HT queries (summary)

* Do we have any medical guidance that we could refer to, to back up the hub model?
* Following government guidance, we implemented social distancing and cancelled most visits and visitors to the site from 11th March  so the hub model would be opposed to that – how do we justify this change?
* How would we mitigate risk sufficiently during hub working?
* Would we have the confidence of our NHS key workers that we could keep their children safe in a hub?

Response from Ben Leaman (Public Health Consultant, Calderdale LA) 30/03/20

**Do we have any medical guidance that we could refer to, to back up the hub model?**

The guidance on school closures still expected a proportion of children and young pupil to attend, where they are vulnerable or have parents who are key workers.  We have seen a lower uptake than expected, which is great.  It means parents are following the advice that CYP should stay at home wherever possible.  However what that has led to is some schools having very low numbers of children in attendance.  The hub model brings together CYP from schools, but still allows for safe operation at vastly reduced numbers.  There is no evidence that mixing CYP from different settings increases the risk of catching COVID-19.  There is no medical evidence as such, other than to say if the setting is taking adequate precautions (as detailed in response to question 3) the risk to the setting of medical harm should be minimised.

**Following government guidance, we implemented social distancing and cancelled most visits and visitors to the site from 11th March; so the hub model would be opposed to that – how do we justify this change?**

The national guidance still stands, and limiting visitors still stands.  This does not extend to children and young people – who are pupils/students rather than visitors.  It’s important not to lose sight of the goal here – providing a service so key workers can save lives and vulnerable children are protected.  Incidentally, the hub model is not unique to education – GPs are adopting a similar model too.

**How would we mitigate risk sufficiently during hub working?**

There are four essential actions all settings should be taking, whether they are a hub or a school:

* 1. Minimise the risk of infection entering the setting (as much as you can…sometimes tricky for children, no excuse for adults!)
		1. Ensure no-one (pupils and staff) has symptoms – they are the ones who will infect others (they should be self-isolating)
		2. Ensure no-one lives with someone who has symptoms – they should also be self-isolating
		3. Ensure everyone (pupils and staff) washes their hands properly when they come in to school
		4. Clean surfaces (using normal cleaning procedure) at the end of each school day
	2. Minimise the risk of infection occurring at the school
		1. Ensure everyone (pupils and staff) washes their hands regularly – when they’ve been outside, when they’ve been to the loo, before they eat, before they leave the school
		2. Try and avoid touching their face
		3. Try and follow the ‘catch it, bin it, kill it’ guidance
		4. Clean surfaces (using normal cleaning procedure) regularly
		5. Try to social distance – where possible keep 2 metres or more from others.  If you’re an adult and you can touch hands you’re probably too close.
	3. Act promptly if someone shows sign of infection
		1. If a pupil or staff member develops a high temperature or a new continuous cough they should be kept away from others and sent home as soon as possible
		2. Clean the areas they have been since the symptoms started following usual cleaning procedures
	4. Look after your vulnerable staff
		1. If they are over 70, pregnant or have a health condition that means they normally get a free flu jab they should try and keep away from others.  That may mean they need to work from home.
		2. If they are extremely vulnerable they will receive a letter from the NHS telling them they need to stay at home for 12 weeks.  It will give them further advice on additional precautions they need to take.  They should not be in school. Some children may also get this letter.

If we do all that, we’re minimising the risk.  It’s about being vigilant and cautious, but equally recognising that by doing so, we are doing all we can to keep staff and pupils safe.

**Would we have the confidence of our NHS key workers that we could keep their children safe in a hub?**

I think health professionals will feel equally comfortable about the safety of a hub location as compared to their current school arrangement.  The same strategies should be in place for keeping hubs safe as you would employ at a school level.