were not receptive to receiving it on first offer
High	<ul style="list-style-type: none"> • The uptake of 2 doses of COVID-19 vaccine is above 85% for priority groups 1-9, increasing incidence of infection in the vaccination 	<ul style="list-style-type: none"> • Symptomatic individuals will continue to self-isolate and have a test, responding appropriately to the result. Asymptomatic testing of various cohorts is being undertaken as per guidance • Increasingly actions are focussed on minimising the risk to vulnerable communities and targeting larger clusters to minimise harm • There is increasing reliance on mutual aid in

Level of risk	Description	Actions
	<p>population may indicate evidence of waning immunity</p> <ul style="list-style-type: none"> • Not all new infections are being investigated. Resources are targeting clusters and incidents in high risk settings (e.g. care homes). There is widespread transmission in the community as evidenced by the number of small household and social clusters and clusters in open and closed workplaces • Incidence rates in the over 60s is increasing and the percentage of community cases requiring hospital admission has increased • Deaths are increasing • There is significant impact on frontline services due to the number of staff self-isolating • Hospital admissions are increasing and 	<p>order to, as a minimum, promote the isolation message and identify contacts. Backward tracing is undertaken only in exceptional circumstances</p> <ul style="list-style-type: none"> • A local enhanced testing strategy has been implemented to support ease of access to testing and identification of infection in both symptomatic and asymptomatic individuals • In-depth epidemiological review will be undertaken together with an assessment as to whether or not there is a need to reintroduce NPIs above those that are voluntary (social distancing, mask wearing in high risk situations, frequent hand washing, meeting outdoors where possible etc.) • Should the community's voluntary response as defined be insufficient to address the rising incidence, application should be made to WG for further local powers to be made available • In supporting the vulnerable the IMT will work with closed settings to ensure that they are fully engaged with and delivering the agreed testing policy to minimise introduction of infection • The IMT will consider and support the role of daily testing for staff in frontline services as an enabler to return to work and maintain critical services • Enforcement officers are increasingly finding that sectors commonly associated with non-compliance are the vectors for spread of infection. Interventions are targeted at these sectors • Action is ongoing locally to support uptake of the vaccine in those who were not receptive to receiving it on first offer

Level of risk	Description	Actions
	<p>the impact on health and social care is felt by the number of care homes in the 'red', delaying discharge of the elderly and causing bottlenecks in the NHS</p> <ul style="list-style-type: none"> • There is significant impact on frontline health and social care and blue light services due to the number of staff self-isolating • Increasing evidence that business non-compliance is associated with clusters of infection • Genomics provides no intelligence that a new variant of interest or concern is a driver for the rising incidence of infection 	
Very high	<ul style="list-style-type: none"> • The uptake of 2 doses of COVID-19 vaccine is above 85% for priority groups 1-9, increasing incidence of infection in the vaccination 	<ul style="list-style-type: none"> • Symptomatic individuals will continue to self-isolate and have a test, responding appropriately to the result. Asymptomatic testing of various cohorts is being undertaken as per guidance • There is an understanding at the IMT that community transmission is occurring at such a pace that only measures that will significantly reduce person to person contact will break

Level of risk	Description	Actions
	<p>population may indicate evidence of waning immunity</p> <ul style="list-style-type: none"> • The 7 day rolling incidence is increasing in all age groups • There is exponential growth of cases with widespread introductions into closed settings. TTP prioritising the most vulnerable, backward tracing of cases is no longer feasible • Epidemiological review shows random spread of the virus across the area without either a comprehensive understanding of what is driving transmission and evidence that the national and local mitigating measures are no longer proving effective • Joint Enforcement Teams are overwhelmed • Deaths are continuing to increase 	<p>chains of transmission</p> <ul style="list-style-type: none"> • Enhanced communication, testing and vaccination is in place including testing as an enabler to maintain front line health and social care and blue light services • A review of the NPIs and actions to date suggest that there is nothing more that can be done with local powers that will reduce person to person spread • Emerging evidence from enforcement officers that the Restriction Regulations requirements are insufficient • The IMT may request specific measures are introduced to support their requirement of limiting person to person contact • Representation will be made to Welsh Government recommending further mitigating actions. Welsh Government will consider whether mitigating actions are appropriate for the local authority or health board. In considering the request Welsh Government will take into account a range of intelligence including the prevalence of infection across Wales, the impact that COVID-19 is having on the health and social care system, the contribution that vaccines are making in weakening the link between infection and mortality and morbidity in order to determine whether a local, regional or national approach is appropriate

Level of risk	Description	Actions
	<ul style="list-style-type: none"> • There is significant impact on frontline services due to the number of staff self-isolating • Education is severely impacted by cases and clusters • Health and social care is under significant pressure • Genomics provides no intelligence that a new variant of interest or concern is a driver for the rising incidence of infection 	

Table 2: Risk framework for post-16 providers

Level of overall risk	Low risk	Moderate risk	High risk	Very high risk
Reducing close interactions	Implement arrangements aimed at reducing close interactions (within 2m) as far as is reasonable, based on risk assessment.	Implement arrangements aimed at reducing close interactions (within 2m). This may include, for example, not holding large indoor gatherings and events; one way systems; consistent seating plans; floor signage or using outdoor spaces where possible.		Where possible, working or studying from home should be the default position. Only essential visitors on-site. Close interactions

Level of overall risk	Low risk	Moderate risk	High risk	Very high risk
				<p>between individuals reduced to the lowest practical level possible.</p> <p>In addition to the arrangements referred to for lower risk using contact groups and/or blended/remote learning.</p>
Testing for staff and learners	<p>Little or no regular LFD testing. PCR testing available for confirmed contacts of positive cases.</p>	<p>Targeted/ focused testing used where there are local risks identified by IMT. PCR testing available for confirmed contacts of positive cases.</p>	<p>Twice weekly LFD testing encouraged for staff and learners to help identify and isolate asymptomatic cases as soon as possible.</p>	<p>Twice weekly LFD testing available and strongly encouraged for staff and learners to help identify and isolate asymptomatic cases as soon as possible.</p>
Face coverings	<p>Face coverings are not routinely recommended in classrooms/workshops.</p> <p>Face coverings may be worn in indoor communal areas and other workplaces such as classrooms etc</p>		<p>Face coverings should be worn in indoor communal areas where social distance cannot be maintained except in classrooms/ workshops unless</p>	<p>Face coverings should be worn in all indoor areas on all provider sites where social distance cannot be maintained, including in</p>

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Level of overall risk	Low risk	Moderate risk	High risk	Very high risk
	<p>where risk assessment identifies that two metre distance cannot be maintained.</p> <p>Face coverings should be worn in all indoor public areas to which the public have or are permitted access (for example, reception areas, facilities open to the general public), and on dedicated transport/public transport.</p>		<p>identified as a reasonable measure in a risk assessment.</p> <p>Face coverings should be worn in all indoor public areas to which the public have or are permitted access (for example, reception areas, facilities open to the general public), and on dedicated transport/public transport.</p>	<p>classrooms/workshops.</p> <p>Face coverings should be worn in all indoor public areas to which the public have or are permitted access (for example, reception areas, facilities open to the general public), and on dedicated transport/public transport.</p>
Sports and physical wellbeing	<p>Sports and fitness activities can take place within colleges and other learning provider settings, including training and competitions within colleges, subject to risk assessments and following any guidance published by the relevant National Governing Body for the sport in question.</p>		<p>Sports and fitness activities should only take place outdoors and within contact groups, or with social distancing where participants are from more than one contact group, subject to risk assessments.</p>	<p>Sports and fitness activities should only take place where essential to achievement of a qualification, subject to risk assessments.</p>
Sports competitions	<p>Sports fixtures across different groups within a college or between different colleges can take place, subject to risk assessments</p>		<p>Sports fixtures between different groups within a college or between different colleges should not take place.</p>	

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Level of overall risk	Low risk	Moderate risk	High risk	Very high risk
	and following any guidance published by the relevant National Governing Body for the sport in question.			
Workplace visits by apprenticeship assessors	Routine workplace visits can take place subject to workplace health and safety checks.		Workplace visits can only take place subject to workplace health and safety checks for essential assessment purposes.	
Work placements (FE and traineeship learners)	Can take place in line with industry guidance for the appropriate sector, and subject to workplace health and safety checks.		Can take place, subject to coronavirus restrictions affecting the ability of businesses to be open and workplace health and safety checks, where a placement is an integral part of a course and is essential to completing a qualification.	
			New work placements should not start for Traineeship learners.	

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