



JEDDAH PREP AND GRAMMAR SCHOOL

Child Protection and Safeguarding Policy

Rationale

Jeddah Prep and Grammar School recognises its responsibilities for the protection of the children in our care. Children who witness violence or are abused in any way may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. The School may be the only stable, secure and predictable element in their lives. When at School, their behaviour may be challenging and defiant or they may be withdrawn. All adults working at the School must be aware of their responsibility to safeguard and promote the welfare, both physical and emotional, of every pupil inside and outside school. This involves ensuring that pupils are protected from significant physical or emotional harm and that there is a positive commitment to ensure the satisfactory development and growth of the individual.

We recognise that because of the day to day contact with children, members of the School community are well placed to observe the outward signs of abuse. The School will therefore establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to, and ensure that all children know that there are adults in the school whom they can approach if they are worried. Through pastoral support, different subject curricular and discussions during tutor periods, we facilitate children in the development of the skills they need to recognise and stay safe from abuse. This policy applies to all staff, governors and volunteers working in the school.

There are five main elements to this policy:

- Ensuring we practise safe recruitment in checking the suitability of staff and volunteers to work with children;
- Raising awareness of child protection issues and equipping children with the skills needed to keep them safe;
- Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse;
- Supporting pupils who have been abused in accordance with their individual agreed child protection plan;
- Establishing a safe environment in which children can learn and develop.

Following best practice in the UK and Saudi Arabia, the School will;

- Ensure we have designated members of staff for safeguarding/ child protection who have received appropriate training and support for this role. At JPGS, these people are the Designated Safeguarding Lead, Deputy Designated Safeguarding Lead(s) and the Headmaster;
- Ensure every member of staff, volunteer and board member knows the name of the designated members of staff responsible for child protection and their specific roles and responsibilities;
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated staff responsible for child protection;
- Keep written records of concerns about children, even where there is no need to refer the matter immediately;
- Ensure all records are kept securely in Administration, separate from the main pupil files;
- Follow procedures where an allegation is made against a member of staff or volunteer;
- Develop effective links with relevant external agencies in the Kingdom and co-operate as required with their enquiries regarding child protection matters;
- Ensure safe recruitment practices are always followed.

The School will endeavour to support pupils through:

- The content of the curriculum;
- The School vision and mission, which promotes a positive, supportive and secure environment and gives pupils a sense of being valued;
- The School policies which are aimed at supporting vulnerable pupils in the school. The School will ensure that pupils know that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred;
- Ensuring that in the event a pupil leaves, JPGS will ensure that the pupil's information and record is transferred to the new school.

This policy should be read in conjunction with the School's Behaviour Policies, Anti-Bullying Policies, Code of Conduct, Data Protection Policy, Pupil Attendance and Absence Policy, Social Media Policy, Staff Behaviour Policy and Health & Safety Policy. Staff are required to confirm that they have read Part 1 and Annex A of 'Keeping Children Safe in Education' and the School's HR department keep a record

of this. Staff are also expected to complete the certified Gooseberry Level 1 Safeguarding Training.

It is vital that all staff and parents are made aware of the School's Safeguarding Policy and to whom they should report any concerns.

Staff Roles and Responsibilities

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|--|---|
| Designated Safeguarding Lead (DSL) Mr M. Shahzad KS4 Coordinator | Email: mshahzad@jpgs.org Telephone 0126542354 ext 243 |
| Deputy Designated Safeguarding Lead Mr R. Garnett Head of Prep School | Email: rgarnet@jpgs.org Telephone 0126542354 ext 179 |
| Headmaster Mr M. S. Bedford | Email: head@jpgs.org Telephone 0126542354 ext 120 |
| EYFS Coordinator Mrs N. Gulzar | Email: ngulzar@jpgs.org Telephone 0126542354 ext 104 |
| School Nurses – First Aid Nurse Aya and Nurse Sol | Email: nurse@jpgs.org Telephone 0126542354 ext 123 |
| Designated Safeguarding Governor Dr S. Ahmed | Email: Board-Of-Governors@jpgs.org |
| Chair of Governors Mrs A. Lam | Email: Board-Of-Governors@jpgs.org |

The DSL will:

- Ensure the school's Safeguarding Policy is updated and reviewed annually;
- Keep confidential, detailed, accurate, secure written records of referrals /concerns;
- Ensure all parents see copies of the Safeguarding policy in order to alert them to the fact that the school may need to make referrals. Raising awareness may avoid later conflict if the school does have to take appropriate action to protect a child;
- Make themselves known to all staff, volunteers and members of the board;
- Ensure each member of staff has access to and is aware of the school's Safeguarding Policy and associated procedures. This is also essential in respect of any members of staff who work part time or work with more than one school, such as peripatetic music teachers;
- Act as a source of advice, support and expertise within the school and are responsible for coordinating action regarding referrals by liaising with

relevant agencies over cases of abuse and allegations of abuse, regarding both pupils and members of staff;

- Liaise and work with the Key Stage Coordinators in suspected case of child abuse;
- Should attend any relevant CPD courses and then ensure that any new or key messages are passed to other staff, volunteers and governors;
- Lead weekly Safeguarding Meetings with Headmaster and DDSL
- Ensure that the Heads of Prep and Secondary are kept fully informed of any concerns.

The Deputy DSL will:

- Cover the DSL role when the DSL is absent from school;
- Act as a source of advice, support and expertise within the Prep School;
- Liaise and work with Key Stage Leaders in suspected case of child abuse;
- Ensure all referrals/ concerns are kept confidential;
- Should attend any relevant CPD courses;

The Headmaster will ensure that:

- Child Protection policy and procedures are in place and followed;
- Safe recruitment procedures are in place and followed;
- The school appoints a DSL who is a senior member of the senior or extended school leadership team;
- Relevant safeguarding children training for school staff is provided;
- Safe management of allegations;
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay;
- The Designated Safeguarding Governor is nominated to be responsible in the event of an allegation of abuse being made against the Headmaster;
- Safeguarding policies and procedures are reviewed annually;

Child protection records should include the date, event and action taken. Reports prepared for child protection meetings should focus on the pupil's:

- Educational progress and achievements
- Attendance
- Behaviour
- Participation
- Relations with other children and young people

- Appearance, where appropriate
- Interaction with other children and adults

If relevant, reports should include what is known about the pupil's relations with his/her family and the family structure. Reports should be objective and based on evidence. They should distinguish between fact, observation, allegation and opinion.

The School will:

- Make reports available to the pupil's parents prior to the child protection conference unless to do so would place the pupil at risk of significant harm;
- Provide written reports to the appropriate authorities, and arrange for an appropriate person from the school to attend meetings if required;
- Transfer any child protection records if the pupil moves schools.

The DSL will also have an important role in ensuring all staff and volunteers receive appropriate training. All staff should have training in child protection through on-going CPD sessions. This should be relevant to their needs to enable them to identify and report any concerns immediately. They must be aware of how to identify abuse and know when it is appropriate to refer a case. Furthermore, nominated staff must have a working knowledge of how Child Protection systems operate in Saudi Arabia.

Responsibilities of all Staff

If a member of staff suspects that a pupil is a victim of abuse or they have reason to believe that he/she is at risk from abuse, they should be aware of the procedures for reporting their concerns. Pupils may confide in any member of the School Community: they do not always go to teachers.

Staff to whom an allegation is made should remember:

- Yours is a listening role; do not interrupt the pupil if he or she is freely recalling significant events. Any questions that may be needed to clarify what the pupil is saying should be framed in an open manner and you should not lead the pupil in any way.
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to the Key Stage Coordinator
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify

- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make notes of the discussion, as soon as possible (but within 24 hours) to pass on to the DSL. The note should record the time, date, place and people who were present as well as what was said, as this may be required to support subsequent legal action.
- Once you have informed the DSL, your responsibility in terms of referring concerns ends at this point. You should be aware, however, that you may have future role in terms of supporting or monitoring the pupil, contributing to the assessment or implementing child protection plans.

In order to protect children, Jeddah Prep and Grammar School has strict procedures for vetting and appointing all staff. These procedures are regularly updated and must be followed in all cases.

Private Meetings

Staff and volunteers should be aware that private meetings with individual pupils may give rise to concern. There will be occasions when a confidential interview or a one-to-one meeting is necessary. Such interviews should be conducted in a room with visual access, or an area which is likely to be frequented by other people. Another pupil or adult should be present or nearby. Where such conditions cannot apply, staff should ensure that another adult knows that the interview is taking place. Meetings with pupils away from the School premises should not typically take place and thus only be arranged with the specified approval of the Headmaster and the prior permission of the parents of the pupil concerned.

Physical Contact with Pupils

Physical contact may be misconstrued by a pupil, parent or observer. Touching pupils, including well-intentioned gestures such as putting a hand on a shoulder, can lead to serious questions being raised. As a general principle staff must not make physical contact with their pupils. There may be occasions where a distressed pupil needs comfort and reassurance which may include physical comforting of the type a caring parent would give. The degree of such comfort is dependent on need, age and developmental maturity. Staff should use their discretion in such cases to ensure that what is normal and natural does not become unnecessary and unjustified contact, particularly with the same pupil over a period of time.

Some members of staff are likely to come into physical contact with pupils from time to time in the course of their duties. Staff should be aware of the limits within which such contact should properly take place and of the possibility of such contact being misinterpreted.

There may be occasions where it is necessary for staff to restrain a pupil physically to prevent them from inflicting injury to others, self-injury, damaging property, or causing disruption. Examples may be:

- A pupil attacks a fellow pupil or member of staff;
- Pupils are fighting;
- A pupil is engaged in deliberate vandalism to school property;
- A pupil is causing or is at risk of causing injury or damage by accident, medical need such as a seizure, rough play or by misuse of dangerous materials or objects;

In such cases, the member of staff should remain calm and tell the pupil to stop and what will happen if he/she does not. Judgement must be exercised before intervening physically – staff should not intervene in an incident without assistance (unless an emergency) if there is risk of injury to themselves. If intervention is necessary, only the minimum force necessary may be used and any action taken must be to restrain the pupil. Where members of staff have taken action to restrain a pupil they should make a written report of the incident and inform their Head of School and/or Headmaster as soon as practical but within twelve hours of the incident.

Mental Health

- All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.
- Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.
- Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour and education.
- If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy and speaking to the designated safeguarding lead or deputy.

Dealing with Disclosure

If a child discloses that he or she has been abused in some way, the member of staff should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely

- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to the DSL, Deputy DSL or Head of School
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Safeguarding Lead without delay

Confidentiality

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with the DSL and the Heads of School at JPGS within the professional context.

If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe. Staff/volunteers who receive information about children and their families in the course of their work should share that information only with the DSL within appropriate professional contexts.

Communication with parents

JPGS will:

- Undertake appropriate discussion with parents unless to do so would place the child at further risk of harm.
- Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children

The School's Arrangements to fulfil other safeguarding arrangements to fulfil other safeguarding responsibilities

Teaching children how to keep safe

At JPGS all pupils are taught about safeguarding, including online, through the curriculum, assemblies and PHSE to help children to adjust their behaviours in order to reduce risks and build resilience. This includes teaching pupils about the safe use of electronic equipment, the internet and the risks posed by adults or young people,

who use the internet and social media to bully, groom, abuse or radicalise other people, especially children, young people and vulnerable adults. Pupils are also taught about relationships. Internet safety is an integral part of the School's Computer Science curriculum. All members of staff are required to have read and to follow the school's ICT Acceptable Use Policy, and Social Media Policy.

Recruitment of Staff

JPGS is committed to safer recruitment and has adopted procedures and processes (including its recruitment policy and safeguarding checks protocols) that are intended to help deter, reject or identify people who might abuse children. All overseas staff are subject to an ACRO, ICPC (or equivalent) police check, written and verbal references and other background checks as required for entrance to the Kingdom of Saudi Arabia.

Security

Entry to school premises is controlled by gates that are secured physically or by staff supervision or video surveillance. Authorised visitors to the school will be logged into and out of the premises and will be asked to wear school visitor badges. Unidentified visitors will be challenged by staff or reported to Security.

Signs of Child Abuse

All staff must be alert to signs of possible abuse and know to whom to report any concerns or suspicions. Individual indicators of abuse may not be particularly worrying in isolation, but in combination they can suggest that there is serious cause for concern.

Indicators of **physical** abuse may include:

Bruises

- To the eyes mouth or ears;
- Fingertip bruising (grasp mark);
- Bruises of different ages in the same place;
- Outline bruises (prints of hands, belts shoes, etc.);
- Bruises without obvious and verifiable explanations;

Burns, Bites and Scars

- Clear impressions of teeth (more than 3cm across unlikely to have been made by a child);
- Burns or scalds with clear outlines;
- Small round burns which may be from cigarettes;
- Large number of different aged scars;
- Unusually shaped scars;
- Scars that indicate the child did not receive medical treatment;

Other Injuries

- Poisoning, injections, ingestion or other applications of damaging substances including drugs and alcohol;
- Female genital mutilation, including female circumcision;

Indicators of **neglect** include children who are:

- Not receiving adequate food;
- Exposed to inadequate, dirty and or cold/hot environments;
- Abandoned or left in circumstances without appropriate adult supervision which are likely to endanger them;
- Withheld from appropriate medical advice or treatment;

Indicators of **sexual abuse** include:

- Sexually transmitted diseases;
- Recurrent urinary infections;
- Genital and rectal itching and soreness;
- Unexplained bleeding and discharges;
- Bruising in genital region;
- Sexual play/masturbation that is inappropriate to a child's age, development and circumstances;
- Sexually abusive behaviour towards other children, particularly those younger and more vulnerable than themselves;
- Unexplained pregnancy;

Indicators of **emotional abuse** include:

- Abnormally passive, lethargic or attention seeking behaviour;
- Specific habit disorders, e.g. faecal smearing, excessive drinking, eating unusual substances and self-harm;
- Severely delayed social development, poor language and speech development not otherwise explained;
- Excessively nervous behaviour such as rocking or hair twisting;
- Low self-esteem;

The following indicators may occur to any children being abused but are particularly important in cases of sexual or emotional abuse where outward physical signs may not be present:

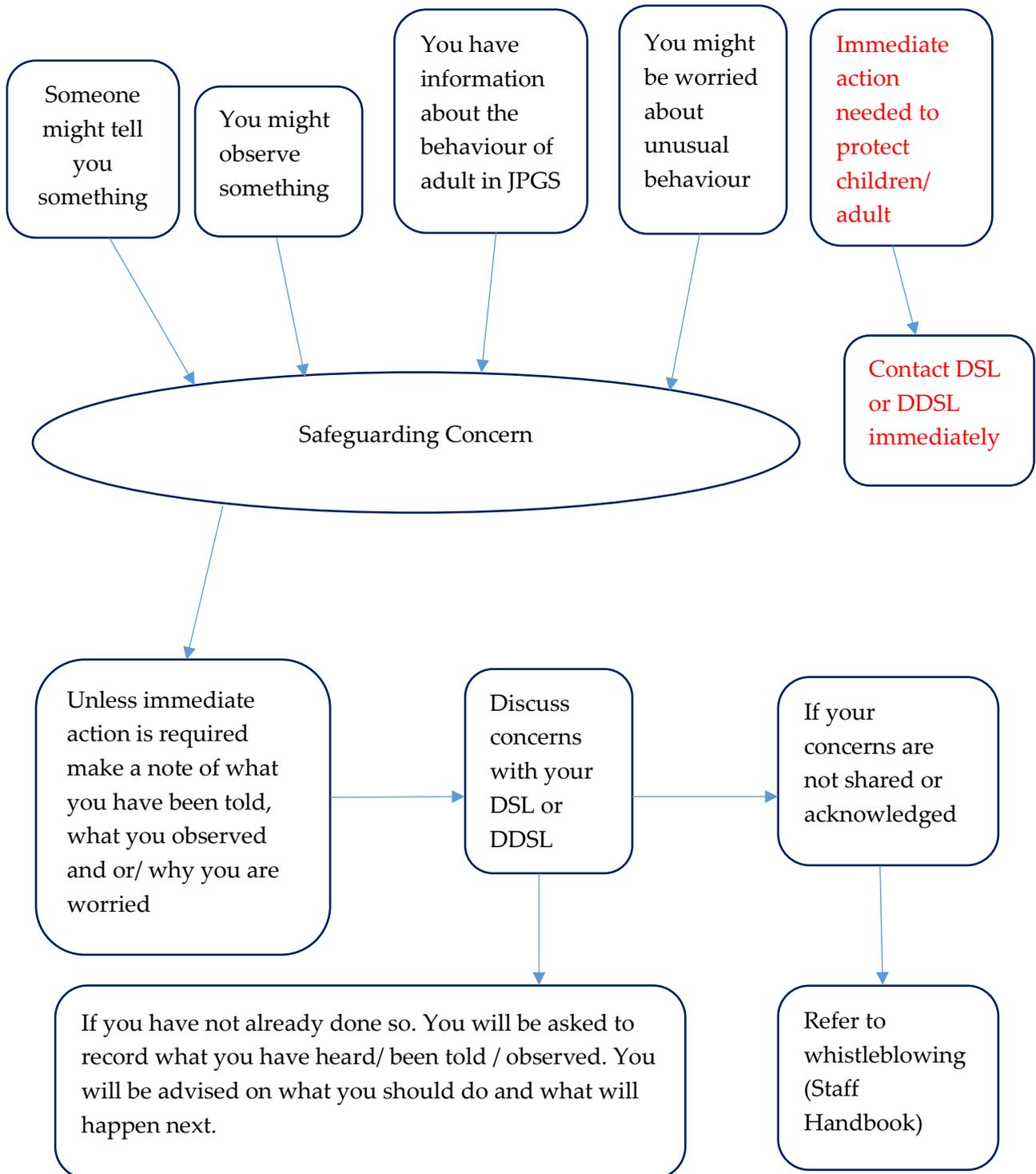
- Involuntary passing of urine;
- Sleeping and eating disturbance;
- Recurrent abdominal pains;
- Recurrent headaches;
- Social withdrawal;
- Restlessness and aimlessness;

- Inexplicable school failure;
- Poor trust and secretiveness;
- Indiscriminate and careless sexual behaviour;
- Self-mutilation and other forms of self-harm;
- Hysterical fits, faints, etc.

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| Date of Issue: August 2020 | Reviewer: DSL, DDSL, Headmaster |
| Date for Review: August 2021 | Approved: Board of Governors |

Appendix One

Responding to Safeguarding Concerns All Staff



Appendix Two

Cause for Concern – Welfare (Amber Form)

Use this form to record any concerns about a pupil's welfare. The purpose of this form is to record any ongoing, minor concerns you may have about a pupil.

Examples of things you may wish to record could be: things you may have noticed about their physical presentation (e.g. coming to school tired, unwashed, unfed etc); their attendance; their punctuality; being upset in class on more than one occasion.

Please make sure that you share these concerns with the Year Leader (Prep School) and the Key Stage Coordinator (Grammar School).

(This is not a Child Protection Record of Concern. If you suspect that the pupil may be suffering abuse or chronic neglect, or you have received a disclosure of abuse from a pupil or you have heard about an allegation of abuse, you **MUST** complete the **Child Protection Record of Concern** instead.)

| | | | |
|--|--|---|--|
| Pupil's full name | | Your name and Position | |
| Why are you concerned about the pupil? | | | |
| What have you observed and when? | | | |
| What have you heard and when? | | | |
| What have you been told and when? | | | |
| Have you spoken to anyone else about your concerns? | | Yes No If Yes who have you spoken to? | |
| Is this the first time you have been concerned about this pupil? | | | |
| Date: | | Any action taken: | |

Appendix Three

Child Protection Record of Concern (Pink Form)

If you suspect that a pupil may be suffering abuse or chronic neglect, or you have received a disclosure of abuse from a pupil or you have heard about an allegation of abuse, you must complete the child protection record of concern form with as much detail as possible and hand it to the Designated Child Protection Officer today.

| Pupil Details | |
|---|---------------|
| Full name | Date of Birth |
| Class Teacher/ Form Tutor | Ethnicity |
| Does the pupil have any disabilities or special educational needs? Please specify | |
| Preferred language of pupil | |
| Does the pupil know this form has been completed? If yes, what did he/she say? If no, why not? | |
| Why are you concerned about this pupil? Please provide a description of any incidents/conversations and the dates that they occurred. Please try to be as accurate as possible when recalling conversations; try to remember exact phrases and words that were used. Please only record FACT in this description, do NOT record opinion or hearsay. You must not ask the pupil leading questions or try to investigate the concern yourself. | |

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| What have you been told and when? This may be third-party information that is relevant but as yet unsubstantiated |
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| If an allegation of abuse has been made, give any details you have about the abuser: |
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| Does the pupil have any visible injury, or have they told you they have been injured? |
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| If yes, has medical advice been sought? |
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| Has any action already been taken in relation to this concern? (e.g. pupil taken out of class, first aid etc.) |
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| Details of those with Parental responsibility | |
|--|--|
| Name: | Telephone: |
| Relationship to the pupil: | Preferred language: |
| Do those with parental responsibility have any disabilities or special needs? | |
| Details of any siblings | |
| Do those with parental responsibility know this form has been completed? If not, why not? If yes, what did they say? | |
| <i>NOTE: those with parental responsibility should not be contacted by anyone in the school if this could place the pupil at risk. Speak to the Designated Child Protection Officer first.</i> | |
| Your details | |
| Full name | Name and position of the person this record was handed to: |
| Position | Date and time the above person received the record: |
| If this record has been handed to anyone other than the DSL, please explain why: | |

Appendix Four

Covid-19 Guidelines (Keeping Children Safe in Education 2020)

Effective infection protection and control

There are important actions that children and young people, their parents and carers, and those who work with them, can take during the coronavirus (Covid-19) outbreak to help prevent the spread of the virus.

Transmission of coronavirus (Covid-19) mainly occurs through respiratory droplets generated during breathing, talking, coughing and sneezing. These droplets can directly infect the respiratory tracts of other people if there is close contact. They also infect others indirectly. This happens when the droplets get onto and contaminate surfaces, which are then touched and introduced into the mouth or eyes of an uninfected person. Another route of transmission is through aerosols (extremely small droplets), but this is only relevant to medical procedures for a very small number of children in education and social care settings.

In all education, childcare and children's social care settings, preventing the spread of coronavirus (Covid-19) involves preventing:

- direct transmission, for instance, when in close contact with those sneezing and coughing
- indirect transmission, for instance, touching contaminated surfaces

A range of protective measures must be employed to reduce the risk of transmission of the infection. These can be seen as a system of controls that, when implemented, creates an inherently safer system in which the risk of transmission of infection is substantially reduced. These controls are as follows.

1. Minimise contact with individuals who are unwell

If you have, or are showing symptoms of, coronavirus (Covid-19) (a new continuous cough, a high temperature, or a loss of, or change in, your normal sense of taste or smell - anosmia), or have someone in your household who is, you should not be in a childcare setting, school or college. You should be at home.

If you have symptoms you should arrange to have a test to check if you have coronavirus.

2. Clean your hands thoroughly more often than usual

Clean your hands more often than usual, particularly after arriving at your setting, when returning from breaks, when changing rooms, and before and after eating or

handling food, as well as after touching your face, blowing your nose and sneezing or coughing.

To clean your hands, you should wash your hands thoroughly for 20 seconds with running water and soap and dry them thoroughly, or use alcohol hand rub/sanitiser ensuring that all parts of the hands are covered.

3. Ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach

Avoid touching your mouth, eyes and nose. Cover your mouth and nose with disposable tissues when you cough or sneeze. If one is not available, sneeze into the crook of your elbow, not into your hand. Dispose of tissues into a disposable rubbish bag and immediately clean your hands with soap and water or use a hand sanitiser.

4. Introduce enhanced cleaning, including cleaning frequently touched surfaces often using standard products, such as detergents and bleach

Cleaning should be generally enhanced, including:

- more frequent cleaning of rooms or shared areas that are used by different groups
- cleaning frequently touched surfaces more often than normal, such as:
 - door handles
 - handrails
 - table tops
 - play equipment
 - toys
 - electronic devices (such as phones)

When cleaning, use the usual products, like detergents and bleach, because these are very effective at getting rid of the virus on surfaces.

5. Minimise contact between individuals and maintain distancing wherever possible

You should, as much as possible, alter the environment of your setting (such as classroom layout) and your timetables (such as staggered break time) to minimise contact and mixing.

6. Where necessary, wear PPE

Most staff in education, childcare and children's social care settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others.

PPE is only needed in a very small number of cases if:

- an individual child, young person or other learner becomes ill with coronavirus (Covid-19) symptoms and only then if a distance of 2 metres cannot be maintained
- a child, young person or learner already has routine intimate care needs that involve the use of PPE, in which case the same PPE should continue to be used

Face masks must:

- cover both nose and mouth
- not be allowed to dangle around the neck
- not be touched once put on, except when carefully removed before disposal
- be changed when they become moist or damaged
- be worn once and then discarded - hands must be cleaned after disposal

What care should be taken in early years settings?

Because it is challenging to reduce contact between young children in early years settings, regular cleaning and disinfection of surfaces, objects and toys, as well as handwashing, are particularly important. The use of soft toys and toys with intricate parts or that are otherwise hard to clean should be avoided.

Read guidance on [cleaning for non-healthcare settings](#).

Settings should manage risks by keeping children in small groups and trying, as far as possible, to keep the same children and staff members together from day to day. Settings should consider staggering mealtimes and should discourage parents and carers from gathering at setting entrances. As far as possible, parents and carers should not enter EYFS premises.

Is PPE required for tasks involving changing nappies or general care for babies?

Staff should follow their normal practice when changing nappies and caring for babies more generally, provided the child is not showing symptoms of coronavirus (Covid-19). This includes continuing to use the PPE that they would normally wear in these situations, for example, aprons and gloves. If a child shows symptoms, they should not attend a childcare setting. They should be at home and get tested.

Does coronavirus (Covid-19) mean that PPE is needed for administering first aid?

Children, young people or learners who require first aid should continue to receive care in the same way. No additional PPE is needed because of coronavirus (COVID-19) for anyone who does not have coronavirus (COVID-19) symptoms.

Does coronavirus (COVID-19) mean that air conditioning should not be used?

You can continue using most types of air conditioning system as normal. However, if you use a centralised ventilation system that removes and circulates air to different rooms, it is recommended that you turn off recirculation and use a fresh air supply.

Read guidance on [air conditioning and ventilation during the coronavirus outbreak](#).

How should I care for young children or children with special educational needs who do not understand why they must stay apart or who ignore distancing guidelines?

Young children and children with special educational needs may not be able to understand the need for social distancing and may also seek close interaction with their peers or adults to provide reassurance at a period of disruption to their routines.

It is imperative that education, childcare and children's social care settings conduct risk assessments around managing groups of children within the setting. This should include limiting the number of children in each group and reducing this to provide more space in each classroom or learning area.

As far as possible, small groups of children should be supported by consistent staffing, and groups should remain as consistent as possible throughout the outbreak.

How should PPE and face coverings be disposed of?

Used PPE and any disposable face coverings that staff, children, young people or other learners arrive wearing should be placed in a refuse bag and can be disposed of as normal domestic waste unless the wearer has symptoms of coronavirus (Covid-19) in line with [COVID-19: cleaning of non-healthcare settings outside the home](#).

Used PPE and face coverings should not be put in a recycling bin or dropped as litter. Education, childcare and children's social care settings should provide extra bins for staff and customers to throw away face coverings and PPE and should ensure that staff and customers do not use a recycling bin.

Any homemade non-disposable face coverings that staff or children, young people or other learners are wearing when they arrive at their setting must be removed by the wearer and put in a plastic bag that the wearer has brought with them in order to take it home. The wearer must then clean their hands.

To dispose of waste such as disposable cleaning cloths, face coverings, tissues and PPE from people with symptoms of coronavirus (COVID-19), including people who are self-isolating and members of their household:

- put it in a plastic rubbish bag and tie it when full
- place the plastic bag in a second bin bag and tie it
- put it in a suitable and secure place marked for storage for 72 hours

This waste should be stored safely and securely kept away from children. You should not put your waste in communal waste areas until the waste has been stored for at least 72 hours.

Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives. This waste does not require a dedicated clinical waste collection in the above circumstances.

Read [COVID-19: cleaning of non-healthcare settings outside the home](#).