



SENDIASS: Guidance on visits during the COVID-19 pandemic

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WOKINGHAM
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Introduction

This guidance is for SENDIASS Wokingham to enable the continued provision of free impartial, confidential and accurate information, advice and support relating to special educational needs and disabilities for children, young people and families during the COVID-19 pandemic.

This document has been produced to set out how Wokingham's SEND Information, Advice and Support Services (SENDIASS) should operate during the COVID-19 pandemic – and to clarify expectations during this period.

The guidance is subject to change as the national situation continues to unfold and will be updated as required.

Determining the need for face-to-face visits during the COVID-19 pandemic - guiding principles

While Wokingham Borough Council Children's Social Care is undertaking face-to-face visits wherever possible, much of SENDIASS Wokingham's work can continue virtually - without the need for face-to-face meetings or visits. Since the beginning of the COVID-19 pandemic, all meetings with Wokingham Borough Council's SEND Team and schools, along with mediations and tribunals have taken place virtually.

It is recommended that any decision to conduct a virtual visit should consider the following, taken from Department for Education guidance for Children's Social Care:

- The wishes of the children and young people affected.
- The ability of the child or young person to engage in a virtual visit due to reasons such as their age, disability, learning difficulty or use of English, for example with unaccompanied asylum-seeking children.
- Any other factors deemed relevant.

In the majority of cases, there will be no need to conduct face-to-face visits and the delivery of services can continue virtually. However, SENDIASS Wokingham must give due regard to: 'the importance of the child and his or her parent, or the young person, being provided with the information and support necessary to enable participation in those decisions' (*Section 19(c) Children and Families Act 2014*) related to their special educational needs and disabilities (SEND).

The nature of SENDIASS Wokingham's work means that face-to-face visits should not be conducted in the current climate; unless there is no alternative and not meeting face-to-face would seriously compromise the child, young person or family's ability to participate in decisions surrounding SEND.

Providing materials to households during the COVID-19 pandemic

In exceptional circumstances where children, young people and families require paperwork that cannot be accessed remotely (e.g. when a household has no internet access), SENDIASS Wokingham is permitted to deliver the required documentation – provided that delivery is contact-free and social distancing guidelines are followed. Under no circumstances should staff enter the property.

Consideration should also be given to whether materials can be provided via the postal system.

Providing support with the completion of documentation during the COVID-19 pandemic

Where children, young people and families require support with the completion of paperwork, this should be provided virtually (e.g. via telephone or video call).

Guidance for face-to-face visits during the COVID-19 pandemic

Before agreeing to attend a face-to-face meeting/visit, consideration should always be given to whether arrangements can be made to facilitate virtual attendance. Where virtual attendance is not possible, **agreement to attend in-person must be obtained from the SENDIASS Manager**. Consideration must also be given to the following:

- Does any proposed attendee or a member of their household have symptoms of COVID-19?
- Does any proposed attendee or a member of their household have a confirmed case of COVID-19?
- Are any proposed attendees or a member of their household within a recommended period of self-isolation (i.e. following symptoms or a confirmed case, or as instructed by NHS Test and Trace¹)?

Where any of the above apply, face-to-face meetings or visits should not take place under any circumstances.

Face-to-face visits may only be conducted in very exceptional circumstances, where there is no alternative and agreement has been obtained from the SENDIASS Manager. Where a face-to-face visit is undertaken, the following framework offers guidance on sensible and safe practice, alongside links to relevant national guidance:

¹ For more details on the circumstances in which people should be in a period of self-isolation, please see the latest NHS guidance here: <https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/>

What to do if you think you may have COVID-19

If you think you have COVID-19 (or if anyone in your household thinks that they do), you should follow the latest NHS guidance for households with possible infection. This can be found [here](#). If you are advised to self-isolate at home you should follow Government advice and guidance. You should not come into the office or make any face-to-face visits until it is safe to do so.

What to do in preparation for a face-to-face visit

Prior to carrying out any face-to-face visit, you must make contact with the family to establish the household's latest health information and discuss how the visit can be undertaken as safely as possible. Specifically, the following information should be ascertained/confirmed:

- Is there anyone in the household displaying symptoms of COVID-19?
- Is there anyone in the household with a confirmed diagnosis of COVID-19?
- Is there anyone in the household undertaking a recommended period of self-isolation?
- Is there anyone in the household who falls into the clinically extremely vulnerable category¹ (i.e. those who have medical conditions that place them at greatest risk of severe illness from COVID-19)?
- Can social distancing feasibly be maintained in the household?

Consideration should also be given to the possibility of self-reporting issues. For example, if proposed attendees are:

- Unable to accurately communicate whether they have symptoms on arrival (and have nobody who can communicate on their behalf).
- Unable to understand or comply with social distancing instructions on arrival.
- Aggressive or uncooperative.

Where local restrictions have been implemented, staff should also confirm the latest local restrictions for the location of the visit.

If no new information is identified, the visit should go ahead as planned, **adhering to social distancing and ensuring that no physical contact is made**. The guidance below sets out how to visit families under different circumstances i.e. using one of the following:

- [What to do when visiting where someone falls into the clinically extremely vulnerable category OR where social distancing cannot be maintained?](#)
- [What to do if visiting where nobody falls into the clinically extremely vulnerable category AND social distancing can be maintained?](#)

If significant new information is gathered from the call that we were previously unaware of (e.g. a member of the household has recently started displaying symptoms), consideration should be given as to whether the visit should take place.

¹ For more details on those defined as clinically extremely vulnerable, including a list of relevant medical conditions, see latest PHE guidance [here](#).

What to do when visiting where someone falls into the clinically extremely vulnerable category OR where social distancing cannot be maintained?

In circumstances where a face-to-face visit must take place and it has been identified that members of the household fall into the extremely vulnerable category or that social distancing cannot be maintained, **the use of PPE is required**.

PPE will be issued, worn and disposed of in accordance with Wokingham Borough Council's [PPE guidance for Social Care Staff](#).¹

In summary (and relevant to this guidance):

- As a minimum the following PPE will be required for any visit where any member of the household falls into the clinically extremely vulnerable category:
 - Standard surgical mask
 - Apron
 - Gloves
- As a minimum the following PPE will be required for any visit where social distancing cannot be maintained (within two metres but NOT in physical contact):
 - Standard surgical mask

Considering the above guidance on the use of PPE, before the visit takes place the following **PPE Risk Assessment Form** should also be completed and recorded on the child's file:

PPE Risk Assessment Form

Question	Answers and considerations
Why is PPE required for this visit? (e.g. household is shielding, social distancing is unable to be maintained)	
What is the nature of the visit? Will it involve undertaking a form of assessment that requires close proximity contact, or manual handling?	
In light of the information gathered, what PPE is required based on latest PHE advice/guidance?	
If PPE is required is the equipment available to be issued?	
If PPE is not available what is the plan to mitigate risks, or make alternative arrangements?	

¹ More details on how to use PPE safely can also be found via the latest Government guidance pages [here](#).

The following guidance on personal conduct during the visit should also be noted and adhered to:

- From what we know, transmission of COVID-19 is most likely to happen when there is close contact (within two metres) of an infected person so you should therefore remain **socially distanced** as much as possible. It may in some circumstances be possible for some purposes of the visit to be achieved without entering the property (i.e. remaining at the doorstep or using a garden). This should be discussed with the SENDIASS Team Manager and explored with the family prior to your arrival.
- It is likely that the risk of transmission increases the longer someone has close contact with an infected person. It may in some circumstances be possible to carry out some elements of the visit remotely, thus reducing the time you are required to visit in person - this should be discussed with the SENDIASS Manager and explored with the family prior to your arrival.
- It is possible that someone might become infected by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching a door knob or shaking hands then touching own face). It is therefore advisable to **avoid touching surfaces** (such as door handles, light switches etc.) and to avoid putting any of your own personal items down on any surfaces.
- You should avoid touching your face until you have washed your hands. It is advisable to wash your hands when you enter the premises and at the end of your visit (if the condition and location of the hand washing facilities are appropriate). Where hand washing is not available, clean your hands using alcohol-based hand gel.
- It should be noted that the person you are visiting may be able to help you to protect yourself. For example, by social distancing by two meters, by coughing and sneezing into a tissue, or by wearing a face mask to protect you from their respiratory secretions. They may also, where appropriate, agree to opening a window to improve ventilation in the room, or to leaving all internal doors open to minimise contact with door handles. It is advisable to contact the household in advance of the visit to discuss the environment and available space to help you manage risks. Communicating with households prior to arrival, and on arrival, will also help to ensure the household understands the social distancing and hygiene measures that should be followed once the visit has commenced.
- After the visit, sanitise any equipment that you have brought in or out of the home, for example by using disinfectant wipes to clean phones or laptops. Dispose of any protective equipment in line with public health guidance and wash your hands before touching other items. At the end of the day, it is also advisable to remove and wash clothes that may have been exposed to the virus.

What to do if visiting where nobody falls into the clinically extremely vulnerable category AND social distancing can be maintained?

If nobody falls into the clinically extremely vulnerable group AND social distancing can be maintained, then **no PPE is usually required for the visit.**

However, normal good hygiene practices should still be applied and much of the above guidance on [personal conduct](#) during a visit is still advisable - for example not touching surfaces, and using open spaces such as gardens.

Notably, in these circumstances it is still important to follow the NHS advice about safe handwashing and social distancing should still be followed by ensuring a two metre distance during the visit. **Staff should wear a face covering if possible.**

Although PPE is generally not required, where you are unable to maintain social distancing but are NOT in physical contact, a **standard surgical mask** should be utilised.

What to do if the person has symptoms when you arrive

If the person unexpectedly has symptoms when you arrive, or someone within the household does, as long as you are not leaving the person at risk you should end the visit or decline to enter the building and then report back to the SENDIASS Manager. You should observe the above hygiene protocols.

What to do if you are clinically vulnerable to COVID-19 and are scheduled to conduct a face-to-face visit

Staff risk assessments are being undertaken by management to ensure that appropriate measures are taken to support staff with clinical vulnerabilities to COVID-19. If you have any concerns about a face-to-face visit that you are scheduled to conduct, in the first instance please discuss this with the SENDIASS Manager.