



Department for the
Economy
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FRAMEWORK FOR THE SAFE RESUMPTION OF ON-SITE EDUCATIONAL PROVISION AND RELATED ACTIVITY

VERSION 1.3

**DEVELOPED BY THE DEPARTMENTAL
ADVISORY AND OVERSIGHT GROUP**

**WE ALL
MUST DO IT
TO GET
THROUGH IT**



**KEEP
DISTANCE**



**WEAR FACE
COVERING**



**WASH
HANDS**

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Introduction

This section gives a very high level overview of why this document exists. The document should be read with this context, and its date of publication, in mind.

1. The latest Public Health Agency (PHA) guidance issued in relation to the COVID-19 pandemic records risk management processes and procedures, which all organisations operating during and in the wake of the pandemic, including Further Education Colleges (FECs) and Non-Statutory Contractors (NSCs), will be expected to develop, implement and update.
2. According to the PHA guidance, it is the responsibility of individual FECs and NSCs to undertake **suitable and sufficient** risk assessments and to put measures in place to ensure compliance with the latest PHA guidance and to prioritise the safety of their learners and staff.
3. The guidance that follows is written with a view to assisting FECs and NSCs to meet these responsibilities by providing a planning framework for the resumption of on-site education and training in FECs and NSCs in Northern Ireland following the cessation of such activity due to the COVID-19 pandemic. It gives providers a framework to support the completion of risk assessments and the development of the policies and procedures required to mitigate the risks identified. The recommendations made throughout this document are an integral part of these risk management processes and procedures.
4. This guidance also signposts additional guidance and resources to support FECs and NSCs in planning, preparing and managing a return of staff and learners to provider premises, or other learning centres, whilst ensuring that their health, safety and wellbeing is placed at the centre of the decision making process.
5. Guidance has been informed by judgements based on the scientific and public health advice available at the time of writing. This is an evolving situation, additional government guidance may be provided and this guidance will be kept under review to keep abreast of that provided by the PHA and Northern Ireland Executive. To use this guidance correctly, you should ensure you are using the latest version.
6. The PHA's message to FECs and NSCs is that preventing COVID-19 entering provider premises is the most effective way to prevent the spread of the virus between staff and learners. In order to prevent COVID-19 entering the premises, it is of paramount importance that none of the following individuals are allowed on provider premises or, if they do enter the premises, are sent home immediately:
 - A. anyone who has tested positive for COVID-19;
 - B. anyone who is exhibiting COVID-19 symptoms;
 - C. anyone who lives in the same household as someone who has tested positive for COVID-19, or who is exhibiting COVID-19 symptoms;

- D. anyone who has been identified, by the PHA Contact Tracing Team, the StopCOVID NI App, or, in the case of the FECs by the FECs themselves, as a 'close' contact of someone who has tested positive for COVID-19;
 - E. anyone who has been advised by Northern Ireland Executive guidance to quarantine following travel from a foreign country; and
 - F. anyone who has had a positive Lateral Flow Test.
7. Regarding training in occupational settings, for example settings such as hairdressing salons, restaurants and catering facilities, the PHA has advised that FECs and NSCs should follow relevant government and industry issued workplace guidance for those specific situations as and when it becomes available. PHA has advised that guidance and requirements for the training aspect of those industries should not differ to the guidance and requirements for the everyday operation of those industries in a professional setting. Standards for training in occupational situations should be at the same rigorous level as the standards maintained in the professional setting. FECs and NSCs must keep a watching brief on relevant government and industry issued workplace guidance to ensure that they are aware of its issue, and updates to it, so that it can be implemented as necessary within their settings.
 8. It should be noted that this year, in particular, it is important that everyone who is entitled to a flu jab receives one, and providers should encourage their staff and learners to avail of this. Flu season, and seasonal colds, together with COVID-19 are likely to have an impact on the attendance of learners and staff. It is likely that guidance will remain that anyone displaying symptoms of COVID-19, which are similar to symptoms of any respiratory infection, will be told to self-isolate and obtain a COVID-19 test.
 9. Providers should ensure that staff and learners are provided with a thorough induction which ensures that the relevant elements of this guidance and the providers' policies and procedures are understood, encourage the use of the StopCOVID NI APP and participation in Lateral Flow Testing.
 10. Guidance in relation to COVID-19 changes frequently. While this document will be subject to ongoing review, updated Northern Ireland Executive and/or public health advice may issue and apply while this guidance is under review. It may not always be appropriate to reflect changes stemming from updated guidance in this document, particularly if it is known that the changes will be in place for a time bound period, however where restrictions are amended additional clarification will be issued if and as required. The latest public health advice and Northern Ireland Executive guidance at the time will always prevail over the planning assumptions made within this guidance.
 11. Providers are advised to have appropriate contingency plans in place for changing, including increased restrictions and to always consult the latest PHA, Health and Safety Executive (HSE) and Northern Ireland Executive guidance to inform and update policies, procedures, plans, guidelines, risk assessments and decisions around delivery models, additional PPE, face coverings, social distancing measures and safe systems of work (SSOW).

Terms

This section gives clarity to some terms used frequently throughout the document. It is important that these terms are understood by everybody in the same way. It is **strongly recommended** you refer back to this section when you need to.

12. The term 'provider' is used throughout this document to refer to all FECs and NSCs operating in Northern Ireland.
13. The term 'learner' is used to refer to all types of learner undertaking education and training including adult learners, further and higher education learners, school based learners attending provider premises, and those undertaking Training for Success (TfS) and apprenticeships.
14. The term 'additional PPE' is used to refer to COVID-19 related personal protective equipment such as fluid-resistant surgical face masks, disposable gloves, disposable plastic aprons; and eye protection (e.g. a face visor or goggles). Additional PPE is primarily used to protect the wearer from any disease carried by others.
15. The term 'face covering' is used to refer to all other face coverings, other than fluid-resistant surgical face masks, used to cover the wearer's nose and mouth. These can include the use of reusable face coverings which can be looped around the ears but **does not** include Visors or scarves. Face coverings are primarily used to protect others from any disease carried by the wearer.
16. The term "competent person" in relation to risk assessments refers to someone who has sufficient training and experience or knowledge and other qualities that allow them to assist providers properly with the task at hand. The level of competence required will depend on the complexity of the situation and the particular help providers need. Please see [A competent person \(hse.gov.uk\)](https://www.hse.gov.uk) for more information.
17. In this guidance:
 - A. 'must' is used when there is a crucial, often legal and pre-existing responsibility that must be observed;
 - B. 'should' is used where there is a clear expectation that it should be done in order to comply with this guidance; and
 - C. 'may' or 'may wish' is used where useful examples of relevant practice that can be considered are provided. Local variations are likely.

Scope

This section gives clarity about to whom this document applies and the interaction between this document and providers' other legal obligations. This section is particularly relevant to all providers, to those delivering services to providers and to employers providing TfS work placements and apprenticeships. It also mentions providers' responsibilities to staff and learners, who benefit from knowing them.

18. The arrangements set out within this document apply to the resumption of on-site educational provision and related activity across **all** provider premises in Northern Ireland including, but not exclusive to:
 - A. where learning takes place in community, partner or Private Finance Initiative (PFI) venues;
 - B. where staff undertake instruction and/or assessment activity with learners based in other learning centres, including work-based employer locations; and
 - C. where learning is delivered by sub-contracted learning providers and/or on sub-contracted learning sites.
19. This guidance also applies:
 - A. where staff are engaged in delivery and support to local businesses and industries; and
 - B. to the provision of all sub-contracted services operating on an on-going contractual basis at provider premises, including those delivered by PFI contractors at managed sites (e.g. outsourced cleaning and catering services and work-based learning provision, over and above work placements).
20. For TfS learners and apprentices, whose learning also takes place in the workplace, the responsibility for ensuring the safety of the workplace rests with the employer. However, providers or their sub-contracted learning providers still have a responsibility to their learners and staff members undertaking workplace assessment or monitoring visits. Providers will wish to assure themselves that employers/work placements have carried out the appropriate detailed risk assessments in line with the PHA advice, to ensure it is safe for both participants and staff visiting to carry out their reviews, and all the necessary Personal Protective Equipment is available where necessary. Contractors must be assured that health and safety reviews and checks are in place to ensure that they are satisfied, and can confirm that the level of COVID-19 related risk to its staff and learners in those environments has been appropriately mitigated.
21. Nothing in this guidance affects the legal obligations of providers including with regard to health and safety and public health. Providers must continue to adhere to all such duties when implementing this guidance. Under the Coronavirus Act 2020, they must have regard to the advice relating to COVID-19 from the Chief Medical Officer for Northern Ireland. In the event of any conflict between any legislation (including health and safety legislation) and this guidance, the applicable legislation must prevail.

Background

This section gives clarity about the context in which this document has been written.

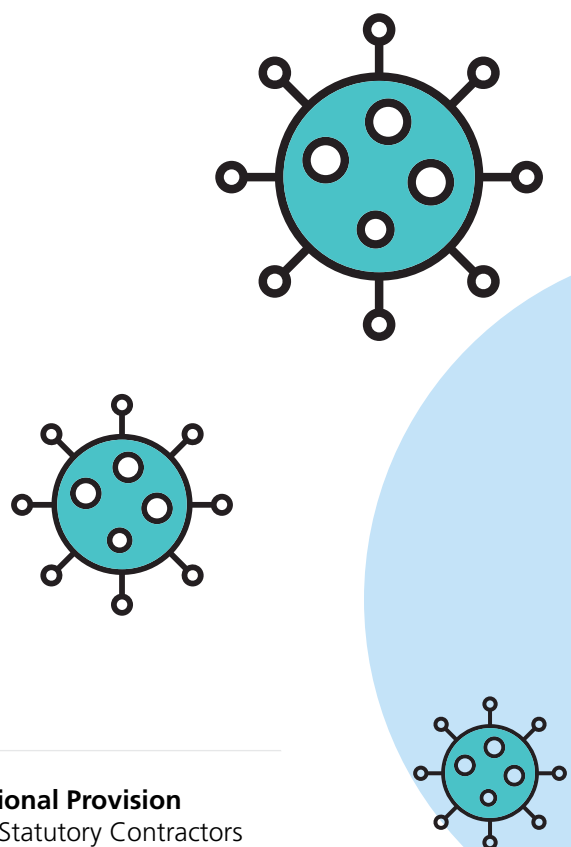
22. The cessation of on-site educational provision and related activity due to COVID-19 presented a range of challenges to providers, including the remote delivery of education and training, the welfare and wellbeing of learners and the particular challenges for learners with additional support requirements.
23. Providers rapidly adapted their provision of key services, where possible, to deliver a wide and varied programme of virtual learning and to facilitate support for all learners, including vulnerable learners.
24. Going forward, providers need to consider new delivery models that ensure the continued safety of staff and learners.
25. Providers' learners are a very large and diverse population. They represent a vast age range and include a disproportionately high number of learners from disadvantaged backgrounds, a higher than average number of learners with vulnerabilities such as special education, health or social care needs and a proportion of learners from Black and Minority Ethnic Communities (BAME). The sheer size of colleges in particular, usually with several geographically spread campuses means that there is a great deal of movement of both staff and learners with many often needing to use public transport to attend. It is the responsibility of individual learning providers to undertake suitable and sufficient risk assessments that acknowledge and take account of this diversity and its associated challenges.
26. As recorded in the Introduction section, this guidance document is written with a view to assisting these providers to meet their responsibilities by providing a planning framework for the resumption of on-site education and training.
27. This guidance document has been developed by the Advisory and Oversight Group for the Safe Resumption of On-site Educational Provision and Related Activity at FECs and NECs (AOG), taking into consideration feedback from its members, representatives from Trade Unions and learners. The AOG includes representatives from the Department for Economy (DfE), the FECs and NSCs, Trade Unions and advisors including the Department's Quality Improvement Advisor and the Educational and Training Inspectorate.
28. The guidance outlined within this document is underpinned by the Principles developed for the Safe Resumption of On-site Educational Provision and Related Activity (attached at **Annex A**), PHA guidance for FECs and NSCs and the specific issues with which providers are faced. The AOG has also reviewed and taken into consideration, where appropriate, relevant guidance published for the Further Education sector by English, Scottish and Welsh governments, and for schools by the Department of Education in Northern Ireland (DE).

Aims

This section outlines what the intended benefits of this guidance are for providers and staff. It is a useful summary of how it will support users. It also discusses the realities of applying the guidance, making clear what is unreasonable to expect from, and what is not expected of providers.

29. The AOG's overarching objective is to ensure that appropriate plans are developed and implemented by providers so that educational provision and related activity can safely resume for both staff and learners at the earliest opportunity.
30. This document aims to give providers a framework to support the completion of necessary risk assessments and the development of the policies and procedures required to ensure that all reasonable measures are taken to minimise and reduce the risk to staff and learners. Through this, it aims to:
 - A. build trust, confidence and understanding that all stakeholders are working together to place safety first;
 - B. ensure that staff are advised and Trade Unions consulted on the updating of risk assessments and development of new risk assessments for all activities and spaces;
 - C. ensure that staff and local representatives from Trade Unions are consulted on plans to return, whilst acting in the best interests of learners at all times;
 - D. ensure that staff and Trade Unions are aware of implemented control measures to minimise and mitigate the risk of the virus spreading within provider settings;
 - E. ensure that additional safeguarding measures are in place to protect staff and learners and those who live with people who are defined as clinically extremely vulnerable or clinically vulnerable;
 - F. provide clarity for providers and users on the type of delivery that will take place when on-site educational provision and related activity resumes;
 - G. ensure that high standards of hygiene and SSOW are promoted, and implemented across all provider premises; and
 - H. ensure providers develop plans relating to hygiene, social distancing, use of additional PPE, reporting of concerns and self-isolating, and promote them to all stakeholders.

31. This document recognises that:
- A. no protective measures can completely eliminate the risk of contracting COVID-19;
 - B. it is neither practical, nor indeed would it be helpful, to be prescriptive about the arrangements that every provider must follow – flexibility will be key to facilitate planning by providers that best meets local circumstances;
 - C. there will not be a 'one size fits all' model in all providers for all learners. Providers should aim for as much consistency as possible so that learners in different settings have the same opportunities to continue and progress in learning;
 - D. resumption of a 'normal' programme of learning from the outset may not be possible for some learners. Providers should consider how the needs of such learners will be addressed; and
 - E. COVID-19 guidance and social distancing may lead to new methods of delivery including the use of online learning. Providers should use their professional judgement to decide the best combination of approaches.





How to use this guidance

This section summarises the responsibilities of providers using this guidance in one section. It is **strongly recommended** providers refer back to this section when they need to.

32. Providers have a responsibility to:

- A. undertake suitable and sufficient risk assessments;
- B. assure themselves that the employers and placement providers have appropriate health and safety measures in place to ensure that the level of COVID-19 related risk to learners on training/ apprenticeship, as well as any staff undertaking workplace assessments or monitoring visits, has been appropriately mitigated; and
- C. observe the advice relating to COVID-19 from the Chief Medical Officer for Northern Ireland, in line with the Coronavirus Act 2020.

33. In addition they must:

- A. adhere to the Principles for the Safe Resumption of On-site Educational Provision and Related Activity;
- B. follow their existing health and safety and other legal obligations; and ensure that all related and relevant policies and procedures, including but not limited to providers' safeguarding policies, e-safety policies, health declarations etc. are updated when and where relevant. This guidance cannot support providers in these responsibilities. Providers must be aware of their existing obligations as they apply this guidance.

34. To meet these responsibilities, providers should:

- A. have, and update, their critical incident and business continuity plan, in line with best practice, that will inform actions and communications should situations relating to COVID-19 arise;
- B. develop their own policies, procedures and related material for the resumption of on-site educational provision and related activity that incorporates the principles and expectations set out in this guidance, and that meets the needs of their respective learner communities.
- C. ensure policies, procedures and related materials include:

- agreed risk assessments which take into consideration the full range of provider activities and learners;
 - specific agreed policies and procedures to mitigate the risks identified, e.g. social distancing, cleaning, sourcing and deployment of additional PPE and COVID-19 incident response policies and procedures;
 - updating or adopting best practice in existing policy and procedures;
 - materials which identify and set out how providers have overcome challenges with, and have assessed the financial implications of, the mitigations identified;
 - business readiness assessments;
 - agreed staff and learner guides;
 - agreed provider communications plans for staff as well as current and prospective learners;
 - operational scenarios for the resumption of on-site delivery and related activity, including a phased return approach if required;
 - confirmation that the required practical changes have been implemented within the provider's sites; and
 - consideration of the financial implications of any revised delivery models and anticipated additional costs associated with the implementation thereof.
- D. develop these policies, procedures and related materials in close engagement and partnership working wherever appropriate between:
- management teams
 - lecturers
 - parents/guardians
 - student union/learner representatives
 - governing bodies
 - tutors
 - carers
 - other external stakeholders
 - Trade Unions
 - support staff
 - learners
- E. consult Trade Unions on the development of risk assessments and mitigation measures used across provider premises where appropriate and in accordance with relevant existing legislation and guidance

35. Local plans should be clearly and regularly communicated to the staff and learners. This is vitally important given the expectation that educational provision may look different in settings across Northern Ireland.

Consultation

This section highlights the need to consult with staff, learners and other relevant stakeholders at an early stage and meet existing consultation commitments when developing re-opening plans. It also highlights the benefits of doing so.

36. This guidance does not replace the need for consultation arrangements at a local level.
37. Providers must engage with relevant locally elected Trade Union representatives and staff in the spirit of openness and social partnership to discuss and work through proposals for staff and learners to return to providers' premises. Providers should endeavour to ensure that local Trade Union representatives have enough facility time to deal with the consultation requirements. In the absence of a relevant locally elected representative, contact should be made with Trade Union officers to encourage local representation. Whilst many staff will welcome the opportunity to return to their normal workplace, providers should recognise that others will feel very anxious about this. Involving staff and their representatives in the development of plans will help to reassure staff and it will also help them adapt to the inevitable changes of practice. A transition to new ways of working is inevitable and this guidance document is designed to help staff working for providers to understand and adapt to the 'new normal' moving forward.
38. In addition to staff, learners are one of the providers' key stakeholders. Providers must ensure that they engage with learners in a meaningful way to understand and, where possible, address their concerns. Providers should consider engaging with learner representatives such as Student Unions as a means to facilitating this consultation.
39. Consultation with other relevant stakeholders including sub-contracted providers and other services remains a valuable tool to support planning. It also provides local context that might otherwise be missed. Providers may wish to consider how consultation with these organisations can support the development of their policies and procedures.
40. Providers must ensure that measures put in place as a result of any consultation process remain compliant with the latest PHA advice.



Risk assessments

Risk assessments must be undertaken and acted on before reopening premises for staff and learners. This section contains vital information on responsibilities related to preparing and undertaking these risk assessments.

This section outlines:

- the providers' duty of care;
- what a 'close' contact is – a new, key consideration for COVID-19 risk assessments;
- how and when to undertake a risk assessment, and who should be doing it; and
- what to do after the risk assessment.

A summary of these matters has been provided below – it is **strongly recommended** this is used only as a reference or general guide and the full text of the guidance is referred to as needed. This summary does not cover other existing and local responsibilities.

Risk assessments **must**:

- take into consideration relevant guidance on carrying out risk assessments published by the Health & Safety Executive:
[Risk assessment during the coronavirus \(COVID-19\) pandemic \(hse.gov.uk\)](https://www.hse.gov.uk/covid19/)
[Example risk assessment for COVID-19 in workplaces. Health and Safety Executive Northern Ireland \(hseni.gov.uk\)](https://www.hseni.gov.uk/)
- take into consideration specific COVID-19 related government and industry issued workplace guidance;
- be undertaken and updated in respect of all groups of individuals visiting (e.g staff, learners, visitors and contractors), and activities conducted on, premises. Activities conducted off-site for which the providers are responsible must also be risk assessed;
- be completed and signed off by a competent person;
- include all identified COVID-19 hazards, including risks that may impact on specific groups such as clinically extremely vulnerable and clinically vulnerable persons, BAME groups and pregnant women;
- include the use of communal and social spaces;
- consider the need for appropriate additional PPE and/or other mitigations;
- adopt the 'hierarchy of control measures' when deciding control measures;
- be used to develop clear SSOW that:
 - are for each relevant workspace or activity;
 - are communicated to staff and learners; and
 - define appropriate measures to be taken in the event of a breach by a member of staff or learner;
 - be published and available to staff before any return to the workplace.

Risk assessments should:

- be kept simple and accessible;
- be developed in consultation with Trade Union health and safety representatives; and
- be frequently monitored, reviewed and updated in line with any changes in government or public health guidance (including control measures).

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41. Providers have a duty of care towards their staff, learners, contractors and other visitors to the premises, to take reasonable precautions to not expose them to unnecessary risk.
 42. The risk of the disease being transmitted is higher:
 - A. the closer the contact;
 - B. the greater the exposure to respiratory droplets (e.g. from coughing); or
 - C. the longer the duration of the contact.
 43. A **'close'** contact is a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic up to 10 days from onset of symptoms (this is when they are infectious to others). For example, a contact can be:
 - people who spend significant time in the same household as a person who has tested positive for COVID-19
 - sexual partners
 - a person who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:
 - being coughed on
 - having a face-to-face contact within one metre
 - having skin-to-skin physical contact, or
 - contact within one metre for one minute
 - a person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes (either as a one-off contact, or added up together over one day)
 - a person who has travelled in a vehicle with someone who has tested positive for COVID-19

Where an interaction between 2 people has taken place through a Perspex (or equivalent) screen, this would not be considered sufficient contact, provided that there has been no other contact such as any of those indicated above.

Further guidance can be found at: [Guidance for contacts of people with confirmed coronavirus \(COVID-19\) infection who do not live with the person \(www.gov.uk\)](https://www.gov.uk/guidance/guidance-for-contacts-of-people-with-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person)

44. This is the PHA definition of close contact applied locally and should be used in the assessment of all risks across all environments. This includes situations where the level of risk is significant and face-to-face contact may need to take place (e.g. a training salon, restaurant or workshop) and situations where the risk is significantly less (e.g. limited numbers of people walking through learning spaces to go to the bathroom/toilet).



45. Risk assessments must be updated in respect of all individuals visiting (e.g staff, learners, visitors and contractors), and activities undertaken on, premises and include COVID-19 specific considerations. Activities conducted off-site for which the providers are responsible must also be risk assessed. Following the completion of risk assessments, clear SSOW must be developed and communicated to staff and learners for each relevant workspace and/or activity.
46. Risk assessments must be completed by a competent person and Trade Unions should be consulted on all risk assessments through relevant local Trade Union representatives. Where a recognised Trade Union does not have local representation, the provider should work with the Trade Unions to encourage local representation.
47. Risk assessments should be kept simple and accessible and consider individual settings to ensure that health and safety legislation and guidance is fully adhered to. Individual settings includes the use of active communal and social spaces such as:
 - A. refectories and catering outlets;
 - B. learner recreational facilities;
 - C. learning resource centres;
 - D. corridors;
 - E. bathrooms/toilets; and
 - F. any facilities that are used by members of the public.
48. Providers of vocational education and training use a range of facilities to support delivery including a number of specialist workshops and environments including science laboratories, kitchens and construction and engineering workshops. It is recognised that since these environments are primarily used to deliver vocational skills training it may not be possible to perform tasks while maintaining social distancing between lecturers/tutors and learners and between learners. They also make use of specialised equipment and tools that may be used periodically by other learners/groups. It is also recognised that staff and learners also interact with members of the general public in a number of environments including, but not limited to, hairdressing, barbering, beauty salons and restaurants. Providers must keep a watching brief on relevant government and industry issued workplace guidance and adhere to it as and when it becomes available. This information must inform risk assessments and control measures introduced. Risk assessments must be carried out for these environments to assess the type of tasks and how these can be undertaken safely.
49. Where risk assessments are made against particular activities, they must also consider the nature of the activity and numbers of staff and learners involved.
50. Providers must establish a process for signing off COVID-19 risk assessments and SSOW, led by a suitably competent member of staff. In deciding on the control measures the competent person must always adopt the hierarchy of controls approach set out in the management of health and safety regulations. These have been provided overleaf:



The Principles of the Management of Health and Safety at Work Regulations 1999 – a hierarchy of control measures

- A. avoiding risks;
- B. evaluating the risks which cannot be avoided;
- C. combating the risks at source;
- D. adapting the work to the individual, especially as regards:
 - the design of workplaces;
 - the choice of work equipment; and
 - the choice of working and production methods, with a view, in particular, to alleviating monotonous work and work at a predetermined work-rate and to reducing their effect on health;
- E. adapting to technical progress;
- F. replacing the dangerous by the non-dangerous or the less dangerous;
- G. developing a coherent overall prevention policy which covers:
 - technology;
 - organisation of work;
 - working conditions;
 - social relationships; and
 - the influence of factors relating to the working environment;
- H. giving collective protective measures priority over individual protective measures; and
- I. giving appropriate instructions to employees.

-
51. Risk assessments must be acted on. Providers must ensure that;
 - A. SSOW are in place;
 - B. staff and learners are instructed to adhere to the published SSOW; and
 - C. appropriate measures are taken where any breach by a member of staff or learner is identified.
 52. All signed off risk assessments and SSOW that affect more than 50 people must be published and made available to staff before they are expected to return to their workplace with learners. Providers may wish to publish risk assessments on their website, staff intranet or shared drive.
 53. Risk assessments should be frequently reviewed and, where necessary updated, to ensure they continue to capture all risks, remain relevant and that any changes in government or public health guidance are incorporated into control measures. Providers should also ensure frequent monitoring and review of preventative and protective measures to ensure they are working and to take action to address any shortfalls. This should involve a robust feedback loop between employers and trade unions to identify what measures are working, identify and implement refinements and remedial actions where possible and identify any gaps remaining.
 54. In all cases, if the provider cannot assure itself that staff and learners will be safe, learning delivery must not continue.



55. Providers are expected to have in place robust processes to ensure compliance with COVID-19 rules and requirements. The provider's behaviour policy, including DfE Operational Requirements for TfS and Apprenticeships, and codes of conduct should be reviewed to ensure that they cover COVID-19 related incidents and should make provision for the provider to be able to take action to protect others when staff or learners wilfully refuse to adhere to their provider's COVID-19 related risk mitigation arrangements.



Social distancing

This section details social distancing – a key concept to understand when developing clear SSOW using this guidance. Social distancing will apply to everyone on-site and so this section provides useful information for everyone on what is expected of them and how they can be supported.

By the end of this section, providers should know who social distancing applies to, and the areas in which social distancing must be observed.

56. Social distancing has been introduced across all areas of society in order to restrict the transmission of the COVID-19 virus. Social distancing will remain a requirement for all providers as they prepare to resume on-site educational provision and related activity.
57. Social distancing measures fall into two broad categories:-
- A. increasing separation; and
 - B. decreasing interaction.

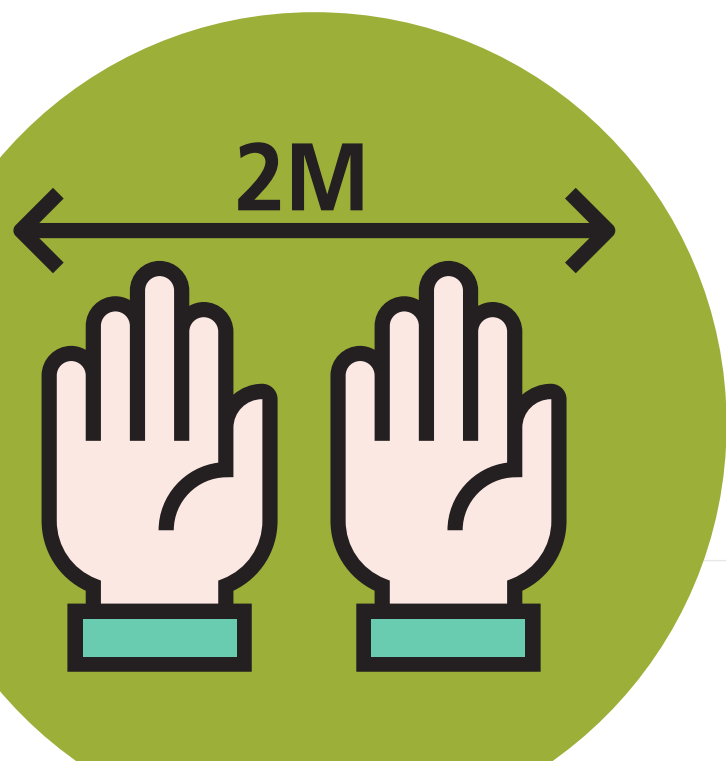
Each of these are addressed in their own sections below.

58. Social distancing applies to:
- A. staff;
 - B. learners;
 - C. parents and guardians;
 - D. carers;
 - E. members of the general public;
 - F. external contractors or delivery people; and
 - G. any others who may attend provider premises.

It is essential that all these groups are taken into consideration. Special considerations apply to those who are clinically extremely vulnerable or those who are clinically vulnerable.

59. Social distancing should be considered in all relevant areas, including:
- A. classrooms;
 - B. IT suites;
 - C. workshops and other vocational learning environments;
 - D. indoor and outdoor spaces;
 - E. spaces not used for learning and teaching; and
 - F. areas where staff and learners may congregate.

60. 'Spaces not used for learning and teaching' should consider:
- A. staff rooms;
 - B. work rooms;
 - C. offices;
 - D. kitchens; and
 - E. corridors;
 - F. bathrooms/toilets .
61. 'Areas where staff and learners may congregate' should consider:
- A. locker and changing rooms;
 - B. foyer areas;
 - C. social spaces;
 - D. refectories and catering outlets;
 - E. staff rooms;
 - F. supply rooms;
 - G. learning resource centres;
 - H. salons;
 - I. caretaker/facilities management areas.
62. The measures required to implement and enforce social distancing will look different across the diverse range of learner groups that attend provider premises including adult learners, those undertaking TfS, apprentices, businesses, school pupils attending FECS and those learners with learning difficulties and disabilities.
63. Provider settings should implement measures including delivery models with a view to being able to change them. Any increased social distancing restrictions must be acknowledged and applied as soon as possible. Should easements in social distancing restrictions arise, a competent review will ensure the maximum benefit to on-site learning is gained as early as possible.



Increasing separation

This section provides information about how increasing separation between individuals contributes to social distancing.

By the end of this section, providers should know:

- A. the role they have to play in increasing separation between individuals on their premises;
- B. how they can increase separation between individuals through:
 - providing sufficient floor area in indoor and outdoor areas;
 - updating relevant policies such as behaviour policies;
 - understanding where increasing separation might be challenging; and
 - applying additional mitigation measures in these cases;
- C. a range of practical advice on increasing separation including in relation to:
 - room layout and setup;
 - floor markings;
 - removing unnecessary items;
 - considering appointments and waiting areas;
 - making best and flexible use of existing spaces; and
 - important matters that should not be overlooked, such as the ability to safely access hand washing facilities and evacuation procedures.

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64. The requirement for increasing separation reflects precautionary judgements based on public health advice at the time of writing. The PHA currently advises that **2 metres** is the optimum distance for physical separation. It is therefore the expectation that staff and learners on provider premises should be supported to stay **2 metres** apart. As the situation evolves, such requirements may be amended or eased.
 65. Providers should configure their learning and non-learning environments to maintain **2 metres** separation between staff, between learners and between learners and staff.
 66. If staff and learners cannot maintain **2 metres** separation, other mitigations to reduce the risk of spreading COVID-19 must be implemented. These mitigations may include the use of additional PPE, perspex screens etc. Face coverings **MUST** be worn whilst on campus, including situations where the 2 metres social distance can be maintained, unless an exemption as per agreed College procedures has been agreed or whilst working in a single person room/environment. The use of these mitigations does not, however, replace the need to maintain **2 metres** separation when and wherever possible. The appropriate mitigations will be defined through risk assessments.

67. Please note, there is no hierarchy of protective measures that are better than others. It should, however, be noted that visors are not effective protection for preventing droplets entering the wearer's nose and mouth, or for preventing droplets leaving the wearer's nose and mouth and infecting the people they come into contact with. They are therefore not an effective alternative to a face covering. Visors are only effective protection for the wearer's eyes. There is a small, real risk that someone may be infected through their eyes, however the majority of infections are spread and contracted through an individual's nose and mouth therefore their nose and mouth must be covered for protection. Both the nose and mouth must be covered – one or other is not sufficient.
68. It is recognised that in some environments primarily used to deliver vocational skills training, it may not be possible to perform tasks while maintaining **2 metres** separation between staff and learners and between learners. It is also recognised that providers also interact with members of the general public within a number of environments including, but not limited to, hairdressing, barbering and beauty salons. Providers must keep a watching brief on relevant government and industry issued workplace guidance and adhere to it as and when it becomes available for specific advice about social distancing, and other mitigations required in this regard.
69. Interactions in breach of the **2 metres** guidance should be avoided wherever possible. However, brief and necessary actions where one way systems are not possible, e.g. limited numbers of people walking through learning spaces to go to the bathroom/toilet are considered low risk and are permissible. Use of floor markings in relevant spaces may help minimise the extent of such encroachments.
70. Every effort should be made to support all persons on any premises to continue to observe the **2 metres** separation requirement in outdoor spaces, including smoking shelters.
71. PHA has advised that where there is a positive case of COVID-19, their Test, Trace and Protect contact tracing service will conduct a risk assessment on all of the contacts of the positive case. This risk assessment process uses the criteria recorded in the definition of a 'close' contact which includes consideration of the separation distance between individuals and the use, or otherwise, of mitigation measures such as face coverings and additional PPE as a risk assessment measure. Those people who are assessed as 'close' contacts will be contacted directly by the PHA, or the StopCOVID NI App and advised to take the necessary precautions including to self-isolate for the required length of time. Please note, the FECs have agreed a separate process for identifying, reporting and contacting 'close' contacts of cases in the FECs. Please see the Test, Trace and Protect section of the Guidance, as well as Annex B, for more information about this separate process and all providers' responsibilities regarding the Test, Trace and Protect process and positive cases of COVID-19 at their premises.
72. The provider's behaviour policy, including DfE Operational Requirements for TfS and Apprenticeships, and codes of conduct should be reviewed to ensure that they cover COVID-19 related incidents and should make provision for the provider to be able to take action to protect others when staff or learners wilfully refuse to adhere to the **2 metres** separation arrangements.

Practical Approaches to Increasing Separation – Use of Indoor Spaces

It is important to note that these are intended as high-level descriptions of potential practical approaches. They are not intended as a checklist of approaches and should not be treated as such.

73. Separation requirements will determine how many staff and learners can be physically accommodated in any learning or non-learning environment.
74. Providers should consider the following practical approaches to ensuring the effective implementation of increasing separation strategies.
75. The complexities of implementing these approaches in different teaching environments is not underestimated. The impacts of different approaches on staffing requirements, the challenges inherent in increasing separation for certain groups (e.g. SLDD/SEN groups) and other key issues all require careful consideration to ensure successful implementation:
 - A. where learners can reasonably be expected to maintain **2 metres** separation, the layout of defined learning spaces, training environments and non-teaching areas (e.g. classrooms, laboratories, workshops, IT suites, sports gyms/fitness suites, social areas, refectories/catering outlets) should be rearranged to support this. Please note, Department of Education guidance advises NI schools that all pupils should be seated facing the same way as far as possible. However due to the range of settings in the FE and NSC sectors this may not always be possible, and room layouts such as back to back seating arrangements may be required. Forward facing or back to back seating arrangements do not provide protection against COVID-19, and **2 metres** separation between individuals is required;
 - B. **2 metres** separation should also apply in other areas including staff rooms, work rooms, social areas, corridors, communal areas and offices. Where **2 metres** separation cannot be maintained providers should consider other mitigation measures including screening. Face coverings **MUST** be worn whilst on campus, including situations where the **2 metre** social distance can be maintained, unless an exemption as per agreed College procedures has been agreed or whilst working in a single person room/environment;
 - C. while this advice is not part of current PHA regulation, providers may wish to consider physical markings between each seating position to provide clarity to staff, learners and visitors. Floor markers may also be considered to ensure learners and staff queue apart from each other in areas;
 - D. for discrete SLDD groups who may find the concept of social distancing difficult and be unable to maintain **2 metres** separation from each other, consideration may be given to how to create zones within facilities to maintain small groups of learners which will promote and support the advised separation guidelines. Removing or reducing interactions between SLDD groups and others will also support their safety given their potential additional vulnerability (see Decreasing Physical Interaction section below for more information). In these circumstances, consideration should be given to the allocation of resources to the same small group, rather than sharing across groups. Please note, despite potential difficulties in doing so, SLDD learners must always be encouraged and assisted to maintain the advised **2 metres** separation between individuals;

- E. careful consideration should be given to the removal of unnecessary items in all defined learning spaces, training environments, circulation spaces and non-teaching areas to maximise capacity, decrease the number of items requiring cleaning and support easier physical separation. Utilisation of existing waste management arrangements may be considered to dispose of any surplus items, unwanted material or defunct equipment to promote space availability and hygiene;
- F. to provide capacity to accommodate **2 metres** separation approaches, a flexible approach to the use of all existing spaces within the usual setting may be taken. Lecture theatres, exams halls and indoor sports spaces may be utilised as learning and teaching areas to either accommodate part classes working remotely or to relocate whole class groups to larger spaces;
- G. the health and well-being of learners and staff and the provision of positive learning and teaching environments is paramount when repurposing any space to provide additional capacity;
- H. booking systems and restricted waiting rooms should be considered for anyone using training restaurants and hairdressing, barbering and beauty salons;
- I. ensure that any **2 metres** separation measures still allow for hygiene measures to be implemented;
- J. safe and practical access to bathrooms/toilets and hand-wash facilities should be considered. Providers should decommission every other toilet cubicle, urinal and hand basin, if they are side by side, to promote **2 metres** separation between individuals. Signage should be prominent to encourage people to wash their hands immediately with soap and water for the appropriate length of time especially after using the toilet. Air hand-dryers should also be decommissioned as they can contribute to spreading COVID-19. Disposable paper towels should be used to dry hands instead. Note there will be an increased demand due to the increased frequency of hand washing; and
- K. there are benefits to keeping learners on-site during breaks to reduce physical interaction but **2 metres** separation requirements will be particularly demanding in refectories/catering outlets. All seating arrangements in refectories/catering outlets on provider premises must be organised to promote social distancing when eating. Consideration may need to be given to permitting learners to eat in classrooms or other designated areas, including outside areas, where the refectory/catering outlet is unable to accommodate staff/learner numbers safely.

Evacuation Procedures

- 76. If the layout of the premises is changed, or circulation routes or entry/exit points are altered, consideration should be given to reviewing evacuation procedures (e.g. in the event of a fire or other incident).
 - A. evacuation routes and assembly points should also be considered to ensure appropriate **2 metres** separation arrangements are maintained between individuals as far as practically possible. This should be included as part of the risk assessment for the premises.
 - B. evacuation arrangements for learners with personal emergency evacuation plans, a physical disability or with complex needs should be reviewed in light of any changes, including access to specialist evacuation equipment, availability of trained staff and individual arrangements.

Decreasing physical interaction

This section details decreasing **physical interaction** – a key concept to understand when developing clear, SSOW using this guidance. Decreasing physical interaction is about reducing the amount of contact people have with each other at all.

This advice is aimed at providers, who will be using it throughout the planning process and to developing the working practices. However these measures will affect everyone.

By the end of this section, providers should know:

- A. how decreasing physical interaction supports social distancing;
 - B. the role of delivery models in reducing physical interaction, including;
 - different types of model (face-to face, online, alternating);
 - the 'who, which, where, when, why' principle when applying a delivery model to learners; and
 - what should be considered in a delivery model;
 - pastoral support
 - tutorial support
 - ICT support
 - safeguarding
 - careers education, information, advice and guidance
 - teaching and learning delivery.
 - C. a range of practical measures that enable physical interaction to be reduced, including;
 - staying on-site;
 - timetabling timetabling start, break and meal times;
 - limiting lecturer/tutor and/or learner movement;
 - limiting learners' time on premises;
 - one-way systems;
 - outdoor spaces and external circulation;
 - timetabling and soft changeovers;
 - signage/communication;
 - drop off/pick up;
 - travel; and
 - social time and dining.
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77. In addition to increasing separation between individuals, the spread of the virus can be minimised through reducing the number and frequency of physical interactions between them. It is in this context that providers need to consider the numbers of staff and learners coming on-site on any one day. This begins with defining delivery models.

Delivery Models

It is recognised that providers must address the needs of a diverse range of learners of all ages. Providers should therefore adapt a **flexible approach** to curriculum delivery while providing the best possible delivery to all learners. This may include the use of new delivery models across a wide range of programmes. Examples of delivery models that should be considered are defined as follows;

- **'Face-to-face' delivery** – lecturer/tutor led delivery to learner group in a classroom environment where social distancing may be maintained.
- **'Online learning' delivery** - remote learning using synchronous and asynchronous methods with teaching materials and assessments published on internal or external virtual learning environments.
- **'Alternating model'** – This model makes use of a combination of both 'face-to-face' and 'online' delivery models and can include a phased or staggered approach to attendance. While this is very often referred to as blended learning, in this context the use of the term alternating signifies the need to combine face-to-face and online delivery. This will result in learner groups being split, with one portion coming on-site for limited periods of lecturer/tutor led engagement in classrooms and the other portion of the group engaging in structured online activity. The learner groups then alternate. The period of **alternating** activities across each group will vary.

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78. Where **alternating** delivery models are used and the same curriculum is offered on multiple sites, providers should maximise the opportunity to structure online solutions for multiple class groups across campuses/premises (using one lecturer/tutor) thus ensuring consistency of delivery, reducing duplication within teams and ensuring more effective use of the face-to-face element of delivery.

79. Providers may implement one or more of the above delivery methods as they see fit, and, as the situation develops, the right delivery method for the task may be subject to change.

In deciding the most appropriate method of delivery providers should consider the following:

- **who** the learners are (their characteristics and learning needs);
 - **which** learners are suitable to undertake elements of remote learning and which require face-to-face delivery;
 - **where** in the provider premises the learner needs to be;
 - **what** the learner needs to do to progress in their learning including skills development opportunity and assessment; and
 - **when** the learner needs to attend provider premises.
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80. When considering which delivery model(s) to use, providers should consider how the transition from COVID-19 related restrictions will affect different cohorts of learners, courses and staff. Some may require more support than others in responding to issues linked to COVID-19.
81. Depending on the learner's needs and the provider capacity, delivery models should consider/ include the following elements:
- A. a learner's ability to access, and progress via, online learning;
 - B. the proactive provision of ICT support to ensure that the learner is capable, comfortable and confident in using online learning platforms and other technologies required for remote learning;
 - C. tutorial support to check how the learner is engaging with online/remote delivery and that they understand what is expected of them, and to give feedback on their work;
 - D. pastoral support, including mental health, mentoring and wellbeing check-ins. Provision of this support should recognise that there are some learners who will require additional support in this area (e.g. vulnerable learners) and that there may be those who are uncomfortable accessing services such as these online, either because of privacy limitations, or because they prefer face-to-face support;
 - E. safeguarding support, guidance and monitoring;
 - F. advice and guidance on next steps in learning and/or employment;
 - G. where feasible, learning delivery on a small group basis supplemented by online synchronous and asynchronous support;
 - H. Use of learner analytical data, where available, including: engagement and monitoring data (e.g. monitoring of online 'attendance', use of analytics data where relevant); and
 - I. Seeking feedback from staff and students on any barriers to learning or wellbeing that are being experienced.
82. Providers should also ensure that decisions regarding delivery models maximise face to face learning to the extent possible at any time, however are easily reversed if required. If staff or learners need to self-isolate, the provider is required to close, or national or local restrictions affect certain industries or require staff or learners to remain at home, where possible, providers should have contingency plans in place and the capacity to offer, and learners have the ability to access, immediate, appropriate and high quality remote learning.
83. Where Delivery Models do change, providers should endeavor to inform relevant stakeholders as promptly as possible, acknowledging the circumstances providers are in, and the notice period they themselves have been provided.
84. In addition to the application of different delivery models, providers should consider practical approaches to ensuring physical interaction is kept to a minimum. Some approaches to timetabling, circulation of learner populations and transitions during the day that providers should consider include:
- A. **staying on-site** – Learners should be encouraged to remain on-site for meals wherever possible, to minimise unnecessary interactions with others off the provider premises;
 - B. **timetabling** – Start, break and meal times – Staggered start times, breaks and meal times to reduce interactions between different groups of individuals as much as possible, manage capacity and reduce queuing should be considered. Providers should consider changes to timetabling

in conjunction with the availability and timetabling of public transport links, with particular consideration for learners who live in rural areas with limited public transport connections;

- C. **limiting lecturer/tutor and/or learner movement** – Reducing the amount of learner circulation minimises interactions with other groups of learners as much as possible and contact with frequently touched surfaces such as door handles which can help reduce virus spread. While recognising that learner groups will need access to many different teaching environments, timetabling should reduce the number of movements by learners in a day, and minimise the need for large learner group transits. It may be beneficial to keep learner groups in one location and have lecturers/tutors move to them, however consideration may need to be given to supervision of learners and security of classrooms as lecturers/tutors move between them.
- D. **limiting the time learners spend on provider premises** – Consideration should be given to timetabling course delivery with a minimum of gaps between classes. Reducing gaps in learner group timetables minimises contact with frequently touched surfaces, reduces the need to use social areas to wait between classes and provides an additional control in expected numbers using refectory and catering outlets. A 'big block' timetable approach to delivery of units/modules reduces the number of transitions in the day. This also allows for more in-depth learning and teaching without disruption and reduces the amount of set-up and clean-up time in practical subjects;
- E. **one-way systems** – Providers should make every effort to manage learner and staff circulation by adopting one-way systems within corridors and stairs. This may help avoid bottlenecks and ease travel around premises;
- F. **external circulation** – Increasing the use of outdoor spaces to move between parts of the building would reduce the density of use of the internal areas and also provide some movement and fresh air. Increasing the use of outdoor spaces as learning environments could link with this strategy and the addition of sheltered areas could serve as expanded social zones during breaks. Safety in all weathers and security issues would require to be considered in each location;
- G. **timetabling and soft changeovers** – the volume of traffic between classrooms and workshops can be better controlled by both staggering start and finish times to control the amount of learners moving between classes at a given time and by allowing a degree of flexibility on class start and finish times that reduces the pressure for everyone to move as a block and reduces the intensity of flow between rooms;
- H. **signage/communication** – appropriate signage combined with other communication about the system adopted may need to be introduced. Providers should ensure that this includes appropriate and consistent messaging about those individuals that should not attend provider premises;
- I. **drop off/pick up** – the arrangements for parents/guardians and carers to drop off and collect learners requires consideration, to ensure that gatherings of people can be avoided and social distancing maintained. Parents/guardians and carers should not enter provider buildings unless required. Some approaches that providers may consider include the following:
 - staggered start times, so that not all learners arrive on-site at one time;
 - whether it would be beneficial to open additional access points (where available) to reduce congestion;

- where learning spaces can be accessed directly from outside, encouraging this, to decrease the use of shared circulation spaces and unnecessary interactions between individuals;
 - where learners go as they arrive on-site. Many learners travel to provider premises from outlying areas using public transport and may arrive up to an hour before classes begin. In these instances, consideration should be given to permitting learners to move directly to their classroom/workshop or have designated social areas set up where social distancing could be maintained;
 - signage and markings in car parks to encourage speedy drop off and pick up and discouraging gatherings and
 - Particular consideration should be given to the arrangements for parents/guardians or carers of learners with complex needs or disabilities, who may normally drop the learner off within the provider building and therefore need to enter the provider building.
- J. **travel** – It is recognised that providers may operate across multiple sites and very often this involves staff travelling to and from sites. Providers should, where possible, minimise such travel and encourage the use of technology to support work related activity. Where travel is unavoidable staff should be encouraged to travel separately.
- K. **social time and dining** – Numbers will naturally be less than usual if staggered meal and break times are implemented and remote working continues, and consideration should also be given to encouraging staff to take breaks and meals at their desks.
- L. **toilet facilities** – Providers should decommission every other toilet cubicle, urinal and hand basin if they are side by side to facilitate social distancing and providers should consider how to limit the number of people within facilities with multiple stalls/urinals e.g. with signage on the door instructing users to wait outside if they find that the facilities are occupied.



Sourcing more space

This section provides guidance for providers who wish to **source more space**, which may assist them in meeting social distancing requirements. This advice is aimed at providers, who will be using it throughout the planning process and to develop the working practices. However these measures will affect everyone.

By the end of this section, providers should know:

- which additional premises they may wish to consider using; and
 - matters to consider should additional spaces be sourced.
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85. In addition to maximising safe use of existing spaces, consideration may also be given to gaining access to additional spaces on a short term basis, to expand the opportunities to achieve social distancing standards and otherwise meet the demands of recommencing safely. This could include use of conveniently located public, private or third sector estate. For example, there could be opportunities to use council office space, libraries, leisure centres or cultural venues.
86. While gaining access to such alternative spaces may bring advantages, they will bring their own issues around transport, safeguarding, and ensuring a hygienic and generally safe and positive learning environment. These challenges should be identified and balanced with benefits as part of the provider's decision making process in approving use of such facilities.
87. Consideration of the use of outdoor spaces may also be appropriate at certain times of the year where weather permits. Safety in all weathers and security issues would require to be considered in each location.
88. NSCs should note that Commercial Services Branch Contract Managers are required to inspect any new proposed premises for Apprenticeships and TfS programmes prior to commencement of delivery there, and make appropriate arrangements for them to do so.

Communication

This section discusses the value of effective communication, and provider responsibilities.

A provider must:

- share and consult on top level plans at an early stage with staff and local Trade Union representatives;
- provide regular updates as planning develops.

A provider should:

- assure learners as well as parents/guardians and carers;
 - follow the considerations for good communication;
 - implement an induction and orientation procedure, or review the existing one; and
 - make clear the channels of communication through which staff, learners, student associations, trade unions, parents/guardians and carers can raise concerns about the implementation of safety measures in individual settings.
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What follows is practical advice to meet these requirements and recommendations.

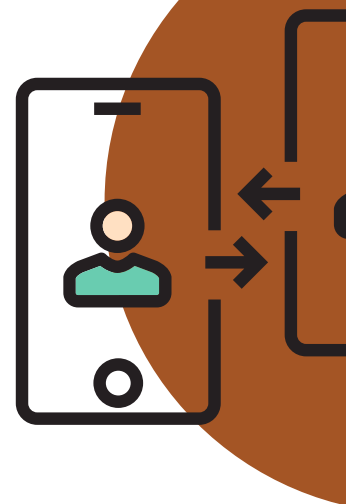
89. Regular communication will assist in preparing the workforce, learners, parents/guardians, carers and visitors for the resumption of on-site educational provision and related activity and provide reassurance that measures recommended in workplace risk assessments have been implemented. This is particularly important for staff and learners who may be reluctant or anxious about returning such as those who are clinically extremely vulnerable or clinically vulnerable, or those living or caring for individuals who are. Communication should be via a range of media to ensure high levels of awareness among staff, learners, parents/guardians, carers and visitors, including external contractors, both before arrival on the premises and while on site.
90. Providers must share and consult on top level plans at an early stage with staff and local Trade Union representatives to support effective employee engagement. Regular updates must be provided; however, it is noted that circumstances can alter quickly and urgent decisions may need to be taken by management in light of government directives.
91. The main concerns for parents/guardians and carers are likely to be the safety and wellbeing of their children in provider premises as well as practical considerations on how the new arrangements will work and how providers will ensure the safety of learners during placements. As well as communication about their learning and how that is delivered, learners must also be reassured that support services are available, and that measures are in place to enable them to access these services safely in person and/or online according to their preference. Providers should consider the use of learner representatives such as Student Unions or other forums to promote effective communication and feedback on these matters.

92. Providers should make clear the channels of communication through which staff, learners, student associations, trade unions, parents/guardians and carers can raise concerns about the implementation of safety measures in individual settings.
93. The following considerations will inform good communication:
- A. Providing as timely communication as possible regarding changes or updates to restrictions, guidance, policies, procedures, and controls, acknowledging the circumstances providers are in, and the notice period they themselves have been provided;
 - B. PHA advice in relation to COVID-19 symptoms and how to respond to a suspected or positive case on the provider premises;
 - C. PHA advice in relation to clinically extremely vulnerable and clinically vulnerable individuals and groups (both staff and learners);
 - D. social distancing, personal hygiene and respiratory hygiene requirements;
 - E. promotion and use of the StopCOVIDNI App;
 - F. capability to support online and blended learning;
 - G. capability of learners to engage in online learning;
 - H. flexibility of curriculum, regarding what activities need to take place on-site;
 - I. learner induction and preparations for remote learning;
 - J. use of existing resources such as web portals and Student Unions;
 - K. the continued provision of support services and how these can be accessed;
 - L. availability and numbers of staff required to return to work taking into account individual circumstances; and
 - M. promote the participation in Lateral Flow Testing.

Induction and orientation

94. Providers should support staff and learners upon resuming on-site educational provision and related activity to instruct and guide them on the new arrangements. This is likely to reassure staff and learners about the measures in place for their safety, as well as ensuring that they can contribute to the health and wellbeing of their peers and the wider community. Providers should:
- A. use an extended period of induction for all staff and learners to include:
 - reinforcing the messaging about the prevention of COVID-19 on the premises, and the groups of individuals who therefore must not attend;
 - informing them that they must inform the provider as soon as possible should they fall into one of the categories of individuals who must not attend the premises, and again if/when they test positive for COVID-19;
 - informing them that, if required by the PHA, the providers will be obliged to provide their contact details to the PHA to assist with the Test, Trace and Protect Programme;
 - reinforcing the importance of, and encouraging, staff and learners getting the flu jab;
 - reinforcing the importance of, and encouraging staff and learners to download and use the StopCOVID NI App;
 - promote the participation in Lateral Flow Testing;
 - reassuring staff and learners about the measures taken to protect their health and wellbeing on the premises;

- reinforcing the fundamentals of good hand and respiratory hygiene and promoting adherence to this in particular whilst on the premises;
 - informing them of the provider's COVID-19 policies and procedures including the need to adhere to social distancing, circulation and other rules applying in each provider premise;
 - preparing lecturers/tutors and learners for remote learning;
 - supporting events leading up to the resumption of on-site learning (such as students applying for a bus pass) taking place online or in a socially distanced, safe environment;
 - providing opportunity for social interaction and engagement across the full class group – where a combination of face-to-face and online learning is being used; and
 - instruction on the use of additional PPE (putting on, removal and disposal) where required.
- B. for learners with learning difficulties and disabilities, ensure that their provider learning support teams work in partnership with parents/guardians, carers, lead professionals, and learners to establish what support and plans are in place to meet their needs for both learning on-site and at home.
95. Providers may also wish to consider:
- A. producing a classroom management guide to provide specific advice to lecturers/tutors on managing classes including movement within, as well as entry to and exit from classes and cleaning of materials, tools and workstations.
- B. displaying a map in the provider premises detailing entry/exit points and new circulation patterns, for use by learners, staff and visitors. Clear signage and colour coding on walls and floors could be implemented prior to return to help with way finding, along with taping off specific areas;
- C. using appropriate visuals for learners with additional support needs. These could include signs in braille (with appropriate arrangements made for hygiene) or signs that display meaningful symbols. Any signage that involves direct interaction will need to be cleaned regularly and further methods of communication should also be considered; and
- D. asking all learners at the time of enrolment to submit an initial health declaration to establish the status of all learners enrolling with the provider. This will help reinforce the need for learners to disclose when they have symptoms and the need for self- isolation.





Protecting those at a higher risk from COVID-19

This section discusses current government guidance regarding those who are clinically extremely vulnerable and clinically vulnerable, including who they are and what this means for providers. It is **necessary** providers are aware of, and understand, this guidance.

This guidance also provides clarity regarding people **who live with and care for** people in this category, to help providers to understand what can be done to support them.

96. In planning to recommence on-site teaching and learning, the safety of staff and learners is paramount. Planning, communications and delivery must reflect government guidance on the protection of clinically extremely vulnerable and clinically vulnerable individuals. Current guidance about and for these categories of individuals is published on NI Direct, by PHA and at [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable \(www.gov.uk\)](#)
97. Providers must recognise that there may be clinically extremely vulnerable individuals who previously did not receive a shielding letter. Clinically extremely vulnerable and clinically vulnerable people who did not receive shielding letters should be treated with compassion and understanding and their circumstances considered in light of their vulnerabilities whether or not a shielding letter was received.
98. Before any individual who is clinically extremely vulnerable or clinically vulnerable, or an individual who lives with or cares for a clinically extremely vulnerable or clinically vulnerable individual, returns to on-site educational provision or related activity, or enrolls in a new course, providers must conduct risk assessments for that individual and determine what mitigations are needed to protect them from the risk of COVID-19 on a case by case basis. Please note, necessary mitigations may include that the individual should remain away from the premises.
99. Providers should ensure that these individuals are informed about all elements of the course programme which may increase their risk of contracting COVID-19 or which may pose a challenge to them because of mitigations required.
100. When conducting these risk assessments, the individual's own judgement and that of their GP should be taken into consideration, however providers must add to that their own knowledge of the environment into which the individual will be entering. Some of these judgements might be straightforward and can be made easily, others may have to be made by occupational health experts.

Clinically extremely vulnerable people

'Clinically extremely vulnerable' refers to people who have one of a specific published list of pre-existing and long-term serious health conditions. The impact of their pre-existing, long-term health condition on their immune system puts them at high risk of serious illness if they are exposed to COVID-19.

Many people in this group were informed in writing by a letter (known as a shielding letter) by their GP or hospital care team and were advised to shield for a specified period. Shielding has now been 'paused' however, providers should be aware that it is possible that shielding may be reinstated at a later date. Please refer to the PHA NI website for further information and updates on shielding.

During any shielding period, staff and learners in this category **must not** be asked to attend the provider premises, work placement or other learning settings. They may continue to work or learn from home, where this is practicable. If the nature of the work means that it is not possible for work to be undertaken from home, options to adjust duties may also be considered.

If a period of shielding is reinstated, staff and learners who have received a shielding letter must provide a copy of the letter to the provider. Consideration must also be given to those in this category who do not receive a letter but who may be classed as clinically extremely vulnerable. Individuals who have not received a letter, but who can provide supporting evidence from their GP that they fall within this category, should not be subject to any detriment.

The protection of this group of staff and learners is critical and therefore no expectation should be placed on them to return to the provider premises during any extended period where medical advice is that they should shield and/or remain at home.

If a clinically extremely vulnerable employee or learner wishes to return to the provider premises during, or after, any recommended period of shielding, the provider has a duty of care to provide a safe environment and therefore a risk assessment must be completed with the individual prior to any return. Medical and/or occupational health advice should be obtained to inform the Risk Assessment where practicable. Where it is felt that control measures cannot adequately control the risks, then a return to the provider premises must not be authorised, whether shielding is formally in place or not.

Clinically vulnerable people, including pregnant women

Clinically vulnerable individuals are at a greater than average risk from COVID-19. This category includes people aged over 70, those who are pregnant and others considered vulnerable including people who are under 70 with an underlying health condition (i.e. for adults this usually is anyone instructed to get a flu jab as an adult each year on medical grounds). Please refer to the PHA NI website for further details.

Clinically vulnerable people were not directed to shield during the shielding period, but were advised to stay at home as much as possible and minimise contact with those outside their households.

Before returning to the provider premises, staff and learners who are clinically vulnerable should inform their provider that they fall within this category, and provide a letter from their GP with any recommendations. The provider should complete a risk assessment prior to any return to the provider premises with suitable mitigations put in place to protect the clinically vulnerable individual where required. Risk assessments for pregnant or returning mothers who are breastfeeding must now also include consideration in respect of risks posed from exposure to COVID-19.

Information on the definitions of 'clinically extremely vulnerable' and 'vulnerable' individuals can be found here: [Coronavirus \(COVID-19\): definitions of 'clinically extremely vulnerable' and 'vulnerable' \(nidirect.gov.uk\)](https://nidirect.gov.uk)

Helpful guidance for workplaces with staff who are deemed clinically extremely vulnerable and vulnerable can be found here: [Coronavirus \(COVID-19\): definitions of 'clinically extremely vulnerable' and 'vulnerable' \(nidirect.gov.uk\)](https://nidirect.gov.uk)

People from Black and Minority Ethnic communities (BAME)

As there is evidence that COVID-19 may disproportionately affect some groups, notably BAME communities, providers should ensure their staff and learner support includes practical support and advice to BAME staff and learners, particularly where they are anxious about protecting themselves and their families.

All minority ethnic staff and learners with underlying health conditions and disabilities, who are over 70 or who are pregnant should be individually risk assessed and appropriate reasonable workplace and learning adjustments should be made following risk assessment.

An employee or learner who lives with or cares for someone who is clinically extremely vulnerable

101. Staff members or learners who have a child, spouse or other individual in their household who falls within the clinically extremely vulnerable category will naturally be anxious about returning to the provider premises. UK government guidance does not require them to follow protective shielding measures during periods of shielding, but to follow guidance on social distancing at home and to be diligent about following good hygiene practices. This includes using, if possible, separate hygiene and washing facilities.

102. Individual circumstances may vary depending on the household member's reasons for being defined as clinically extremely vulnerable and the particular circumstances of the home environment (e.g. parents/guardians of disabled children may not be able to social distance at home because of the child's personal care needs).
103. Although no additional specific precautions are required for individuals living with clinically extremely vulnerable individuals when they are outside the home, and despite shielding being 'paused', they should continue to be mindful of their situation to adhere to social distancing and be careful when they interact with others outside of the home to reduce the risk of them bringing the virus home. They may also wish to avoid situations outside of the home where they are at greater risk of contracting the virus themselves e.g. hairdressers, bars, restaurants etc.
104. Staff and learners to whom this applies are encouraged to inform their line manager and lecturers/tutors respectively of their circumstances and to provide a copy of any shielding letter received by the clinically extremely vulnerable individual, and information about the clinically extremely vulnerable individual's circumstances, subject to the consent of the clinically extremely vulnerable person.
105. Providers should conduct risk assessments regarding individuals living with clinically extremely vulnerable individuals, take into consideration any recommendations provided by the clinically extremely vulnerable person's medical professional and the individual's ability to understand and adhere to the mitigations required, and should avoid putting them into situations at work/in the learning environment that would put them more at risk of bringing Covid-19 back to their household.
106. If shielding measures are reinstated, and social distancing measures within the home are not possible, and where sufficient mitigations cannot be applied within the work and learning environment, homeworking/home learning for the individual living with the clinically extremely vulnerable individual should be supported wherever possible. When a return to the provider premises becomes necessary, a risk assessment should again be undertaken to ensure adequate control measures can be applied.

An employee or learner who lives or cares for someone who is clinically vulnerable

107. Staff members or learners who have a child, spouse or other individual in their household who falls within the clinically vulnerable category may also be anxious about returning to the provider premises. Individual circumstances may vary depending on the household member's vulnerabilities. Providers should conduct risk assessments regarding these individuals living with clinically vulnerable individuals, take into consideration any recommendations provided by the clinically extremely vulnerable person's medical professional and the individual's ability to understand and adhere to the mitigations required, and should avoid putting them into situations at work/in the learning environment that would put them more at risk of bringing COVID-19 back to their household. Staff and learners to whom this applies are encouraged to discuss their circumstances with their line manager and lecturers/tutors respectively at the earliest opportunity.

Support for SLDD learners

This section outlines provider responsibilities to learners with learning difficulties and disabilities (SLDD) as part of their re-opening plans, outlining parts of the processes and risk assessments in particular need of attention.

SLDD learners and their carers may find this section of interest to better understand provider responsibilities and practical concerns.

108. SLDD learners should be given the same opportunities as their peers to return to on-site education wherever possible, with their needs considered in the risk assessment and planning stages.
109. Provider learning support teams should work in partnership with parents/guardians, carers, lead professionals, and learners to establish what support and plans need to be put in place to meet SLDD learners' needs for both learning on-site and at home. The views of learners, where practicable, and their parents/carers should be considered when making decisions that affect them.
110. In recognition that some learners, and the adjustments they require, will need careful preparation for a return, e.g. pre-visits to the provider setting and advance contact with those learners and their parents/guardians and carers, social stories to help with the transition, or routes around the provider premises marked in meaningful symbols to maintain social distancing, providers should aim to keep this return consistent with their peers and, when this is not possible, keep learners and their carers informed and involved in developments.
111. It should be recognised that SLDD learners may need additional support in the key areas of:
 - A. maintaining social distancing
 - B. reducing physical interaction; and
 - C. effective infection prevention and control.
112. For discrete SLDD groups who may find the concept of social distancing difficult and be unable to maintain **2 metres** separation from each other, consideration may be given as to how to create zones within facilities to maintain small groups of learners which will promote and support the advised separation guidelines. However, despite potential difficulties in doing so, SLDD learners must always be encouraged and assisted to maintain the advised **2 metres** separation between individuals.



113. Removing or reducing interactions between SLDD groups and others will also support their safety given their potential additional vulnerability (see Decreasing Physical Interaction section for more information). In these circumstances, consideration should also be given to the allocation of resources to the same small group, rather than sharing across groups. These resources should continue to be cleaned between uses by different individuals.
114. For clarity, the recommendation of the use of zones within facilities to maintain small groups of learners, and the recommendation to remove or reduce interactions between SLDD learners and others, does **not** amount to the recommendation of the use of 'bubbles' in the context as that recorded in the Department of Education's 'New School Day' guidance. The PHA has advised that 'bubbles' are not advised for SLDD learners, or for that matter, any other learners in provider premises, who are older than 14 years old.
115. SLDD learners may be particularly vulnerable to COVID-19 due to potentially complex physical and mental health issues and it is important to take additional precautions for this group to prevent them from being exposed to the virus. The PHA has advised that the consequences of being in a 'bubble' include that if one person in the bubble becomes symptomatic or tests positive, they will regard everyone else in that bubble as a 'close' contact and will advise them to self-isolate for the required period of time. Given this approach by the PHA, together with SLDD learners' age profile in the providers' setting and their potential additional vulnerabilities, the use of 'bubbles' is not recommended.
116. If providers are considering the use of bubbles of any size, in any context, they must undertake a specific risk assessment for the learner group in question to determine whether it is a suitable approach.
117. Providers have a duty of care to take reasonable precautions to not expose these learners and the staff that support them to unnecessary risk when developing safe, effective processes for the support they require. Robust risk assessments must be conducted and PHA guidance, including the use of face coverings and/or additional PPE where necessary, should continue to be followed in applying existing and reviewed plans.
118. If it is not possible for SLDD learners, or any other learner, to maintain **2 metres** separation from staff members, or wear a face covering, providers may consider advising that staff members should wear additional PPE such as gloves, aprons, and fluid resistant face masks to protect themselves from any virus carried by the learner, particularly where staff are helping learners with personal care needs. Settings must make clear the agreed arrangements for the use of additional PPE with regards each learner. This should be noted in their individual learning plan to ensure all staff are aware and all staff's use of additional PPE is consistent.
119. Further, if staff members working with SLDD learners are considered to be clinically vulnerable or clinically extremely vulnerable, a risk assessment should be conducted for that staff member to ensure that the mitigations that can be put in place to protect the staff member are sufficient to reduce the risk of them contracting COVID-19 to a suitable level.

School Partnerships

This section provides information for providers in relation to their responsibilities regarding School Partnership Programmes. Providers should ensure that they develop appropriate policies and procedures in this regard and that they are communicated to, and agreed with, their School partners.

120. This Framework Document applies to all school students attending a provider's premises to undertake a programme of learning. School students must, inter alia, wear face coverings and abide by the provider's Covid-19 mitigation measures and safe systems of work. Please note, where a provider's member of staff delivers education in a School environment the guidance issued to Schools by the Department of Education should apply.
121. Responsibility for preventing any school pupil meeting the criteria of those not allowed on providers' premises attending provider premises rests with the School.
122. Responsibility for removing any school pupil meeting the criteria of those not allowed on providers' premises from providers' premises rests with the School. The providers' processes for isolating these individuals prior to their removal from the premises should be followed.
123. The School must inform the provider if a school pupil on the school partnership programme tests positive.
124. Responsibility for identifying and reporting any school pupil developing COVID-19 symptoms/ testing positive, or 'close' contacts of any school pupil developing COVID-19 symptoms/ testing positive for COVID-19 while on providers' premises rests with the school. The provider should assist the school in identifying any 'close' contacts with other learners or staff members when on provider premises.
125. The provider must determine when the relevant school pupil can return to the provider's premises in accordance with the policies and procedures in place for provider staff and learners.

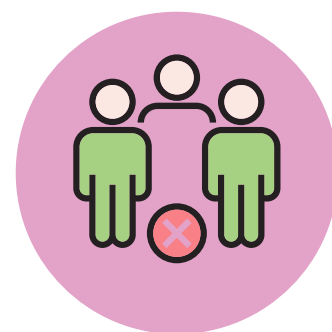
Workforce planning

The current situation and applying the guidance will put unique pressures on provider staffing. This section looks at areas of workforce planning that are particularly important in the context of COVID-19. These are:

- equality obligations;
- safe staffing levels;
- workforce capacity;
- full use of available workforce; and
- wider workforce planning.

126. Providers should note that flu season, and seasonal colds, together with COVID-19 are likely to have an impact on the attendance of learners and staff. It is likely that guidance will remain that anyone displaying symptoms of COVID-19, which are similar to symptoms of any respiratory infection, will be told to self-isolate and obtain a COVID-19 test.
127. It is recognised that providers may operate across multiple sites and very often this involves staff travelling to and from sites. Providers should, where possible, minimise such travel to reduce the risk of virus transmission between sites and encourage the use of technology to support work related activity. Where travel is unavoidable staff should be encouraged to travel separately.
128. Providers should ensure they meet the following high level expectations when considering workforce planning:
 - A. **equality obligations** - Providers will need to be mindful of their equality obligations under Section 75 of the Northern Ireland Act, and extend this precaution to relevant, affected groups;
 - B. **safe staffing levels** - Work activity that is planned on premises must only take place where there is an adequate number of suitably qualified and trained staff to carry out SSOW. Risk assessments must factor in the likelihood of continuing absences of any relevant staff and the availability of any safety-critical staff;
 - C. **workforce capacity** – Providers should undertake a review of the availability of teaching and support staff, including caretaker, cleaning and office staff, to ensure there is sufficient capacity in the workforce to prepare settings for reopening in line with risk assessments and resulting measures;
 - D. **making full use of available workforce capacity** – Before considering alternative approaches, providers should ensure that existing workforce capacity is fully utilised in responding to the local challenges likely to be faced;
 - E. **wider workforce planning** – Providers should take the following actions as part of any wider workforce planning activities for the opening of premises;
 - F. **staff lists** - ensure that staff lists are as up-to-date as possible and include the full pool of available staff. Staff roles in maintaining educational continuity should be fully appreciated and utilised in local planning around workforce capacity;

- G. **consider those working from home** - consider at a local level how all staff who are working from home due to being clinically extremely vulnerable, or clinically vulnerable can support, e.g. by supporting remote learning as part of online and alternating model; and
- H. **remain open to new ideas** - remain aware of any other opportunities to ensure existing and expanded workforce capacity can be deployed to support premises reopening.
129. The delivery model that providers expect to use on reopening to control physical interaction may create workload pressure. This may stem from, e.g. staff delivering a greater number of smaller workshops, a requirement to provide support for home learning and a need to supervise classes while lecturers/tutors move instead of learner groups. A proportion of staff may also fall in to one or more of the following categories which may affect their ability to attend physical settings:
- A. be defined as clinically extremely vulnerable or clinically vulnerable and suitable mitigations cannot be put in place;
 - B. have COVID-19 symptoms;
 - C. have tested positive of COVID-19;
 - D. live in a household with someone who has symptoms of, or who has tested positive for COVID-19; and/or
 - E. have been advised by the PHA Contact Tracing Team, the StopCOVID NI App, or, in the case of the FECs by the FECs themselves, that they are a 'close' contact of someone who has tested positive for COVID-19;
 - F. have been advised by Northern Ireland Executive guidance to quarantine; or
 - G. has had a positive Lateral Flow Test.
130. The choice of delivery model deployed by the provider may impact the staff member's personal circumstances, in particular their own caring responsibilities. Providers should be cognisant and considerate of this and work with staff, where possible to identify and accommodate these. Workforce flexibility and deployment of additional staffing is expected to be critical to ensuring workload pressure can be managed. Providers working in close partnership with DfE, Trade Unions and staff, are best placed to make judgements about how to make best use of available workforce capacity safely and effectively.
131. Throughout this process potential workload issues should be carefully considered and providers should be conscious of the well-being of all and the need to implement flexible working practices in a way that promotes good work-life balance for all staff.
132. A checklist to assist providers to identify additional workforce capacity is attached at **Annex C**.



Effective infection prevention and control, including personal hygiene

This section provides guidance on effective infection prevention and control, including personal hygiene, including important actions that learners and staff can and must take during the COVID-19 pandemic to help prevent the spread of the virus.

This advice is aimed at providers, who will be using it throughout the planning process and to develop the working practices. However these measures will affect everyone.

By the end of this section, providers should know:

- how COVID-19 is primarily spread;
- that they must address the risk of both direct and indirect transmission of COVID-19; and
- that ways in which this can be done include:
 - minimising contact with individuals who are unwell;
 - promoting and facilitating good hand hygiene;
 - promoting good respiratory hygiene through the catch it – bin it – kill it message;
 - cleaning frequently touched surfaces;
 - addressing the different risks associated with specific settings, including IT rooms, sports gyms, staff kitchens and work areas and with using certain equipment and tools;
 - minimising contact and mixing between learners and learner groups;
 - rearranging spaces as required, including removing, where possible, resources that are not easily washable or wipe-able;
 - ensuring adequate ventilation;
 - keeping a watching brief on, and adhering to specific government and industry issued workplace guidance regarding mitigating the risks of COVID-19 before determining the mitigations required for the delivery of industry related courses; and
 - adhering to guidance on the delivery of first aid during the pandemic

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133. There are important actions that learners and staff can take during the COVID-19 pandemic to help prevent the spread of the virus. Transmission of COVID-19 mainly occurs via respiratory droplets generated during breathing, talking, coughing and sneezing. These droplets can:
- A. directly infect the respiratory tracts of other people if there is close contact; and
 - B. infect others indirectly when the droplets get onto and contaminate surfaces, which are then touched and introduced into the mouth or eyes of an uninfected person.
134. Another route of transmission is via aerosols (extremely small droplets). These are primarily generated by medical procedures.

135. In all provider settings, avoiding the spread of COVID-19 involves preventing:
 - A. direct transmission, e.g. when in close contact with those sneezing and coughing;
 - B. indirect transmission, e.g. touching contaminated surfaces.
136. A range of approaches and actions should be employed across all provider premises. These can be seen as a hierarchy of controls that, when fully implemented, create a safer system where the risk of transmission of infection is substantially reduced. These actions and approaches include those listed below.

Minimising contact with individuals who are unwell

137. If someone has tested positive for COVID-19, is showing symptoms of COVID-19 (a new continuous cough or fever or loss of taste/smell) or has someone in their household who has tested positive for COVID-19 or is displaying symptoms of COVID-19, or they have been identified, by the PHA Contact Tracing Team, the StopCOVID NI App, or, in the case of the FECs by the FECs themselves, as a 'close' contact of someone who has tested positive for COVID-19 or they have been advised by Northern Ireland Executive guidance to quarantine following travel from a foreign country, or has had a positive Lateral Flow Test they should not be in an educational setting. These individuals should be at home in line with the guidance for households with possible COVID-19 infection, and should follow guidance on the Public Health Agency website: [Information for the public. HSC Public Health Agency \(hscni.net\)](https://www.hscni.net/information-for-the-public) Refer to **Annex B** for further information
138. While a personal responsibility, providers must take action in these cases to protect others. They must have policies and procedures that record this approach, ensure that these are regularly communicated to staff and learners and deal with any incidences of a suspected or confirmed case of COVID-19 on-site. 'Dealing with individuals with symptoms of COVID-19 or confirmed cases of COVID-19 has been provided at **Annex B** to help with this.

Hand Hygiene

139. Practicing frequent hand washing can reduce the risk of infection. Providers should consider using signs and posters to build awareness of good handwashing technique and reinforce the need to increase handwashing frequency, to avoid touching your face with unwashed hands; and to cough or sneeze into a tissue, which is then binned safely, or into your arm if a tissue is not available.
140. Hand washing with soap and running water for 20 seconds should be encouraged and facilitated before and after any activity, such as arriving at or leaving the provider premises, changing rooms, break times, eating or handling food, individuals touching their face, blowing their nose, sneezing or coughing and participating in practical based sporting activities. Individuals should also be encouraged to dry their hands thoroughly. Air hand dryers should be decommissioned as they can contribute to spreading COVID-19. Disposable paper towels should be used to dry hands instead.

141. Where hand washing facilities are not immediately accessible, hand sanitiser should be made available (e.g. at the entrance to premises, workshops, classrooms etc.). Precaution should be taken as some staff/learners may have an allergic reaction to hand sanitisers with a high alcohol content. It should be noted that hand sanitiser is not a replacement for hand washing and should only be used for visibly clean hands.
142. Providers should consider whether supervision and help with hand washing, and hand sanitiser, is required by students with complex needs. Skin-friendly skin cleaning wipes can be used as an alternative, but this should only be as a last resort – supported hand washing is preferable. Guidance can be found at [Actions for schools during the coronavirus outbreak \(www.gov.uk\)](https://www.gov.uk)
143. Hand hygiene guidance is particularly important after individuals use the toilet facilities and where food is being prepared, handled or consumed.
144. Clear signage regarding the washing of hands after using the bathroom/toilet should be displayed and appropriate hand drying equipment, ideally paper towels, should be provided.

Promoting respiratory hygiene (Catch It - Bin It - Kill It)

145. People should avoid touching their mouth, eyes and nose, and only do so if they have cleaned their hands thoroughly with soap and water or hand sanitiser both before and afterwards.
146. People should cover their mouth and nose with a disposable tissue when they cough or sneeze. If a tissue is not available people should sneeze into the crook of their elbow.
147. Tissues should be placed in a disposable rubbish bag and hands should be cleaned immediately with soap and water or hand sanitiser.
148. Learners should regularly be reminded of the importance of personal respiratory hygiene and this should form part of their course induction programme.

Cleaning surfaces that are touched frequently

149. Where possible, work-stations should be allocated consistently to the same staff and learners rather than having spaces that are shared. Providers must make sure that each workstation/desk is wiped down and disinfected before the next person uses it. This could be undertaken by the tutor/lecturer and learner group at the beginning and end of every session.
150. Consideration should be given to bank machines, car park pay stations, coffee and vending machines, telephones and keyboards which might be used frequently by different people.
151. Surfaces in refectories and catering outlets should be wiped down and disinfected in between each sitting. Cleaning staff social and work areas should be considered as part of the overall cleaning strategy.

152. Providers should afford opportunities before and after classes and breaks to enable users to clean frequently used surfaces and equipment, as well as ensuring equipment is available for users to carry out such tasks.
153. In addition to the providers' routine cleaning programmes and to further enhance and protect staff and learners, cleaning materials should be provided to staff and learners to enable them to clean their personal workstations and seating before and after use.

Toilet facilities

154. Providers should decommission every other toilet cubicle, urinal and hand basin if they are side by side to facilitate social distancing.
155. COVID-19 can be spread through faecal matter so it is important that there is an availability of soap and water in toilets and signs advising people to immediately wash their hands.
156. Air hand dryers should be decommissioned as they can contribute to spreading COVID-19. Disposable paper towels should be used to dry hands instead.
157. Toilets should also be cleaned on a regular basis.

Equipment and tools

158. Tools and equipment should only be used by multiple staff and learners when necessary and learners should be encouraged to avoid sharing tools and equipment in between planned cleaning. Such a system does not replace the need to reinforce regular hand washing.
159. Learners should be encouraged not to share supplies like stationery.
160. Lecturers should be encouraged to use digital tools to minimise the use of paper where possible.

Staff kitchens/work areas

161. Providers are asked to consider the introduction of new policies and procedures in staff kitchens/meal preparation and work areas, which may include measures such as:
 - A. encouraging staff to bring food and beverage items from home and manage them individually;
 - B. encouraging staff to bring their own cup and/or cutlery, and regularly clean them after use;
 - C. minimising touchpoints by removing/disconnecting coffee pots, kettles, microwaves and the like; and
 - D. eliminating open food items.

Minimising contact and mixing

162. It is important that providers adapt their defined learning spaces, training environments and non-teaching areas and timetables to promote social distancing requirements and minimise the level of interaction between learners.

Rearranging spaces

163. Spaces may be rearranged to minimise the risk of transmission and infection by:
- A. spacing seating as widely as possible within a teaching space;
 - B. using screens to maximise the number of learners able to use IT workstations; and
 - C. removing, wherever possible, resources which are not easily washable or wipe-able.
164. Back to Back seating arrangements are not appropriate prevention mechanisms for preventing the spread of COVID-19 and do not reduce the need for **2 metre** separation.

Ventilation

165. Ventilation systems can reduce or avoid the recycling of air, reducing infection risk. Providers should focus on improving general ventilation and preventing pockets of stagnant air in occupied spaces, preferably through fresh air or mechanical systems.
166. Ventilation rates for spaces with multiple occupants should at least meet current guidance for the setting as set out in the Chartered Institution of Building Services Engineers (CIBSE) guidance on emerging from lockdown: [Emerging from Lockdown \(cibse.org\)](https://www.cibse.org). This guidance includes that where possible, poorly ventilated spaces should be adapted to improve ventilation or not be used as a teaching location and that providers should identify spaces where there is no provision of ventilation and restrict these spaces to single occupancy or use for very short durations.
167. Where applicable, ventilation systems should be switched to full fresh mode to avoid recycling of air, and they should be checked or adjusted to ensure they do not automatically reduce/increase ventilation levels due to differing occupancy levels.
168. The opening of doors and windows should be encouraged where possible to maintain and increase the supply of fresh air and also to reduce contact with door handles. In cooler weather, providers can consider opening windows enough to provide constant background ventilation, and opening them more fully during breaks to purge the air in the space. Opening internal doors can assist with creating a throughput of air natural ventilation – if necessary external opening doors may also be used however relevant risk assessments should be reviewed. Propping open of security access systems and fire safety doors is prohibited.

169. It should be sufficient for windows to be open dependent on climates and for existing mechanical ventilation where desired to achieve thermal comfort. It is recognised that in the autumn and winter, providers are unlikely to be able to keep external doors and windows open as often, or for as long, as in warmer weather periods. To balance the need for increased ventilation while maintaining a comfortable temperature, the following measures should also be used as appropriate:
- A. opening high level windows in preference to low level, or partially opening doors and windows to reduce draughts
 - B. increasing the ventilation while spaces are unoccupied (e.g. between classes, during break and lunch, when a room is unused)
 - C. providing flexibility to allow additional, suitable indoor clothing
 - D. rearranging furniture where possible to avoid direct draughts
 - E. heating should be used as necessary to ensure comfort levels are maintained particularly in occupied spaces.
170. The risk of air conditioning spreading COVID-19 in providers' premises is extremely low as long as there is an adequate supply of fresh air and ventilation. Therefore providers can continue to use most types of air conditioning system as normal. However, if providers use a centralised ventilation system that removes and circulates air to different rooms it is recommended that providers turn off recirculation and use a fresh air supply. Providers do not need to adjust air conditioning systems that mix some of the extracted air with fresh air and return it to the room as this increases the fresh air ventilation rate. Also, providers do not need to adjust systems in individual rooms or portable units as these operate on 100% recirculation. Providers should still however maintain a good supply of fresh air ventilation in the room and, if they are unsure, ask the advice of their heating ventilation and air conditioning (HVAC) engineer or adviser
171. Guidance on ventilation can be found at: [Coronavirus \(COVID-19\): Guidance for School and Educational Settings in Northern Ireland. Department of Education \(education-ni.gov.uk\)](#) and at: [Role of Ventilation in Controlling SARS CoV2 Transmission \(publishing.service.gov.uk\)](#)

Temperature monitoring

172. The PHA does not recommend monitoring staff members' and learners' temperatures as it is not considered an effective measure for identifying those with COVID-19.

Specific government and industry issued workplace and activity guidance

173. Providers must keep a watching brief on, and refer to relevant government and industry issued workplace sector guidance as and when it becomes available for further advice on recommended steps to reduce risk of transmission. This information should inform risk assessment and control measures introduced. For example when carrying out risk assessments in hairdressing, barbering and beauty salons, providers must refer to government guidance on 'Keeping workers and clients safe during COVID-19 in close contact services': [Keeping workers and clients safe during COVID-19 in close contact services](#). Department for the Economy (economy-ni.gov.uk)
174. Providers must also keep a watching brief on, and refer to relevant government issued, or government approved governing body, guidance for sports and physical education, music, performing arts and the operation of libraries within provider settings. Providers should refer to this as and when it becomes available for further advice on recommended steps to reduce risk of transmission during these activities. Government issued advice on these activities can be found at the following links. Please note, this is not a comprehensive list of relevant guidance and should not be treated as such:
- A. [Actions for FE colleges and providers during the coronavirus outbreak \(www.gov.uk\)](#)
 - B. [Guidance for DCMS sectors in relation to coronavirus \(COVID-19\) \(www.gov.uk\)](#)
 - C. [New guide to help libraries to reopen \(librariesconnected.org.uk\)](#)
 - D. [Elite sport Stage One - return to training \(www.gov.uk\)](#)
 - E. [Providers of grassroots sport and sport facilities - Working safely during coronavirus \(COVID-19\)](#)
 - F. [Performing arts - Working safely during coronavirus \(COVID-19\) - Guidance \(www.gov.uk\)](#)

Delivery of First Aid during the pandemic

175. It is noted that the greatest COVID-19 related risks to any individual are associated with aerosol generating procedures which may include medical or dental procedures. Regarding a provider context, the PHA has advised that relevant procedures may include the delivery of CPR and cardio first aid. They may also include care for a small number of individuals with complex medical needs, such as those receiving tracheostomy care. It is recognised that in emergency situations in which CPR or cardio first aid is required, the individual delivering the first aid may not have time to put on full additional PPE, or deliver the first aid once additional PPE is worn. In this situation providers and/or staff members will have to make their own assessments about whether they can take the risk of the consequences of conducting that procedure on the individual, compared to the risks associated with not providing it. That assessment should be made with consideration of the risks to the person performing the procedure, and the risks to the person receiving it.

176. Please see guidance on the delivery of first aid during the pandemic [First Aid during the Coronavirus \(COVID-19\) outbreak](#). [Health and Safety Executive Northern Ireland \(hseni.gov.uk\)](#) and the 'Use of additional Personal Protective Equipment (PPE) and face coverings' section below for guidance on safely administering these procedures.



Use of additional Personal Protective Equipment (PPE) and face coverings

PHA guidance makes clear that staff should continue to use customary PPE in line with current health and safety policies and risk assessments as required in vocational education and placement. Therefore, where providers are already using customary PPE in work activity to protect against non-COVID-19 risks, they should continue to do so.

The advice that follows relates specifically to the use of additional PPE and face coverings to minimise risks associated with COVID-19. Guidance on additional PPE can be found at: [Guidance to support safe Working in Educational Settings in Northern Ireland](#). Department of Education (education-ni.gov.uk)

The PHA advise that routine use of additional PPE in educational settings is not required other than for certain tasks deemed to be of higher risk of transmission.

Providers should ensure that staff members, learners, contractors and visitors who come on to providers' premises, who cannot maintain the **2 metres** separation, including in corridors and communal areas, make use of additional mitigation measures such as perspex shields etc. when they are within that distance. Face coverings **MUST** be worn whilst on campus, including situations where the **2 metre** social distance can be maintained, unless an exemption as per agreed College procedures has been agreed or whilst working in a single person room/environment.

The use of additional PPE and the use of face coverings is part of a wider approach to SSOW, intended to support social distancing and personal hygiene. The below give practical advice on;

- the particular need to consider additional PPE and the use of face coverings in vocational and specialist environments;
- who should consider additional PPE and face coverings;
- the different types of additional PPE;
 - fluid-resistant surgical face masks;
 - disposable gloves;
 - disposable plastic aprons; and
 - eye protection;
- when additional PPE or face coverings should be deployed;
- acquiring additional PPE; and
- correct use of additional PPE and face coverings.

This advice is directed at providers, but is of interest of staff members and learners as they may be expected to use (and possibly receive training on) additional PPE and the use of face coverings which may be provided and this section includes links to government guidance on using it properly.

177. Customary PPE protects the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high visibility clothing, safety footwear and safety harnesses. It also includes respiratory protective equipment, such as face masks. Where you are already using customary PPE in your work activity to protect against non-COVID-19 risks, you should continue to do so. The advice that follows relates specifically to the use of additional PPE to minimise risks associated with COVID-19.
178. The term additional PPE in this document is used to refer to COVID-19 related personal protective equipment such as fluid-resistant surgical face masks, disposable gloves, disposable plastic aprons and eye protection (e.g. a face visor or goggles). Additional PPE is primarily used to protect the wearer from any virus carried by others.
179. Working safely in specific situations especially where social distancing cannot be maintained, using additional PPE may include the use of:
 - A. fluid-resistant surgical face masks;
 - B. disposable gloves;
 - C. disposable plastic aprons; and
 - D. eye protection (e.g. a face visor or goggles).
180. Please note, visors are not effective protection for preventing droplets entering the wearer's nose and mouth, or for preventing droplets leaving the wearer's nose and mouth and infecting the people they come into contact with. They are therefore not an effective alternative to a face covering. Visors are only effective protection for the wearer's eyes. There is a small, real risk that someone may be infected through their eyes, however the majority of infections are spread and contracted through an individual's nose and mouth therefore their nose and mouth must be covered for protection. Both the nose and mouth must be covered – one or other is not sufficient.
181. The term 'face covering' is used to refer to all other face coverings, other than fluid-resistant surgical face masks, used to cover the wearer's nose and mouth. These can include the use of reusable face coverings which can be looped around the ears. Face coverings are primarily used to protect others from any virus carried by the wearer, and must cover the wearer's nose and mouth. Please note, as recorded above, PHA has advised that visors are not considered to be effective face coverings.

182. FE colleges and NSCs must ensure that where **2 metres** social distancing cannot be maintained, including but not limited to areas such as corridors and communal areas, appropriate mitigation measures are in use.
183. Providers of vocational education and training use a range of facilities to support delivery including a number of specialist workshops and environments including science laboratories, kitchens and construction and engineering workshops. It is recognised that since these environments are primarily used to deliver vocational skills training it may not be possible to perform tasks while maintaining social distancing between tutors and learners and between learners. They also make use of specialised equipment and tools that may be used periodically by other learners/groups. It is also recognised that staff and learners also interact with members of the general public within a number of environments including hairdressing, barbering, beauty salons and training restaurants. Providers must keep a watching brief on relevant government and industry issued workplace guidance and adhere to it as and when it becomes available for specific advice in this regard, including on the use of additional PPE (as well as the mandatory wearing of face coverings) and this information should inform risk assessments and control measures introduced. Risk assessments must be carried out for these environments to assess the type of tasks and how these can be undertaken safely.
184. Staff within refectories and catering outlets may need to use additional PPE (as well as the mandatory wearing of face coverings) regularly as they will be serving meals to staff, learners and possibly external customers.
185. Consideration of the use of additional PPE should also be included in specific risk assessments for particularly vulnerable, SLDD and SEN learners. Such learners may find social distancing difficult and may also not be able to wear a face covering, therefore providers may consider advising staff to wear additional PPE (as well as the mandatory wearing of face coverings) to protect themselves from any virus carried by the learner, particularly where they are helping learners with personal care needs.
186. Staff should only wear additional PPE when it is appropriate to the environment and task they are undertaking including where organisational risk assessments have found that a higher level of contamination, such as respiratory secretions, may be present. In particular:
 - A. 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.
 - B. 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.
 - C. gloves, fluid repellent gowns, FFP3 masks and eye protection are indicated when undertaking aerosol generating care procedures such as suction.
 - D. gloves and aprons should be used when cleaning equipment or surfaces that might be contaminated with body fluids such as saliva or respiratory secretions.

187. Where the risk assessment identifies that there is an identified need for additional PPE, then it should be readily available and provided in line with guidance. Where this is not possible, on-site delivery must be restricted to activities where additional PPE is not required.
188. Providers should use their usual local supply chains to obtain suitable additional PPE that meets the necessary technical requirements.
189. When additional PPE and face coverings are used, it is essential that it is used properly. Providers should consider the need to provide staff members and learners with training in the use, safe removal and disposal of additional PPE and face coverings, and develop policies and procedures regarding how they will store and dispose of additional PPE/sanitisation products and materials/devices used.

Guidance on donning (putting on) and doffing (taking off) PPE safely to reduce the risk of contamination is available here: [COVID-19 \(coronavirus\) | HSC Public Health Agency \(hscni.net\)](#)

190. A face covering should:
 - A. cover your nose, mouth and chin while allowing you to breathe comfortably
 - B. fit comfortably but securely against the side of the face with no air gaps around the sides and under the chin
 - C. be secured to the head with ties or ear loops
 - D. be made of a material that you find to be comfortable and breathable, such as cotton
 - E. ideally include at least two layers of non-stretchy fabric (the World Health Organization recommends three layers depending on the fabric used) and have a water repellent outer layer if possible
 - F. unless disposable, it should be able to be washed with other items of laundry according to fabric washing instructions and dried without causing the face covering to be damaged.
191. Safe wearing of face coverings requires the wearer to:
 - A. wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on;
 - B. avoid wearing it on their neck or forehead
 - C. avoid touching the part of the face covering in contact with their mouth and nose, as it could be contaminated with the virus
 - D. change the face covering if it becomes damp or if they've touched it with unclean hands
 - E. avoid taking it off and putting it back on a lot in quick succession
 - F. safe storage of them in washable individual, sealable plastic bags or containers between use

192. Safe removal of face coverings requires the wearer to:
 - A. wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before and after removing
 - B. only handle the straps, ties or clips
 - C. do not give it to someone else to use
 - D. if single-use, dispose of it carefully in a waste bin and do not recycle. If an individual has coronavirus, or lives with someone who does, disposable face coverings should be disposed off in accordance with the waste disposal procedures recorded in Annex B
 - E. if reusable, store it in an individual, sealable plastic bag between uses, and wash it in line with manufacturer's instructions at the highest temperature appropriate for the fabric
193. Learners and staff must also be instructed to ensure that they make sure that they clean any surfaces the face covering has touched using normal household cleaning products. If eating in a cafe, for example, it is important that they do not place the face covering on the table.
194. Advice on putting on and removing a face covering is available at: [Coronavirus \(COVID-19\): face coverings \(nidirect.gov.uk\)](https://www.nidirect.gov.uk)
195. Reusable face coverings should be put directly into the wash at the end of each day and should be washed before the next use.
196. Individuals should recognise that touching face coverings with their hands when disposing of or cleaning face coverings can contaminate both their hands (if the face covering has been contaminated already) or the face covering (if their hands are not clean).
197. The following exemptions to the wearing of face coverings should be offered only to individuals who:
 - A. cannot put on, wear or remove a face covering because of a physical or mental illness or impairment or disability, or
 - B. are speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expression to communicate.
198. Further guidance on the use of face coverings can be found here: [Coronavirus \(COVID-19\): face coverings \(nidirect.gov.uk\)](https://www.nidirect.gov.uk)

199. Regarding aerosol generating medical procedures, staff performing these should:
- follow the following guidance: Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE) (www.gov.uk)
 - perform the procedure in a designated room with the doors closed and any windows open, where possible. If this is not possible, individual risk assessments should be carried out and in all instances, efforts should be made to:
 - ensure that only staff who are needed to undertake the procedure are present and that no other children or young people are in the room
 - minimise clutter to make the process of cleaning the room as straightforward as possible
 - clean all surfaces and ventilate the room following a procedure and before anyone not wearing appropriate PPE enters. Clearance of infectious particles after an AGP is dependent on the ventilation and air change within the room. For a room without ventilation, this may take an hour
200. Please note, the use of additional PPE or face coverings does not mean that an individual can come within **2 metres** of another person if it can be avoided, or that an individual who has tested positive, has been identified as a 'close' contact of a positive case by the PHA Contact Tracing Team, the StopCOVID NI App, or in the case of the FECs by the FECs themselves, is symptomatic, or lives with someone who has tested positive or is symptomatic or has been advised by Northern Ireland Executive guidance to quarantine following travel from a foreign country or has had a positive Lateral Flow Test can come into a provider setting.



Cleaning

This section provides guidance on cleaning. This advice is aimed at providers, who will be using it throughout the planning process and to develop their working practices.

By the end of this section, providers should know:

- that all cleaning must be carried out in alignment with the Department of Education's guidance to support safe working in educational settings in Northern Ireland.
 - providers' new 'normal' cleaning procedures and the frequency of those must be suitably robust in the context of COVID-19 related risks;
 - a system to confirm and monitor regular cleaning, and the frequency, manner and standard of that, must be implemented;
 - a normal summer enhanced clean should be arranged in advance of the new term; The new 'normal' cleaning regime should continue thereafter using the same cleaning materials used throughout a normal year;
 - providers should consider introducing an appropriate system to support regular cleaning of tools and equipment, including between uses where multiple learners access and use individual items; and
 - providers must specifically consider cleaning regimes for bathrooms/toilets, hand washing facilities, work vehicles and for premises following a confirmed case, or outbreak, of COVID-19 on the premises.
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201. Regular cleaning plays a vital role in limiting the transmission of COVID-19. All cleaning must be carried out in alignment with the Department of Education's guidance to support safe working in educational settings in Northern Ireland.
202. Providers' new 'normal' cleaning procedures and frequency must be suitably robust in the context of COVID-19 related risks and include frequent cleaning of frequently touched surfaces. In determining the cleaning procedures and frequency employed for any settings, this should be based on a risk assessment that gives consideration to matters such as the number of people using the space, the number of different groups of people using the space, the activities involved within the space, whether individuals are entering and exiting the setting and access to handwashing and hand-sanitising facilities.
203. It is essential that a system to confirm and monitor regular cleaning (frequency, manner and standard) should be implemented.
204. FECs' normal summer enhanced clean should be arranged in advance of the new academic year. All cleaning activity will primarily focus on surface cleaning, such as desktops, handles.

205. The new 'normal' cleaning regime should continue thereafter using the same cleaning materials used throughout a normal year. To reduce the chances of the indirect spread of COVID-19 from person to person, this cleaning regime should regularly clean frequently-touched surfaces, such as:
- A. door handles;
 - B. light switches;
 - C. keyboards;
 - D. bathroom surfaces such as toilet flushes, toilet seats, toilet locks and door handles, taps, paper towel and soap dispensers;
 - E. work surfaces;
 - F. remote controls;
 - G. handrails;
 - H. table tops; and
 - I. electronic devices (such as phones)
206. Providers may wish to consider frequent cleaning of bathrooms/toilets and handwashing facilities.
207. The cleaning regime should be reviewed if it does not clean facilities adequately and regularly. Please note, the PHA does not have a minimum number of times that it recommends that any of these surfaces should be cleaned.
208. Providers should also consider introducing an appropriate system to support regular cleaning of tools and equipment in environments such as hairdressing and barbering salons, kitchens, construction trades workshops, including between uses where multiple learners access and use individual items. Such a system does not replace the need to reinforce regular hand washing.
209. Where classrooms/learning spaces are used by multiple groups, and/or work spaces are shared, providers should ensure that they are cleaned between use and that there are adequate disposal facilities for cleaning materials such as disinfectant cleaning wipes. Where electrostatic cleaning is being used by providers, it removes the need for anyone making contact with a surface.
210. Work vehicles (such as mini-buses, cars etc.) will need to be cleaned between different passengers or shifts, as appropriate. User procedure will need to be considered and reviewed.

211. Normal cleaning products used throughout the year are sufficient in supporting hand hygiene and the 'catch it-bin it-kill it' measures.
- A. whilst there are no cleaning products available that have been tested and proved to definitively eradicate COVID-19 viral strains, the standard range of cleaning materials used such as 'Shield', 'Protect', 'Milton' and on occasion 'chlorine solution tablets' are readily available and support hygiene measures.
 - B. bleaching agents (such as sodium hypochlorite or a chlorine dioxide solution) are not recommended in provider settings, however, on occasion these can be deployed to address more specific cleaning requirements such as where bodily fluids on surfaces are present.
 - C. all cleaning products must be stored and used in relation to the Material Safety Data Sheet in accordance with Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003.

Should a confirmed COVID-19 case occur, the steps in **Annex B** should be followed. No additional enhanced cleaning, other than the summer enhanced clean, is needed at a premises unless there is an outbreak of multiple positive COVID-19 cases connected to the provider and the PHA considers that they may be as a result of community transmission in the provider's premises. In this instance the provider will be contacted and advised by the PHA. Guidance on enhanced cleaning can be found at: [Guidance to support safe Working in Educational Settings in Northern Ireland](#). Department of Education (education-ni.gov.uk)

212. Providers do not need to implement new COVID-19 related policies and procedures around their general waste disposal. Double bagging waste etc. is not necessary. Individuals should maintain general good hygiene procedures when disposing of waste i.e. wash hands immediately afterwards and do not touch your face/nose/mouth while doing so.
213. Gloves and aprons should be used when cleaning equipment or surfaces that might be contaminated with body fluids such as saliva or respiratory secretions.
214. For further detailed information read: [cleaning of non-healthcare settings outside the home \(www.gov.uk\)](#) and [Guidance to support safe Working in Educational Settings in Northern Ireland](#). Department of Education (education-ni.gov.uk)



Facilities management, deliveries and paper transactions

Facilities management will play an important role in delivering SSOW, and require SSOW themselves. This section relates to unique considerations for facilities staff, including:

- that they are likely to be in before any formal re-opening to prepare the building;
 - that social distancing requirements continue to apply to this work;
 - considerations for contractors;
 - practical advice for deliveries; and
 - the role of paper documents, invoices, receipts etc. in spreading infection.
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215. Providers should consider limiting deliveries, and contractor and visitor access, to provider premises where appropriate and where it does not compromise safe operation, safe working practices or the provision of provider services.
216. Providers should implement procedures to assist with contact tracing of delivery personnel, contractors and visitors to the provider premises.
217. Providers should determine if schedules for essential services and contractor visits can be revised to reduce interaction and overlap between people.
218. Any delivery personnel, contractor and visitor within provider settings should adhere to relevant legislation and the provider's COVID-19 health and safety measures, procedures and protocols, including the principles of social distancing. These should be clearly communicated to individuals upon arrival. If individuals cannot adhere to the principles of social distancing, then consideration should be given to possible mitigation measures including to minimise the closeness and duration of time that is spent within **2 metres** and any additional PPE including the mandatory wearing of face coverings that may be required in so doing.
219. When staff return to reconfigure layouts to ensure social distancing for those attending facilities, care should be taken to ensure that **2 metres** social distancing is adhered to when undertaking this work.
220. If spaces are to be used in different ways from those originally designed/intended and with less/more overall footfall, consideration should be given to the ongoing management of these spaces.
221. Where contractors are required to undertake facilities management/repair tasks in an establishment, they must undertake these works in accordance with the latest regulations.

222. Procedures should be put in place for deliveries to minimise person-to-person contact. Delivery points, procedures, signage and markings may need to be revised, deliveries should be timed to avoid drop off/pick up times, with methods devised to reduce the frequency of deliveries, e.g. ordering larger quantities less often. Settings should consider providing appropriate hand hygiene facilities at drop off points, with clear signage on access rules. Appropriate record keeping should be in place to enable contact tracing in the event of a confirmed COVID-19 case.
223. It is recognised that provider business processes may involve the use of paper to complete transactions. The passing of paper between users has the potential to increase the transmission of the virus. Providers and contracting authorities should consider the use of electronic means of capturing and processing data where possible and permitted by the Department of Economy. This is particularly important in TfS, Apprenticeships and European Social Fund (ESF) contracted provision.

Other learning environments

Learning does not always take place in one room. Learning providers must ensure that the learning environment is safe for learners and staff, and this section clarifies provider responsibilities for learning in:

- outside premises such as other campuses;
 - TfS and apprenticeships; and
 - work placements.
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224. Some aspects of this guidance relates specifically to learning which takes place on provider premises, or in other learning centres or other third party premises (including outreach centres and 'off the job' elements of training/apprenticeship programmes). In these cases, learning providers have a direct responsibility to ensure that the learning environment is safe for learners and staff.
225. For apprentices, whose learning takes place in the workplace, the responsibility for the safety of the learning environment rests with the employer. However, providers or their sub-contracting learning providers still have a responsibility to their learners and staff members undertaking workplace assessment or monitoring visits. Providers must therefore assure themselves that the employers and placement providers have appropriate health and safety measures in place to ensure that the level of COVID-19 related risk to its staff and learners in those environments has been appropriately mitigated. Providers should also ensure that the learner understands safe working practices around social distancing, hand washing and respiratory hygiene, and that they know to inform the provider if they have any concerns about safety in the workplace. Under no circumstances should a learner, or an employer, feel under any pressure to commence a work placement if they have health, safety or well-being concerns.
226. For other learners including TfS participants who are placed with an employer for a period of work placement, providers must carry out appropriate checks to ensure that premises comply with PHA guidance to ensure the safety of learners and staff who are visiting these premises.



Reopening preparation

227. Measures are in place throughout the year to ensure statutory and technical compliance across all provider premises in line with statutory requirements and health and safety guidance. Providers will generally have systems in place to ensure the safe operation of buildings on re-opening and estates/facilities management teams are familiar with the processes required.
228. If the building has been closed for many weeks or if parts of the building have been out of use for a long period, the provider should ensure a basic health and safety check of the building concerned and enhanced cleaning prior to reopening. Early checks by estates/facilities managers on any issues in buildings will ensure a more timely response to rectify issues that have arisen.
229. Providers should also ensure that their communications plan includes communicating with relevant stakeholders regarding the actions that have been taken to prepare for re-opening.



Admissions and enrolments

230. It is recognised that providers face a significant challenge in progressing applications to courses following the publication of GCSE and A levels results from mid-August. As a consequence providers may need to review their admissions processes to offer advice to potential applicants and to process existing applications through to enrolment.
231. Providers should consider applying a range of measures to ensure that they manage and control the number of people coming on-site during this period. This may include:
- A. ensuring that applicants submit their results electronically where possible;
 - B. establishing a booking system to speak to a member of staff;
 - C. applying all necessary social distancing measures; and
 - D. staggering learner registrations over a number of days.
232. Before any individual who is clinically extremely vulnerable or clinically vulnerable, or an individual who lives with or cares for a clinically extremely vulnerable or clinically vulnerable individual enrolls in a new course, providers must conduct risk assessments for that individual and determine what mitigations are needed to protect them from the risk of COVID-19 on a case by case basis. Please note, necessary mitigations may include that the individual should remain away from the premises.
233. Providers should ensure that these individuals are informed about all elements of the course programme which may increase their risk of contracting COVID-19 or which may pose a challenge to them because of mitigations required. Providers should also ensure that all individuals are informed as far as possible about the potential delivery methods that will be used in their course so that their expectations about course delivery are appropriately managed.

Test, trace and protect

234. The Department of Health has implemented a contact tracing programme called **Test, Trace and Protect** designed to control the spread of COVID-19. The key elements of that programme are recorded below.
235. It is essential that all staff and learners follow the requirements of this programme. By doing so staff and learners will not only protect themselves but they will also limit the spread of the virus to provider settings and the wider population.
236. Please note, the six regional FECs have, in conjunction with the PHA, introduced a separate process for reporting of positive cases and 'close' contacts on premises. Each FEC is required to report all positive cases and potential 'close' contacts of cases on premises to the PHA Education Support Team. A separate process of informing 'close' contacts has been agreed with PHA and is currently operating across all FECs. While elements of the Test, Trace and Protect section of the Framework Document still apply to the FECs, where the process agreed for them differs from that recorded herein, FECs should adhere to the process separately agreed. FECs must ensure that their staff and learners are aware of the separate process agreed, and that it is communicated clearly to all.
237. Providers must also establish their own policies and procedures that address the following circumstances on provider premises and comply with current PHA guidance:
- A. an individual attending a provider premises has symptoms of COVID-19;
 - B. a staff member or learner tests positive for COVID-19;
 - C. a staff member or learner lives in a household with someone who has symptoms of, or has tested positive for, COVID-19;
 - D. a staff member or learner has been advised by the PHA Contact Tracing Team, StopCOVID NI App, or in the case of the FECs by the FECs themselves, that they are a 'close' contact of someone who has tested positive for COVID-19;
 - E. a staff member or learner has been advised by Northern Ireland Executive guidance to quarantine following travel from a foreign country;
 - F. a staff member or learner recovers from COVID-19; and
 - G. a staff member or learner tests negative for COVID-19.
238. These policies and procedures should:
- A. inform all staff and learners of their eligibility for COVID-19 testing;
 - B. encourage all staff and learners to download and use the StopCOVID NI App.
 - C. if the provider is participating in the DHSC's self-test kit programme, provide relevant information about the eligibility criteria and process for the provider's provision of a self-test kit to the staff member or learner;
 - D. provide information on what to do should the staff member or learner or someone they live with exhibit COVID-19 symptoms;
 - E. provide information on what the staff member or learner should do if they or someone they live with tests positive for COVID-19;

- F. provide information on what the staff member or learner should do if they have been advised by PHA Contact Tracing Team, the StopCOVID NI App or in the case of the FECs by the FECs themselves that they are a 'close' contact of someone who has tested positive for COVID-19;
 - G. provide information on what the staff member or learner should do if they have been advised by Northern Ireland Executive guidance to quarantine following travel from a foreign country;
 - H. provide clear instructions regarding non-attendance in the workplace pending test results and regarding following government guidelines around self-isolation; and
 - I. clearly advise that it is up to the provider to determine when an individual in the above categories can return to the premises.
239. These policies and procedures should be reviewed frequently against current PHA guidance to ensure they remain up to date.
240. Staff and learners who have tested positive for COVID-19, or who exhibit any symptoms associated with COVID-19, or who live in a household with someone who has tested positive of COVID-19 or who is exhibiting symptoms of COVID-19, or who have been identified by the PHA Contact Tracing Team, StopCOVID NI App or, in the case of the FECs by the FECs themselves as a 'close' contact of an individual who has tested positive of COVID-19, or who have been advised by Northern Ireland Executive guidance to quarantine following travel from a foreign country, or has had a positive Lateral Flow Test should not attend any provider premises until permitted to do so by the provider.
241. If an individual in any of these categories attends provider premises, providers should follow the guidance in **Annex B** and send them home immediately.
242. If a staff member or learner tests positive for COVID-19, the PHA will identify 'close' contacts of the individual including those on the provider's premises and contact those contacts directly. The PHA will rely primarily on the individual who has tested positive to provide relevant information about their 'close' contacts both within and outside the provider setting. Therefore providers should not have a big role to play in the contact tracing process. However, it would be helpful for providers to maintain accurate attendance records, rotas, seating arrangements in classrooms, visitors and delivery logs in case that information is required by the PHA, or by the individual who has tested positive so that they can provide it to the PHA.
243. The PHA will not contact the providers as organisations to inform them of positive tests for COVID-19. It is the responsibility of the individual in question to tell the provider that they have tested positive. Staff and learners should inform the provider of the outcome of any COVID-19 test they have had at the earliest opportunity.
244. The PHA may, in certain circumstances, ask the providers to assist by providing contact details and/or by informing the relevant 'close' contact to expect a call from the PHA.
245. If there are a lot of positive cases associated with a particular provider, then the PHA may contact the provider to advise it as to whether the PHA considers the cases to be incidental, or whether there is likely to be community transmission within the premises. If it is likely that there is community transmission within the premises, the PHA will advise the provider as to what, if any, additional infection control measures are required. It may also set up an incident

management team and may invite a representative from the provider on to the group to advise and help develop communications.

246. Just because someone is a co-worker of, or lecturer/tutor to, an individual who has COVID-19, it does not necessarily mean that they have to self-isolate. As recorded above, the PHA will identify 'close' contacts of a positive COVID-19 case, and will advise these individuals to self-isolate.
247. Any COVID-19 related absence arising from compliance with regulations regarding self-isolation will be discounted i.e. will not be recorded against sickness entitlements or triggers referenced in Sickness Absence Management Policies.
248. It is essential that providers maintain accurate and timely attendance records of learner activity to support effective contact tracing. This should include recording of activity on provider premises, on placement and remote learning. Providers should ensure that lecturers/tutors record learner attendance in provider approved systems (including electronic register systems) daily against each register activity/timetable slot.

StopCOVIDNI App

249. StopCOVID NI is a free health service app for mobile phones. It is available to anyone over the age of 11 in Northern Ireland and its use will help to slow the spread of COVID-19. Providers should encourage the use of the StopCOVID NI App amongst their learners and staff members. Providers should do this particularly during the staff and learner induction process, and may wish to reinforce messaging through promotional materials and other communications.
250. Further information about the App and its use can be found here: [StopCOVID NI contact tracing app. HSC Public Health Agency \(hscni.net\)](https://www.hscni.net/stopcovidni)

Use of Lateral Flow Testing

251. Lateral Flow Testing (LFT) is a fast, simple and highly effective way to detect Covid-19 in asymptomatic individuals; this method of testing will aid in reducing the onward transmission of Covid-19 in provider premises and reduce disruption to education. The tests are easy to use, interpret and give results in 30 minutes.

Lateral Flow Testing must be readily available throughout provider premises and must be implemented in accordance with the developed standard operating procedure (SoP) for the At home self-testing model.

Participation in testing is on a voluntary basis but staff and learners should be encouraged through promotion and communication to participate in LFT as a means of reducing the transmission of Covid-19.

Tests are to be conducted on a twice-weekly basis on a fixed schedule in line with DHSC guidance and results reported to the provider and on the following site: [Gov.uk website – Report Covid 19 Result](https://www.gov.uk/guidance/report-covid-19-result).

Participants who test positive must immediately self-isolate to avoid passing the virus on to others and should book a follow up PCR test.



Guidance documents

252. For up to date information for Northern Ireland regarding COVID-19, please visit:
- A. the Public Health Agency website: [Welcome HSC Public Health Agency \(hscni.net\)](https://www.hscni.net);
 - B. the Northern Ireland Health and Safety Executive: [Homepage Health and Safety Executive Northern Ireland \(hseni.gov.uk\)](https://www.hseni.gov.uk) and
 - C. NIDirect: [Homepage for nidirect \(nidirect.gov.uk\)](https://www.nidirect.gov.uk).
253. Where Northern Ireland specific information or guidance does not exist, relevant information may also be found on:
- A. the UK Government website: [Coronavirus \(COVID-19\): guidance and support \(www.gov.uk\)](https://www.gov.uk); and
 - B. the Health and Safety Executive's website: [HSE Information about health and safety at work hse.gov.uk/](https://www.hse.gov.uk).

Annex A – Principles for the safe resumption of on-site educational provision and related activity

1. All plans and preparations made must:
 - A. place staff and learner safety and physical, mental and emotional well-being at the forefront of all decision making;
 - B. adhere to all relevant UK and Northern Ireland government and public health guidance and legislation as a minimum requirement, and take account of relevant strategic advice and public health guidance from the Republic of Ireland where it may affect FEC/NSC staff and learners;
 - C. be based on best available evidence, including learning from national and international experience, and with appropriate consultation with advisors, Trade Unions and stakeholders (as detailed in the stakeholder engagement plan);
 - D. be communicated clearly and in a timely fashion to all stakeholders;
 - E. strive for equity of opportunity, provision and support for all staff and learners, including those who are unable to return to on-site educational provision because of UK and NI Guidance to self-isolate, or shield at home;
 - F. ensure continuity of learning that provides learners with access to high quality education and training, using an appropriate range of curriculum delivery models, assessment and feedback, to meet their learning and development needs;
 - G. be made following appropriate risk assessments undertaken in conjunction with Trade Unions;
 - H. prioritise improving access for those for whom the current delivery mechanisms at any stage are most disadvantageous;
 - I. be phased, agile and flexible, regularly reviewed and easily reversed if required; and
 - J. be sustainable if required longer term.

Annex B - Dealing with individuals with symptoms of COVID-19 or confirmed cases of COVID-19

This is advice where confident decisions made promptly will be important. Providers and staff will need to be familiar with a process **before** any event occurs to do so. It is **highly recommended** you read and are familiar with this advice in preparation for a potential incident, not just leave it for reference should it happen.

'Symptoms' refers to:

- a new, continuous cough; or
- a high temperature/fever; or
- anosmia (a loss or a change in your normal sense of smell, which can also affect your sense of taste).

1. Please note, the six regional FECs have, in conjunction with the PHA, introduced a separate process for reporting of positive cases and 'close' contacts on premises. Each FEC is required to report all positive cases and potential 'close' contacts of cases on premises to the PHA Education Support Team. A separate process of informing 'close' contacts has been agreed with PHA and is currently operating across all FECs. While elements of Annex B still apply to the FECs, where the process agreed for them differs from that recorded herein, FECs should adhere to the process separately agreed. FECs must ensure that their staff and learners are aware of the separate process agreed, and that it is communicated clearly to all.
2. Providers should make every effort to prevent the following individuals from entering their premises:
 - A. individuals who have tested positive for COVID-19;
 - B. individuals who are displaying symptoms of COVID-19;
 - C. individuals who live in the same household as those who have tested positive for COVID-19 or who are displaying symptoms of COVID-19;
 - D. individuals who have been identified by the PHA Contact Tracing Team. StopCOVID NI App, or, in the case of the FECs by the FECs themselves as a 'close' contact of someone who has tested positive for COVID-19;
 - E. individuals who have been advised by Northern Ireland Executive guidance to quarantine following travel from a foreign country; and
 - F. has had a positive Lateral Flow Test.

3. Such individuals should not attend any provider premises until permitted to do so by the provider. The provider will determine when the individual can return based on Test, Trace and Protect Guidance and in conjunction with the guidance in paragraphs 3 and 4 below. These individuals should inform their provider that they fall into the above categories at the earliest opportunity and follow the PHA guidelines.
4. Before any of the above individuals return to the provider's premises after a negative COVID-19 test result, or the required period of self-isolation where that is required, they must inform the provider that they want to come back and the provider must complete a risk assessment to determine whether it is suitable for that individual to return.
5. Returning to study and work after being positively diagnosed with COVID-19 should be commenced when the individual, their medical adviser and the employer is satisfied that it is safe to do so. A risk assessment should be conducted in respect of everyone returning after having tested positive for COVID-19 considering whether the individual or those they come in to contact with in the providers premises are clinically vulnerable or clinically extremely vulnerable, the risks they will be exposed to in the premises and what mitigations can be put in to place. An occupational health judgement needs to be made regarding a staff member, and any provider processes already in place for learners who have been ill/ have vulnerabilities should be followed in respect of a learner.
6. Providers should develop a clear procedure for what staff should do if any of the above individuals enter the provider's premises, and for what staff should do if an individual starts to display symptoms of COVID-19 when attending the provider's premises.
7. This guidance should include that:
 - A. any of the above individuals should be isolated and sent home as quickly as possible and, if they have not already done so, advised to check their eligibility for a COVID-19 test and get tested if eligible.
 - B. If the provider is participating in the DHSC's self-test kit programme, the provider should determine whether the individual is eligible for a self-test kit available from the provider and, if so, issue them with one in accordance with the documented process.
 - C. an isolation room should be made available in which the individual can wait if they need to be collected or cannot leave the premises immediately for another reason. Ideally, a window should be opened for ventilation. If it is not possible to isolate the person, move them to an area which is at least **2 metres** away from other people. A risk assessment should be undertaken by the provider to address this.
 - D. Where possible, the isolation room should be cleaned in accordance with the procedures recorded in the "Cleaning, disinfection and waste disposal" section below prior to its use by another individual.
 - E. if the individual needs to go to the bathroom/toilet while waiting to be collected, they should use a separate bathroom/toilet if possible.

- F. the individual in question must wear a face covering where possible, and additional PPE including gloves, apron and a fluid resistant surgical mask must be worn by staff caring for the individual if direct personal care is needed and a distance of **2 metres** cannot be maintained. 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.
 - G. if the individual is seriously ill or injured or their life is at risk, call 999. Do not visit the GP, pharmacy, urgent care centre or a hospital.
 - H. if a member of staff (who was wearing the appropriate additional PPE or adhering to the social distancing guidelines) has helped someone who displayed symptoms, they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell.
 - I. the PHA has advised that there is no need to send the rest of the class or other individuals home, as providers' cleaning measures and hand hygiene protocols should protect the other staff and learners.
 - J. if the individual subsequently tests positive for COVID-19, the PHA's Contact Tracing Service will contact them in the first instance by text message asking them to enter their close contacts, including those from the provider's premises, online using the HSCNI Digital Self-Trace service, and the PHA will then contact them directly.
 - K. the provider has no obligation to inform PHA of the individual who has presented with symptoms, unless the provider knows that the individual has already received a positive COVID-19 test. In this instance the provider should contact PHA to inform the contact tracing team, so that the contact tracing team can consider whether a risk assessment needs to be done to identify that individual's 'close' contacts while on site.
 - L. if the individual has developed symptoms while on the provider's premises, if the providers can, it may be helpful if they could make a list of that individual's potential 'close' contacts so that if the individual tests positive and the individual or the PHA gets in touch, the provider could provide that useful information to them.
8. In the event of being informed that someone who has been on the premises has symptoms of COVID-19, but has had a negative COVID-19 test result, the provider should not allow the individual to return to the provider's premises until 48 hours after their temperature has returned to normal and only if their other symptoms have not worsened. If their symptoms have worsened they should book another test and continue to self-isolate.
9. Additional PPE is recommended in certain circumstances when isolating an individual who exhibits COVID-19 symptoms:
- A. a face covering should be worn by both the person exhibiting symptoms and the person assisting if a distance of **2 metres** cannot be maintained from someone with symptoms of COVID-19;
 - B. if direct personal care is necessary, additional PPE such as gloves, an apron and a face mask should be worn by the person administering treatment;
 - C. if a risk assessment determines that there is a risk of fluids entering the eye (e.g. from coughing, spitting or vomiting), eye protection should also be worn by the person administering treatment;

- D. face coverings MUST NOT be touched once put on, except when being carefully removed (holding the part of the covering which goes behind the ears) before disposal.
10. The PHA will not contact the providers as organisations to inform them of positive test results for COVID-19. It is the responsibility of the individual in question to tell the provider that they have tested positive.
 11. The PHA may contact a provider if they require assistance to get in contact with a relevant individual's 'close' contacts, but it will not be providing individualised information about the person who has tested positive in these circumstances.
 12. The PHA will rely primarily on the individual who has tested positive to provide relevant information about their 'close' contacts both within and outside the provider setting. Therefore providers should not have a big role to play in the contact tracing process. However, it would be helpful for providers to maintain accurate attendance records, rotas, seating arrangements in classrooms, visitors and delivery logs in case that information is required by the PHA, or by the individual who has tested positive so that they can provide it to the PHA.
 13. The PHA will be responsible for contacting the 'close' contacts of the person who has tested positive. The PHA may, in certain circumstances, ask the providers to assist by providing contact details and/or by informing the relevant 'close' contact to expect a call from the PHA.
 14. Providers should ensure that they have developed policies and procedures around communication with staff/learners if one of the above individuals attends a provider premises. This may include that an individual has been asked to self-isolate, has been advised to get tested for COVID-19 if they are eligible, that no further action is required at this stage and that the PHA will coordinate a response if the individual tests positive. Providers should be aware that there will be lots of people displaying symptoms of respiratory illnesses this winter and not all of those will be as a result of COVID-19. If a learner or staff member is a 'close' contact of a confirmed positive case, the PHA will be attempting to make contact with them. If learners and staff members don't hear from the PHA, the likelihood is it wasn't COVID-19 and/or they were not a 'close' contact.
 15. Please note, just because someone is a co-worker of, or lecturer to, an individual who may have, or has, COVID-19, they do not have to self-isolate. The PHA will complete a risk assessment on any positive COVID-19 case and will contact all 'close' contacts. Until contacted by the PHA, no other co-worker or learner is required to self-isolate. The only other individuals automatically required to self-isolate are those in the same household as the person who has developed symptoms/has tested positive for COVID-19. If the co-worker or lecturer has maintained the required social distancing, then it is unlikely they will be required to self-isolate.

Cleaning, disinfection and waste disposal

16. The minimum PPE to be worn for cleaning an area after a person with symptoms of, or confirmed COVID-19 has left the setting is disposable gloves and an apron. Wash hands with soap and water for 20 seconds after all PPE has been removed. If a risk assessment of the setting indicates that a higher level of virus may be present (for example, where someone unwell has spent a prolonged period of time) then additional PPE to protect the cleaner's eyes, mouth and nose may be necessary.
17. Public areas where a symptomatic person has passed through and spent minimal time but which are not visibly contaminated with body fluids, such as corridors, can be cleaned thoroughly as normal. All surfaces that the provider knows the symptomatic person has come into contact with should be cleaned and disinfected, including all potentially contaminated and frequently touched areas such as desk space, bathrooms, door handles, telephones, grab rails in corridors and stairwells. Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings – think one site, one wipe, in one direction.
18. Cleaning and disinfection should be undertaken using disposable cloths and mop heads using standard household detergent and disinfectant that are active against viruses and bacteria. All cloths and mop heads used must be disposed of in accordance with the guidance below.
19. Avoid mixing cleaning products together as this can create toxic fumes. Avoid creating splashes and spray when cleaning.
20. Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below.
21. When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.
22. Wash laundry items in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. Dirty laundry that has been in contact with an unwell person should be laundered separately where possible. To minimise the possibility of dispersing virus through the air, do not shake dirty laundry prior to washing. Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above.
23. Personal waste from individuals with symptoms of COVID-19 including people who are self-isolating and members of their household (for example used tissues, face coverings) and waste from cleaning of areas where they have been (including additional PPE, and disposable cleaning cloths):
 - A. Should be put in a plastic rubbish bag and tied when full;
 - B. The plastic bag should then be placed in a second bin bag and tied;
 - C. This should be put in a suitable and secure place and marked for storage until the individual's test results are known, or 72 hours (whichever is sooner); and

- D. This waste should be stored safely and kept away from children. It should not be placed in communal waste areas until negative test results are known, or the waste has been stored for at least 72 hours.
24. If the individual tests negative, this can be disposed of immediately with the normal waste. If COVID-19 is confirmed this waste should be stored for at least 72 hours before disposal with normal waste. If during an emergency you need to remove the waste before 72 hours, it must be treated as Category B infectious waste. You must:
- A. keep it separate from your other waste
 - B. arrange for collection by a specialist contractor as hazardous waste
 - C. There will be a charge for this service.
25. Other household waste can be disposed of as normal.

Annex C - Identifying additional workforce capacity: Supporting checklist

1. How many staff do you have available to work on-site?
2. How many teaching staff do you have available to work on-site?
3. How many support staff do you have available for work on-site?
4. Do you have a suitably competent person to sign off on risk assessments?
5. Do you have a suitably competent person to make risk assessments?
6. Do you have a member of management available for on-site decision making?
7. Do you have at least one person with first-aid training available for work on-site?
8. Do you have the appropriate specialist staff to meet learner requirements, such as a SEN or SLDD co-ordinator available for work, or an alternative staff member who could take on this role?
9. Do you have a Building Supervisor, Caretaker and/or cleaning staff and, where necessary, office staff members available during the working day?

If the answer to questions 4 - 9 is no, then you should try to find a solution to this before going further.

In some cases, staff members may be prepared to undertake a different role to their normal role temporarily. Keep your staffing arrangements as consistent as possible. Wherever possible, keep staff with the same role and in the same settings. Ensure face-to-face correspondence is complete and necessary, to limit physical contact.



Document Versions

Document Version Number	Changes Made	Date Published
0.1	Version sent to AOG and TUS Representatives for feedback	3-Aug-20
1.0	<p>The below changes were made to Version 0.1, and the document was agreed, finalised and published as Version 1.0 for provider use.</p> <ol style="list-style-type: none"> Made minor wording changes to certain sentences that do not need specific mention to improve clarity and readability. Added guidance regarding individuals required to quarantine following foreign travel. Amended wording to clarify that industry guidance refers to relevant government issued industry and workplace guidance. Amended wording to clarify that the scope of this guidance extends to school based learners who attend provider premises. Amended wording to clarify that this guidance applies to delivery when it takes place at Private Finance Initiative (PFI) venues, and to subcontracted services delivered by PFI contractors. Changed paragraph regarding Trade Union involvement with Risk Assessments. Sentence previously read "Trade Unions reserve the right to involve full time officials of the Trade Unions where deemed necessary and in particular where there is a deficit in local representation available". This now reads: "Where a recognised Trade Union does not have local representation, the provider should work with the Trade Unions to encourage local representation." Added the following to the Consultation section of the document "Providers should endeavour to ensure that local Trade Union representatives have enough facility time to deal with the consultation requirements". Elaborated on matters that colleges may wish to include in their induction process. Amended wording to clarify that risk assessments must be completed for clinically extremely vulnerable or clinically vulnerable individuals, and those that live with or care for them, before they return to provider premises or enroll on a course. Amended wording to clarify why the use of bubbles in the provider setting is not recommended. Amended wording to clarify that cleaning of toilets/bathrooms and isolation rooms used by individuals who are sent home due to being within a category of individuals who should not attend provider premises do not need additional cleaning, but should be included in the provider's normal cleaning regime. Amended wording to clarify that providers should decommission every other toilet cubicle, urinal and hand basin, if they are side by side, to promote 2 metres separation between individuals. Amended wording to clarify that it is up to the provider to agree when anyone who has been required to self-isolate from the premises can only return to the premises with the provider's permission, and that this determination will be based on a risk assessment. Added that NSCs should note that the Commercial Services Branch Contract Managers are required to inspect any new proposed premises for Apprenticeships and TfS programmes prior to commencement of delivery there and make appropriate arrangements for them to do so. Included a link to the NI Health and Safety Executive's example COVID-19 risk assessment. 	6-Aug-20
1.1	Version 1.0 was formatted into a new design and minor wording changes were made prior to publication as Version 1.1	19-Aug-20

Document Versions

Document Version Number	Changes Made	Date Published
1.2	<p>The below changes were made to Version 1.1 prior to publication as Version 1.2:</p> <ol style="list-style-type: none"> 1. Paragraph 42: The “low risk” example has been changed from “people passing each other in corridors” to “limited numbers of people walking through learning spaces to go to the bathroom/toilet”. 2. Paragraph 47: Corridors have been added to the list of communal and social spaces which must be considered within risk assessments. 3. Paragraph 58: Corridors have been added to the list of spaces not used for learning and teaching that should be considered in relation to social distancing. 4. Paragraph 67: The example of “limited numbers of people passing each other in corridors” has been removed from this paragraph 5. Paragraph 73.B: Corridors and communal areas have been added to the example of areas in which 2 metres separation should be maintained. 6. Page 50: Corridors and communal areas have been added to places where additional mitigation measures should be used where 2 metres separation cannot be maintained. 7. Paragraph 161: The sentence “It is recommended that individuals should use face coverings in particular circumstances e.g. short periods in enclosed spaces where social distancing is not possible” has been removed and replaced with: “While the Framework Document does not specify particular situations in which face coverings are mandatory within provider settings, given the increasing use of face coverings in the wider community, and as a measure of confidence, where possible, providers should encourage the wearing of face coverings, particularly in enclosed spaces within provider premises. Further, FE Colleges and NSCs must ensure that where 2 metres social distancing cannot be maintained, including but not limited to areas such as corridors and communal areas, appropriate mitigation measures are in use. In order to adhere to this requirement, providers are free to stipulate situations and circumstances within their own premises in which face coverings, or other mitigations, should be used.” 	4-Sept-2020

Document Versions

Document Version Number	Changes Made	Date Published
1.3	<p>The changes listed below were made to Version 1.2 prior to publication as Version 1.3:</p> <ol style="list-style-type: none"> 1. Page 3 Table of Contents: School Partnerships (page 42) has been added. 2. Paragraph 6 D: has been amended to include 'Contact Tracing Team, the StopCOVID NI app, or in the case of FEC's by the FEC's themselves. 3. Paragraph 7: Advice has been added to FEC's and NSC's to keep a watching brief on government and industry issued workplace guidance and updates and to implement as necessary within their settings. 4. Paragraph 11: Amended wording to advise providers that contingency plans should take account of the changing restrictions and to keep themselves informed by always consulting the latest guidance produced by PHA, the Health and Safety Executive and the NI Executive. 5. Paragraph 15: An amendment to the definition of the term 'face covering'. 6. Paragraph 16: A new paragraph providing the definition of the term 'competent person'. 7. Paragraph 20: The wording has been amended to read that responsibility for ensuring the safety of the workplace rests with the employer and providers will have responsibility to learners and staff and the need to assure themselves that employers/work placements have appropriate and detailed work assessments and all necessary PPE is available where necessary 8. Paragraph 32 B: This paragraph has been amended to reflect the providers responsibility to assure themselves that employers and placements providers have appropriate health and safety in place to mitigate any Covid-19 risks. 9. Page 15 Risk Assessments: This page has been amended to include advice that all individuals visiting should be included in risk assessments. This also includes risk assessments for all off-site activities. 10. Paragraph 43: The definition of a 'close' contact person has been updated. 11. Paragraph 45: Wording has been amended to include 'all individuals e.g, staff, visitors and contractors' has been included. Also 'Activities conducted off site for which providers are responsible must also be risk assessed.' 12. Paragraph 48: This paragraph has been amended to reflect that Providers must keep a watching brief and adhere to relevant government and industry issued workplace guidance. 13. Paragraph 53: An additional paragraph has been added detailing that Risk Assessment should be frequently reviewed and updated to capture all risks, remain relevant and that any changes in government or public health guidance are incorporated into control measures. Also the need for frequent monitoring and review of preventative and protective measures together with a feedback loop between employers and trade unions. 14. Paragraph 53: Wording has been amended to reflect that if the provider cannot assure safety of staff and learners, learning delivery should not continue' 15. Paragraph 54: An additional paragraph regarding the expectation of providers to have in place robust processes to ensure compliance with COVID 19 rules and requirements. 16. Paragraph 66: Additional wording has been added regarding that face covering must be worn on campus except where an exemption has been agreed per college procedures. 17. Paragraph 67: The wording 'for example, Perspex screens are not better than the use of face coverings' has been removed. Additional line has added providing advice that visors are not an effective alternative to a face covering. 18. Paragraph 68: Wording has been amended to say that 'Providers must keep a watching brief on relevant government and industry issued workplace guidance and adhere to it'. 19. Paragraph 71: Additional advice provided regarding the definition of a close contact and of separation distance between individuals and the use of mitigation measures. 20. Paragraph 75 (A): Additional wording has been added regarding Department of Education guidance regarding seating arrangements in NI schools and requirements due to the range of settings in the FE and NSC sectors. 21. Paragraph 75(B): Additional wording has been added regarding that face covering must be worn on campus except where an exemption has been agreed per college procedures. 	26 Feb 2021

Document Versions

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1.3	<p>22. Paragraph 75 (K): Additional wording has been added regarding all seating arrangements in refectories/ catering outlets on provider premises must be organised to promote social distancing when eating.</p> <p>23. Page 26 Decreasing physical interaction point C: 'timetabling start, break and meal times' has been added.</p> <p>24. Paragraph 80: An additional paragraph has been added regarding the need to when consideration is given to which delivery model(s) to use, providers should consider how the transition from COVID-19 related restrictions will affect different cohorts of learners, courses and staff. Some may require more support than others in responding to issues linked to COVID-19.</p> <p>25. Paragraph 81 (A): 'and progress via' has been added.</p> <p>26. Paragraph 81 (D): The following has been added 'that there are some learners who will require additional support in this area (e.g. vulnerable learners) and that there may be those who are uncomfortable'.</p> <p>27. Paragraph 81 (H): The following has been added 'Use of learner analytical data, where available, including: engagement and monitoring data (e.g. monitoring of online 'attendance', use of analytics data where relevant); and'</p> <p>28. Paragraph 81(I): The following has been added 'Seeking feedback from staff and students on any barriers to learning or wellbeing that are being experienced.'</p> <p>29. Paragraph 82: The following paragraph has been added 'Providers should also ensure that decisions regarding delivery models maximise face to face learning to the extent possible at any time, however are easily reversed if required. If staff or learners need to self-isolate, the provider is required to close, or national or local restrictions affect certain industries or require staff or learners to remain at home, where possible, providers should have contingency plans in place and the capacity to offer, and learners have the ability to access, immediate, appropriate and high quality remote learning.'</p> <p>30. Paragraph 83: The following paragraph has been added 'Where Delivery Models do change, providers should endeavor to inform relevant stakeholders as promptly as possible, acknowledging the circumstances providers are in, and the notice period they themselves have been provided.'</p> <p>31. Paragraph 84 B Timetabling: The wording 'start, break and meal times' and 'reduce interactions between different groups of individuals as much as possible,' has been added.</p> <p>32. Paragraph 84 C Limiting lecturer/tutor and/or learner movement: The wording 'interactions with other groups of learners as much as possible and' has been added.</p> <p>33. Paragraph 84 F External Circulation: The wording 'to move between parts of the building would reduce the density of use of the internal areas and also provide some movement and fresh air. Increasing the use of outdoor spaces as learning environments could link with this strategy and' has been added'</p> <p>34. Paragraph 84 J Travel: The wording has been amended to read 'Providers are asked to consider should, where possible, minimising such travel and to encourage the use of technology to support work related activity, where possible, minimising such travel and to encourage the use of technology to support work related activity.'</p> <p>35. Paragraph 84 L Toilet facilities: The following wording has been added: '...and providers should consider how to limit the number of people within facilities with multiple stalls/urinals e.g. with signage on the door instructing users to wait outside if they find that the facilities are occupied.'</p> <p>36. Page 32 Communication: Under 'The Provider should' 'consider implementing' wording has been amended to 'implement'. The following sub-paragraph has also been added 'make clear the channels of communication through which staff, learners, student associations, trade unions, parents/guardians and carers can raise concerns about the implementation of safety measures in individual settings.'</p>	26 Feb 2021

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1.3	<p>37. Paragraph 89: 'returning' and 'new applicants' has been deleted and 'parents/ guardians, carers and visitors' has been added. The following wording has also been added '...and provide reassurance that measures recommended in workplace risk assessments have been implemented. This is particularly important for staff and learners who may be reluctant or anxious about returning such as those who are clinically extremely vulnerable or clinically vulnerable, or those living or caring for individuals who are. Communication should be via a range of media to ensure high levels of awareness among staff, learners, parents/guardians, carers and visitors, including external contractors, both before arrival on the premises and while on site.'</p> <p>38. Paragraph 92: 'Providers should consider the use of learner representatives such as Student Unions or other forums to promote effective communication and feedback' has been removed and replaced with the wording 'Providers should make clear the channels of communication through which staff, learners, student associations, trade unions, parents/guardians and carers can raise concerns about the implementation of safety measures in individual settings.'</p> <p>39. Paragraph 93: The following wording has been added: 'A - Providing as timely communication as possible regarding changes or updates to restrictions, guidance, policies, procedures, and controls, acknowledging the circumstances providers are in, and the notice period they themselves have been provided; B - PHA advice in relation to COVID-19 symptoms and how to respond to a suspected or positive case on the provider premises; D – personal hygiene and respiratory hygiene; E – promotion and use of the StopCOVIDNI App; K - the continued provision of support services and how these can be accessed'</p> <p>40. Paragraph 94: The following wording has been added 'This is likely to reassure staff and learners about the measures in place for their safety, as well as ensuring that they can contribute to the health and wellbeing of their peers and the wider community.' The sentence 'Providers may wish to consider the following approaches' has been amended to read 'Providers should'</p> <p>41. Paragraph 95: The guidance provided in Paragraph 92 A (in version 1.2) regarding classroom management guide, maps detailing entry/exit points, appropriate visuals for learners with additional needs and signs in braille have moved to here under the heading 'Providers may also wish to consider.'</p> <p>42. Paragraph 96: The link to the Guidance on Shielding and Protecting Vulnerable Person from COVID 19 has been inserted.</p> <p>43. Page 37 Clinically extremely vulnerable people: Minor amendments have been made to add 'learner', remove 'workplace' and replace with 'provider premises', remove 'employer' and replace with 'provider' and 'safe working environment' is amended to read 'safe environment'.</p> <p>44. Page 38 Clinically vulnerable people, including pregnant women: The term 'workplace' has been replaced with 'provider premises'. The internet links have been provided to the definitions of 'clinically extremely vulnerable' and 'vulnerable individuals', also a link to the guidance for workplaces with staff who are considered to be under these categories.</p> <p>45. Paragraph 103: '...to adhere to social distancing' has been added.</p> <p>46. Paragraph 105 and Paragraph 107: Additional wording has been added for providers to consider recommendations provided by the clinically extremely vulnerable person's medical professional and the individual's ability to understand and adhere to the mitigations required.</p> <p>47. Paragraph 109: Additional wording has been added to consider the views of learners when making decisions that affect them.</p> <p>48. Paragraph 110: Additional wording has been added to regarding adjustments that may be needed before a return would require 'pre-visits to the provider setting and advance contact with those learners and their parents/ guardians and carers,.'</p> <p>49. Paragraph 117: Additional wording has been added in respect of ensuring the agreed arrangements for each learner are clear for the use of consistent use additional PPE by all staff and individual learning plans are noted.</p>	26 Feb 2021

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Document Version Number	Changes Made	Date Published
1.3	<p>50. Page 42: A new section has been added providing information to providers in relation to their responsibilities regarding School Partnership Programmes.</p> <p>51. Paragraph 127: A paragraph has been added regarding staff travelling to different sites.</p> <p>52. Paragraph 129 E: The following wording has been added the 'Contact Tracing Team, the StopCOVID NI App, or, in the case of the FECs by the FECs themselves,'</p> <p>53. Page 46: Additional wording has been added regarding the need to keep a watching brief on government and industry issued workplace guidance and also in relation to adhering to the guidance on the delivery of first aid during the pandemic.</p> <p>54. Paragraph 133: The following wording has been removed 'the 'Use of additional Personal Protective Equipment (PPE) and face coverings' section below for further information'</p> <p>55. Paragraph 137: The following wording has been added 'Contact Tracing Team, the StopCOVID NI App, or, in the case of the FECs by the FECs themselves,.'. 'High risk contact' has been amended to 'close contact'. The internet link to the PHA guidance has been changed to https://www.publichealth.hscni.net/covid-19-coronavirus/covid-19-information-public#what-should-i-do-if-i-think-i-have-covid-19</p> <p>56. Paragraph 139-141: The wording has been updated for providers to consider how to encourage good handwashing techniques</p> <p>57. Paragraph 142: Additional advice and internet links have been added regarding hand washing and sanitising for those students with complex needs.</p> <p>58. Paragraph 145: The following additional wording has been added '...and only do so if they have cleaned their hands thoroughly with soap and water or hand sanitiser both before and afterwards.'</p> <p>59. Paragraphs 165-170: This section has been updated to reflect the guidance in relation to promoting good ventilation and the use of air conditioning.</p> <p>60. Paragraphs 173-174: Specific government and issued industry issued workplace and workplace and activity guidance: Wording has been amended for providers to keep a watching brief on and refer to relevant government and industry issued workplace sector guidance.</p> <p>61. Paragraphs 175-176: Guidance has been added in relation to Delivery of First Aid during the Pandemic.</p> <p>62. Page 53 Use of Additional Personal Protective Equipment (PPE) and Face Coverings: The website link to guidance on additional PPE has been added. Contractors have been added to the list of people who should make use of additional mitigation measures such as Perspex shields if 2 metres distancing cannot be maintained. Additional wording has also been added regarding that face covering must be worn on campus except where an exemption has been agreed per college procedures.</p> <p>63. Paragraph 180: Wording has been amended to reflect that visors are not an effective alternative to a face covering.</p> <p>64. Paragraph 181: Additional wording has been added regarding face coverings reusable face coverings which can be looped around the ears.</p> <p>65. Paragraph 183 Wording has also been amended to read that 'providers must keep a watching brief on relevant government and industry issued workplace guidance and adhere to'. Also that Face Coverings must be worn has been added.</p> <p>66. Paragraphs 184 & 185: Wording has been added regarding the mandatory wearing of face coverings.</p> <p>67. Paragraph 186: Additional advice has been included regarding the use of additional PPE in environments where organisational risk assessments have found that a higher level of contamination, such as respiratory secretions, may be present.</p> <p>68. Paragraphs 188 - 198: The wording has been amended to provide advice on obtaining PPE and the wearing and care of face coverings.</p> <p>69. Paragraph 199: Guidance has been added for staff performing aerosol generating medical procedures.</p> <p>70. Paragraph 200: 'High risk contact' has been amended to 'close contact of a positive case by the PHA Contact Tracing Team, the StopCOVIDNI App, or in the case of the FECs by the FECs themselves.</p>	26 Feb 2021

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1.3	<p>71. Page 59 Cleaning: Additional wording has been added for providers to ensure a system is cleaning is in place to confirm, monitor and regular cleaning, and the frequency, manner and standard of that, must be implemented.</p> <p>72. Paragraph 201: The following additional wording has been added 'Regular cleaning plays a vital role in limiting the transmission of COVID-19'.</p> <p>73. Paragraph 202: Additional advice has been added for providers to ensure cleaning procedures should be based on a risk assessment which gives consideration to the number of people using the space, the number of different groups of people using the space, the activities involved within the space, whether individuals are entering and exiting the setting and access to handwashing and hand-sanitising facilities.</p> <p>74. Paragraph 203: The wording 'and monitor' and 'manner' has been added.</p> <p>75. Paragraph 205: Additional areas surfaces which should be regularly cleaned have been added.</p> <p>76. Paragraph 209: A new paragraph has been added regarding the need to ensure that classrooms/ learning spaces that are used by multiple groups and shares work spaces are cleaning between use and adequate disposal facilities are available. Also advises that the use of electrostatic removed the need for anyone to come in contact with a surface.</p> <p>77. Paragraph 211: Wording has been added regarding a confirmed COVID 19 case. Also the link to enhanced cleaning has been added.</p> <p>78. Paragraph 213 & 214: The following paragraph has been added: 'Gloves and aprons should be used when cleaning equipment or surfaces that might be contaminated with body fluids such as saliva or respiratory secretions and the link to HSENI guidance.'</p> <p>79. Paragraphs 215 – 218: Additional paragraphs have been added in relation to deliveries, contractor and visitor access to ensure safe operation and working practices, this includes implementation of contact tracing of delivery personnel, contractors and visitors, providers to determine if there needs to be a revision of schedules and contractor visits to minimise overlap of people and ensure adherence to legislation and social distancing. Also mandatory wearing of face coverings has been added.</p> <p>80. Paragraph 222: The following wording has been added 'Delivery points, procedures, signage and markings may need to be revised, deliveries should be timed to avoid drop off/pick up times'.</p> <p>81. Paragraph 225: Additional wording has been added here in relation to apprentices in workplace settings and the need for providers to assure themselves that appropriate health and safety measures are in place and that the learner fully understands safe working practices and to advise the provider if they have any concerns. This paragraph also emphasizes that neither the learner not the employer should feel under pressure to commence the placement if they have any concerns about health and wellbeing.</p> <p>82. Paragraph 233: A new paragraph has been added requiring that providers should also ensure that all individuals are informed as far as possible about the potential delivery methods that will be used in their course so that their expectations about course delivery are appropriately managed.</p> <p>83. Paragraph 234: The following wording has been added in respect of the 'Test, Trace and Protect' contact tracing programme: 'The key elements of that programme are recorded below.'</p> <p>84. Paragraph 236: An additional paragraph has been added regarding the introduction by FEC's in conjunction with PHA of a separate process for reporting positive cases and potential close contacts on premises.</p> <p>85. Paragraph 237 D: The wording 'Contact Tracing Team, StopCOVIDNI App, or in the case of the FECs by the FECs themselves,...' has been added and 'high risk contact' has been amended to read 'close contact'.</p> <p>86. Paragraph 237 F: '...recovers from COVID-19; and...' has been added.</p> <p>87. Paragraph 237 G: 'a staff member or learner' has been added.</p> <p>88. Paragraph 238 B : Additional wording has been added for Providers to encourage staff and learner to download and use the StopCOVIDNI app.</p> <p>89. Paragraph 238 C: A section has been added regarding participation in the DHSC's self-test kit programme.</p>	26 Feb 2021

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1.3	<p>90. Paragraph 238 D - G : The words 'staff member or learner' have been added.</p> <p>91. Paragraph 238 F & Paragraph 240: Wording has been amended to read 'PHA Contact Tracing Team, the StopCOVIDNI App or in the case of the FECs by the FECs themselves that they are a 'close' contact of someone who has tested positive for COVID-19'.</p> <p>92. Paragraphs 240 and 242: The wording 'high risk' has been amended to 'close'.</p> <p>93. Paragraphs 249 - 250 StopCOVIDNI App – New paragraphs have been included providing information on the App and the link to further information.</p> <p>Annex B - Dealing with individuals with symptoms of COVID-19 or confirmed cases of COVID-19</p> <p>94. Paragraph 1: A new paragraph has been added regarding the six regional FECs have, in conjunction with the PHA, introduced a separate process for reporting of positive cases and 'close' contacts on premises.</p> <p>95. Paragraph 2 D: The following wording has been added: 'Contact Tracing Team. StopCOVID NI App, or, in the case of the FECs by the FECs themselves as a 'close' contact.</p> <p>96. Paragraph 4: The wording has been amended to read 'any of the above individuals returns' and 'self-isolation where that is required'.</p> <p>97. Paragraph 7 A: The wording has been amended to read 'advised to check their eligibility for a COVID-19 test and get tested if eligible.'</p> <p>98. Paragraph 7 B: A new paragraph has been added regarding the DHSC's self-test kits and determining whether an individual is eligible and is so ensuring it is issued with the documented process.</p> <p>99. Paragraph 7 D: A new paragraph has been added in relation to cleaning of an isolation room.</p> <p>100. Paragraph 7 E : The reference to cleaning bathroom/toilet as part of the normal cleaning regime has been removed.</p> <p>101. Paragraph 7 F: Additional wording has been added in relation to the wearing of additional PPE including gloves, apron and a fluid resistant surgical mask for staff caring for the individual if direct personal care. Also the wearing of eye protection should there be a risk splashing to the eyes.</p> <p>102. The reference (formerly 7G in Version 1.2) to cleaning bathroom/toilet as part of the normal cleaning regime has been removed.</p> <p>103. Paragraph 7 J: Additional wording has been added regarding the PHA Contact Tracing who will contact an individual who subsequently tests positive for COVID-19 by text message asking them to enter their close contacts.</p> <p>104. Paragraph 7 K: The wording 'high risk' has been amended to 'close'</p> <p>105. Paragraph 7 L : The wording 'high risk' has been amended to 'close', also the wording '(who have been within 2 metres of for more than 15 minutes)' has been removed.</p> <p>106. The following two paragraphs (formerly paragraphs 8 & 9) regarding an individual who had COVID symptoms but tested negative has been removed.</p> <p>107. Paragraphs 10 -13, 14 & 15: The wording 'high risk' has been amended to 'close'</p> <p>108. Paragraphs 15-25: Cleaning, disinfection and waste disposal. Additional guidance has been added regarding the wearing of PPE, cleaning, disinfecting and disposal of personal waste should an individual test positive, disposal of waste of those who test negative and other household waste.</p> <p>Annex C - Identifying additional workforce capacity: Supporting checklist</p> <p>109. Question 7 has been added and asks if there is at least one person with first-aid training available for work on-site?</p> <p>110. Question 9: The wording 'Building Supervisor' has been added.</p>	26 Feb 2021
1.3 Addendum	1. PHA Guidance and Steps to Support Safe Resumption in Close Contact Training Environments published.	15 Apr 2021

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Document Version Number	Changes Made	Date Published
1.4	<ul style="list-style-type: none">4. Paragraph 6 Point 'F' has been added to include the word 'anyone who has had a positive Lateral Flow Test'5. Paragraph 9 Additional wording has been added to include 'participation in Lateral Flow Testing'33. Paragraph 93 point 'M' has been added to include the words 'promote the participation in Lateral Flow Testing'33. Paragraph 94 under point 'A' the words 'promote the participation in Lateral Flow Testing' has been added44. Paragraph 129 point 'G' has been added to read 'has a positive Lateral Flow Test'47. Paragraph 137 after the word 'foreign country' the words 'or has had a positive Lateral Flow Test' has been added58. Paragraph 200 after the word 'foreign country' the words 'or has had a positive Lateral Flow Test' has been added70. Paragraph 240 after the word 'foreign country' the words 'or has had a positive Lateral Flow Test' has been added73. Paragraph '251' a new paragraph has been added regarding the use of Lateral Flow Testing.75. Appendix B point 'F' has been added with the words 'has had a positive Lateral Flow Test'	Date 26 May 2021