

# Covid-19 Measures for Parents

## School Covid-19 Mitigation Plan



The information contained in this document is aimed at informing its readers with the measures taken by St. Benild School with regards to the prevention of COVID 19.

This document is based on the protocol for the opening of schools issued by the local health authorities. While thanking you for going through this document kindly keep in mind that one must adhere to all the measures mentioned, so that together we will create a safe environment for all.

School Leadership Team.

**St Benild Shool**  
**15/09/2021**  
**SLT**

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# 1 Preparing for School

(i) Make sure items requested by the teachers are in the school bag. Due to limitation of space, books which are not currently being used, will not be stored in class.

(ii) Wear uniform according to schedule –  
Monday, Wednesday & Friday – normal uniform;  
Tuesday & Thursday – Coloured PE Kit.

**The uniform should be washed every day.**

**No caps are to be worn or sent to school.**

(iii) All students should bring their own disposable tissues and hand sanitizer. Borrowing will not be allowed. Students are to wear the school waist pouch or any other plain (blue/black) waist pouch, to keep their mask, sanitizer and tissues in.









(iv) A labelled plastic pocket/container to store the mask in, is to be sent daily. Masks will only be removed in class during eating time. Any kind of mask (medical or cloth) is allowed.

(v) A clearly labelled pouch with spare underpants, socks and an extra mask should be inside your son's school bag every day.

(vi) Check your son's temperature – if it is higher than 37.2 degrees centigrade your son is not fit for school. This also applies to other symptoms – see table below. The school needs to be informed of any illness or absence.

## I NEED TO STAY HOME IF....

I HAVE A FEVER	I AM VOMITING	I HAVE DIARRHEA	I HAVE A RASH	I HAVE HEAD LICE	I HAVE AN EYE INFECTION	I HAVE BEEN IN THE HOSPITAL
						
Temperature of 37.3 degrees c or higher	Within the past 24 hours	With in the past 24 hours	Body rash with itching and fever	Itchy head, active head lice	Redness, itching, and/or pus draining from eye	Hospital stay and/or emergency room visit

## I AM READY TO GO BACK TO SCHOOL WHEN I AM.....

Fever free without the assistance of medication for 24 hours (Calpol, Arfen, Neurofen, etc)	Free from vomiting for 24 hours	Free from diarrhea fro 24 hours	Free from rash, itching or fever. I have been evaluated by my doctor if needed.	Treated with appropriate lice treatment at home	Free from drainage and/or have been evaluated by my doctor if needed	Released by my medical provider to return to school.
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(vii) Make sure your son puts on his mask before going on the van. This is not to be removed except for eating and drinking.

## 2 Absences and Medical Certificates

- (i) After any absence from school, even if it is for one day, both staff members, and pupils (whether sick or out of parents' choice), must provide a medical certificate upon returning to school. This certificate needs to be presented to Ms Claudia before entering the school premises.
- (ii) Students who are away from school out of parents' choice are marked as Absent on Klikks.
- (iii) On Klikks, our School Management System, students will be marked as follows:

**Absent:** Students who were away from school on particular day/s.

**Medical:** Students who were sick and presented a medical certificate on their return to school.

**Excused:** Vulnerable students who presented the necessary documentation to the Head of School.

**Unauthorised Absence:** Students missing school to travel abroad without the HOS's permission.

**Late:** Students arriving late at school.

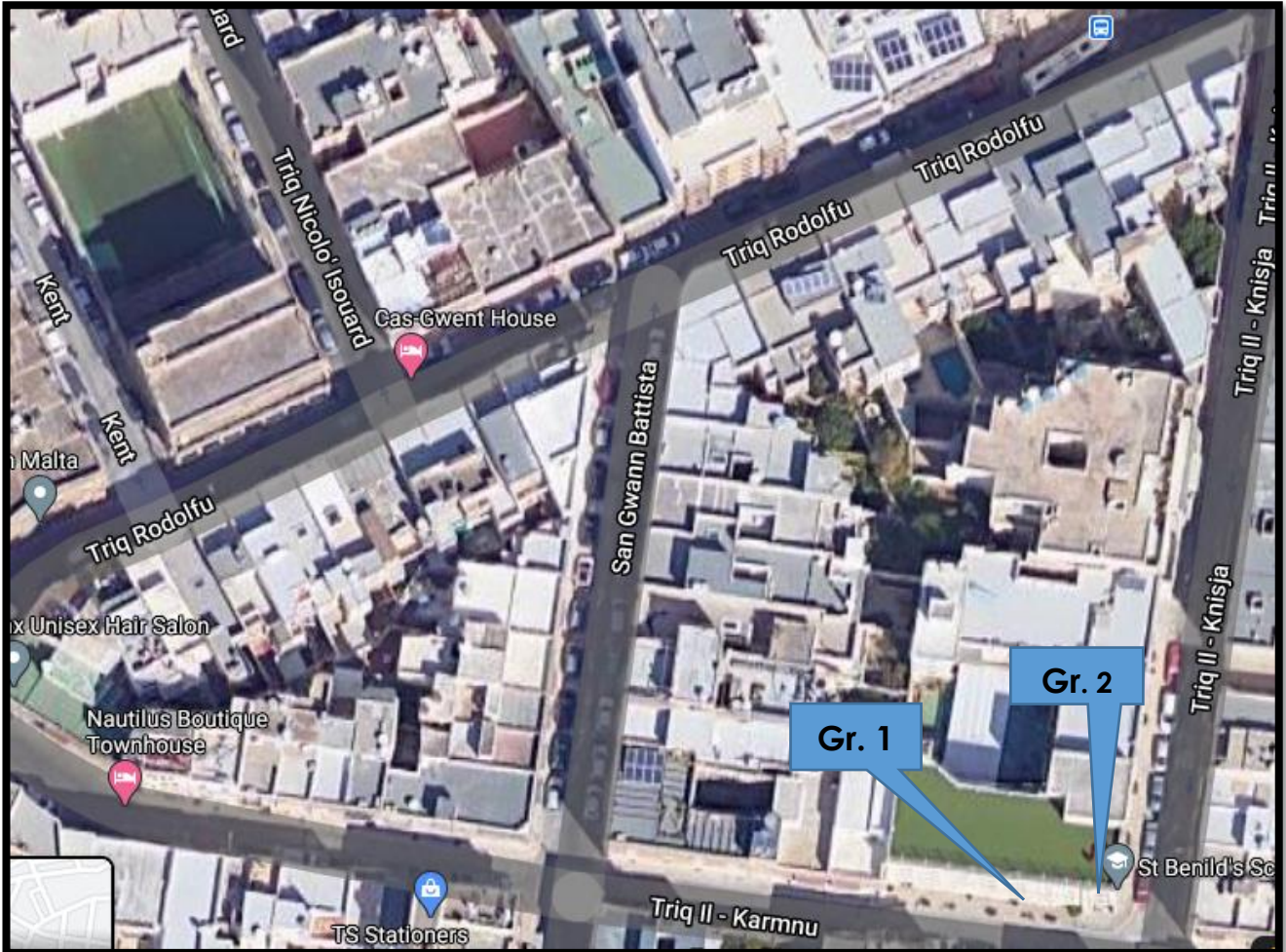
**Left:** Students who leave school throughout the day.

According to the school's protocol, no written notes (instead of medical certificate) will be accepted when students are absent from school.

- (iv) Anyone who is unwell needs to contact the school in the morning.
- (v) If a student or member of his household has booked a swab test and/or are waiting for the result of the swab test, the student needs to remain at home until a negative result is obtained.

### **3** Arrival Time

The school shall open its gates at 7.20am. All students should be wearing their masks. St Benild School shall have **two** different entrances for students, to avoid gatherings outside the school premises and limit direct contact. Pupils are to line up on the markings provided.

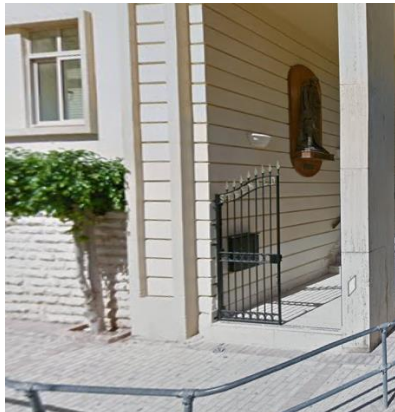




Grade 1 pupils will pass through the side transport door in Carmel Street (Triq il-Karmnu). It is suggested that parents of Grade 1 boys driving to school pass through Carmel Street. Mr Manwel will be manning this temperature check station.



Grade 2 pupils will pass through the main school door in Carmel Street. It is suggested that parents of Grade 2 boys driving to school pass through Church Street (Triq il-Knisja). Mr Paul will be manning this temperature check station.





Certificates need to be handed to Ms Claudia at this point.

Before entering the school premises **every person** is to have their temperature taken and sanitize their hands with hand sanitizer (provided by the door). On rainy days, boys are to wait in the car/van until it is their turn to have their temperature taken. Students are then to proceed to their respective classrooms where a supervisor will be waiting for them. Grade 1 boys will pass through the yard and go up the side staircase, while Grade 2 boys will use the main staircase.

It is being recommended that only one parent/legal guardian accompany the student to school to avoid crowds and gatherings outside the school. No parents/guardians are allowed to enter the school premises.

Any child arriving late (after 7:50am) needs to use the main school entrance.

Children will be allowed to bring a small, extra packed lunch to be eaten as breakfast whilst waiting for lessons to start.

Lessons start at 7.55am.

## 4 School Common Areas

- (i) School common areas and corridors are organized in a way that there is a one-way flow for students and employees.
  
- (ii) Masks are to be worn by everyone in common areas.
  
- (iii) Exceptions to the wearing of masks are during physical activity and due to specific medical and/or behavioral conditions which are certified.

## 5 Meetings and Assembly

- (i) Physical meetings shall respect social distance and whenever possible shall be avoided and replaced with non-contact alternatives.
- (ii) There are to be no large gatherings or collective assemblies. Grade 2 classes will record two assemblies in the first/second term. Grade 1 classes will record two assemblies in the second/third term. Alternatively, one could explore the idea of a live Teams assembly.
- (iii) Parents' Days and Evenings will be held online. Communication with parents is to be held telephonically or through other means that help avoid in-person contact.

(iv) Communication between parents/legal guardians and staff for day to day necessities can only be done through online service or other means such as telephone (during lunch time only) but not in person. Ms Rebecca will only be passing on telephone calls (for matters that cannot be handled via email) to teachers at the following times.

1 & 2 Bro Arnold – 10.20 -10.40

1 & 2 Bro Benjamin – 10.00 – 10.20

1 & 2 Bro. Miguel – 10.20 – 10.40

### **Telephone numbers 27313647, 27313648**

The use of notes in the communication diary, for both mainstream pupils and also for those with an educational statement, is not allowed. Communication between educators and parents will be via child's email and parents' Klikks account.

## **Classrooms**

(i) Desks/seating in classrooms will all face in the same direction and none should be facing each other.

(ii) Maximum effort is to be made so that student desks are kept to a distance of 1.5m between students whilst sitting, in line with good social distancing practices.

(iii) Staff are to maintain a distance of at least 2m between themselves and students.

(iv) Classroom windows and doors are to be kept open at all times for good ventilation.

(v) The following measures will be put in place:

- non-essential furniture will be removed from classrooms where possible;
- any interactive flat panel will only be used by the educator;
- the students will use the same classroom where possible;
- teachers are to keep the same seating for students every half term. Chairs and desks will be labelled with the child's name. A seating plan will be presented by the teaching team to the Covid-19 contact person.
- Individual busy boxes containing tools and learning manipulatives will be utilized in class for independent learning.
- As opposed to scholastic year 2020/2021, board displays in the classroom are now being allowed.

(vi) All students should bring their own labelled disposable tissues and hand sanitiser (personal sanitising products).

(vii) Staff members are required to wear a mask at all times. Given the nature of their role, LSEs can choose to wear both a mask and a visor.

(viii) Should the classroom have air-conditioning systems these can be utilised as long as doors and windows are kept open, the flaps are directed towards the ceiling, the filters are cleaned well and maintained properly.

(ix) Wherever possible, students and staff must remain within the same group/bubble. Out-of-class reading clubs will not take place.

## **7** Use of Rest rooms

(i) Rest rooms will be cleaned frequently.

(ii) Rest rooms will have a supply of soap and disposable paper towels.

(iii) Each class will be assigned a toilet in the school, to be used only by children in the same bubble. These will be marked (same colour as last year). In the case of a child who is not totally toilet trained, he will be using his own toilet.

(iv) No wrist bands will be given out to pupils this year.

## 8 Outings, special events and birthdays

Educational outings and school fieldwork can and should take place in accordance with general guidance on cohorting, social distancing, masking and use of sanitization. Care should be taken to respect these principles even when planning transport to and from the venue. In deciding on the outing, one should assess the risks of the proposed outing, avoiding situations where there may be crowding and interaction with other persons including both other bubbles, or persons from the public. **Three outings (one per term) will be allowed per class. These educational excursions are to be strictly linked to the curriculum.**

### School Transport

The following recommendations will be considered for school transport:

- (i) Increase the frequency of transport services.
- (ii) Keep journeys as short as possible.
- (iii) Retaining the same cohort/cluster of students on every journey. This is essential to allow for proper contact tracing.
- (iv) Students are to sit at a distance according to the register number. This will help keep an accurate record of their seating position in case of contact tracing.
- (v) Keep vehicles well ventilated, keeping windows open and no air recirculation.
- (vi) Maintain safe physical distancing between students to decrease the number of occupants in the vehicle.
- (vii) All students and staff are to wear masks at all times.

- (viii) Availability of sanitizers in the vehicle.
- (ix) Proper cleaning of the vehicle between journeys.
- (x) Parents are to take the temperature of their children in the morning before attending school. If there are signs of illness, the students should not go to school.

A transport fee will be collected for all three excursions.

## Special Occasions

This year, as a treat we will be allowing those students who have their birthday to come in casual clothes. They may bring a small muffin or any other treat (for themselves) to celebrate their birthday in class. No cakes and muffins are allowed to be brought to school to be given out to other students.

## 9 Break Time and Outdoor areas

It is recommended that, whenever possible use of outdoor areas is encouraged.

Below are the times for the staggered break times.

	<b>Arnold</b>	<b>Benjamin</b>	<b>Miguel</b>
<b>Lunch Time</b>	<b>10.20 – 10.40</b>	<b>10.00 – 10.20</b>	<b>10.20 – 10.40</b>
<b>Play Time</b>	<b>10.00 – 10.20</b>	<b>10.20 – 10.40</b>	<b>10.40 – 11.00</b>



# 10 Dismissal Time

(i) The school will be adopting a **staggered dismissal time and different exits for students** to avoid gatherings of students outside the school premises and limit direct contact. All children are to come down with their belongings and wearing their mask.

Parents/Guardians are to respect the recommended social distance while waiting outside.

(ii) Students going home by van will be called one van at a time between 13:00 pm and 13:15pm.

(iii) Collected boys will be called to come down class by class between 13:10 and 13:20pm.

These times are approximate and tentative, and will be adjusted according to need. Staff are to remain on school premises till 13.20pm.

## 11 Afterschool clubs

Afterschool clubs will be held between 1:30 – 2:30pm.

## 12 Class Libraries & Homework

- Active learn Bug Club will be used extensively throughout the year;
- Educators will be quarantining books for a couple of days before making them accessible to other children;
- If pupils are away due to quarantine or due to any pediatric condition that may necessitate shielding, teachers may upload other material on top of the homework, on Klikks. Kindly refer to list of conditions in Annex A.
- Homework will not necessarily be collected every day, depending on need.
- Homework will not be corrected on the day due to the quarantining of books recommendation. Parents are encouraged to supervise their son during homework.

# 13 Cleaning of Premises

The cleaning of surfaces remains an important measure to ensure hygienic conditions and fight against the spreading of COVID-19.

(i) Cleaning will be done using **Bacoban disinfectant** for both floor, desks and other surfaces.



(ii) The following areas will be cleaned thoroughly and at least three times a day:

- Toilet facilities. A log will be kept;
- Handrails /door and other handles;
- Stairs;
- Light Switches;
- Other grip areas.

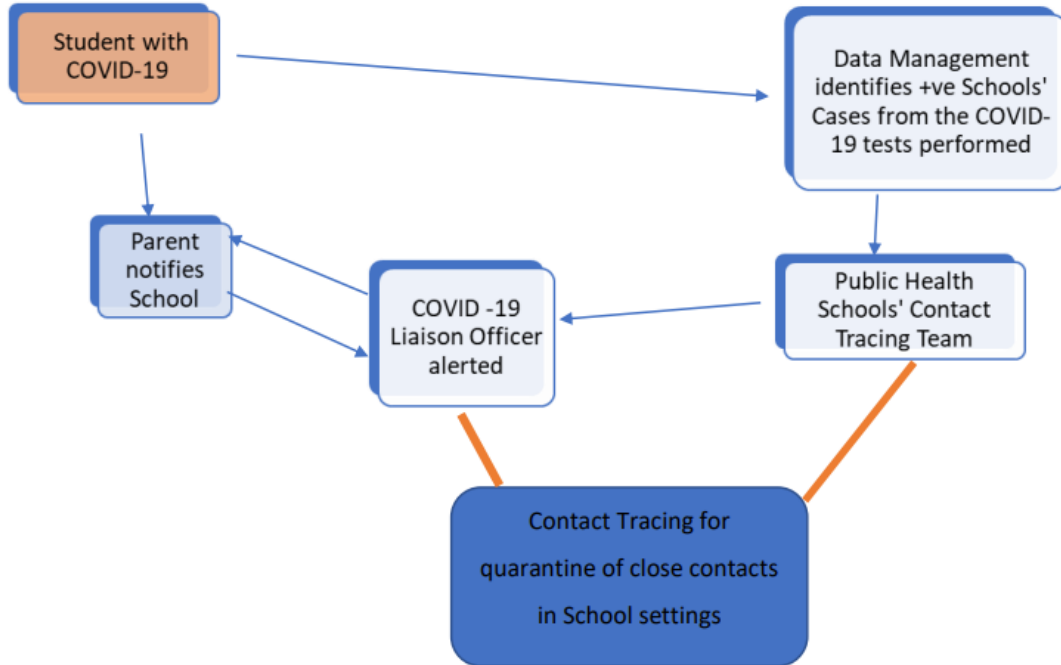
(iii) All desks and other surfaces will be cleaned daily too. Students in the same classroom should be encouraged to wipe down their desks and equipment before and after use.

(iv) Co-operation by all staff and students is important to keep our environment safe and clean.

## **14** Plan if someone becomes sick

(i) If an educator notices that a student is feeling sick, Ms Claudia is to be informed at once . She will then accompany him to the Isolation Room (nurse's room) where his temperature and symptoms will be checked. Parents will be contacted accordingly to collect their son as soon as possible.

(iv) Below are the procedures for when a member of staff or pupil is unwell.



Contact Tracing protocols for persons (students/educators) who are identified as being in close contact of a positive case of COVID-19 are based upon an individualised risk assessment carried out by the Schools' Contact Tracing Team in accordance with specified protocols which are based on the European Centre for Disease Prevention and Control (ECDC) criteria of exposure to COVID-19. Public

Health action may be taken in specific settings based upon the risk assessment carried out.

High-risk contacts or primary contacts who are quarantined and are also fully vaccinated would be able to be released from quarantine 'early' in accordance with the Public Health Standards for Quarantine of Primary Contacts.

[Standards for quarantine of vaccinated primary contacts.pdf \(gov.mt\)](#)

## 15 Travel Abroad

During this Covid-19 period it is strongly recommended that no travel abroad is undertaken by students, unless it is strictly necessary. The school will issue approvals for travel abroad by students during school days only to countries listed by the national authorities, and for justified (non-leisure) reasons. Parents of such students need to send an email to Ms. Claudia on [cvella@stellamaris.edu.mt](mailto:cvella@stellamaris.edu.mt) with the relative details at least two weeks before departure. If travel occurs, a scan of a negative PCR swab test result must be presented to the school before the first day of return to school of the student.

Parents who cannot avoid travel abroad on work are strongly advised to take all necessary precautions and measures imposed by the national authorities, including physical distancing from their families where appropriate.

## 16 Contact point at the School

The Covid-19 contact person at St Benild School is Ms Claudia Vella – MOB 77008815 or 79823807. Any students, employees or parents who may have queries with respect to the Covid mitigation measures are to contact the above.



# Annex A: Paediatric conditions that may necessitate shielding September 2021

The following are paediatric conditions for which children may be asked to shield. Advice to shield depends mainly on community transmission of SARS-CoV-2 and public health advice on when extremely vulnerable or less vulnerable people should shield. Degree of vulnerability is not the same for all conditions listed below, is also dependent on the severity of the condition and will be determined by the caring consultant.

Advice for shielding is also affected by:

- a) The Covid-19 vaccination status of the child
- b) the complexity of the underlying condition,
- c) guidance given by the caring hospital consultant,
- d) age of the child, and the mental capacity of the child with respect to the ability to perform hand hygiene, respect social distancing and put on and take off a face mask safely and
- e) the capacities of schools to provide help with shielding of vulnerable children: schools need to be well prepared for this and work to provide inclusive education to all children irrespective of any underlying condition the child might have. There

should be no form of discrimination against children who suffer from a condition that makes them vulnerable.

Conditions that may put children more at risk\* to COVID-19 are as follows:

\*Not all children with these conditions have the same risk to COVID-19 and the need for shielding may vary depending on the epidemiology of SARS-CoV-2. LTA

### **Immunodeficiency disorders**

- Severe combined immunodeficiency, combined immunodeficiency which is severe or who have concurrent co-morbidity, HLH on active treatment, primary immunodeficiency disorders who need a transplant (up till 6 months post-transplant and as certified by their hospital consultant, children post bone marrow transplant with significant graft versus host disease on immunosuppressants, children being prepared for or after a solid organ or stem cell transplant as determined by their hospital consultant and children with Autoimmune polyendocrinopathy-candidiasis-ectodermal dystrophy (APECED). Concurrent co-morbidity means significant lung disease, renal impairment or chronic liver disease.
- HIV infection AND with a CD4 count less than 200 or had an opportunistic infection within the last 6 months or have detectable viral load or are not on any antiretroviral treatment.

## Oncology

- Are on induction chemotherapy for Acute Lymphoblastic Leukaemia (ALL) or Non Hodgkin's lymphoma or are on chemotherapy for Acute Myeloid Leukaemia (AML) or for relapsed and/or refractory leukaemia or lymphoma.
- Are post autograft transplant in the last 6 months or post allogeneic transplant within the last 12 months or until immune reconstituted.
- Are on CAR-T therapy or within 6 months from administration or until immune system has recovered.
- Are on chemotherapy for any cancer diagnosis or within 6 months of its completion or are on long term maintenance steroids.
- Have completed treatment for cancer but have ongoing significant respiratory, cardiac, renal or neurological conditions.

**The majority of children in the following categories DO NOT need shielding but some may be asked to do so only if determined by their hospital consultant on a case-by-case basis.**

## Cardiology

- Fontan, single ventricle physiology, especially with evidence of failure, and or end organ damage.
- Persistent cyanosis (oxygen saturations <85% persistently)
- Pulmonary Arterial Hypertension (PAH) especially those on pulmonary vasodilator therapy.
- Severe and or symptomatic heart failure, particularly those on heart failure therapy.

## Haematology

- Sickle cell disease with additional co-morbidities or with a history of at least one chest crises needing intensive care treatment or at least two chest crises necessitating treatment in the previous 12 months.
- Thalassaemia or other inherited or congenital anaemia with severe iron overload and additional co-morbidity.
- Asplenia or functional asplenia only if have other co-morbidities.

## Neonatal

- Ex-premature infants with continuing oxygen and/or intermittent non-invasive ventilation requirements.
- Any infant who is eligible for palivizumab.

## Neurology

- Patients with significant difficulty with swallowing (e.g. myotonic dystrophy patients).
- Patients at significant risk of decompensation during infection (e.g. mitochondrial disease).
- Patients with symptomatic heart failure, particularly those on heart failure therapy (e.g. Duchenne muscular dystrophy).
- Patients with myasthenic syndromes

## Gastroenterology, Hepatology & Nutrition

- Paediatric inflammatory bowel disease (IBD) patients with ANY of the following:
  - Whilst on intravenous or oral steroids  $\geq 20\text{mg}$  prednisolone (or  $>0.5\text{mg/kg}$ ) or equivalent per day.
  - Have started biologic therapy plus immunomodulatory or systemic steroids within previous six weeks.
  - Have moderate to severely active disease not controlled by moderate risk treatments who may require an increase in treatment.
- Intestinal failure patients requiring Home Parenteral Nutrition (HPN) with any of the following:
  - Primary immunodeficiency or immunodeficiency induced by drugs as part of their therapy.
  - Other significant conditions or other organ involvement (renal, haematology, cardiac, GI, respiratory, diabetes mellitus).

- Liver disease with any of the following:
  - Decompensated liver disease. - Receiving post-transplant immunosuppression or on liver/small intestine/multi-viscera; transplant waiting list.
  - Other significant conditions or other organ involvement (renal, haematology, cardiac, GI, respiratory, diabetes mellitus).
  - Active or frequently relapsing autoimmune liver disease where an increase in treatment is likely needed.

## Renal

- Renal transplant especially if in the last 3 months.
- On a high level of immunosuppressive medication for active disease undergoing induction treatment: those who are currently receiving or completed treatment within 6 weeks of high dose steroids of 20 mg/day or above (or 30 mg/m<sup>2</sup> /day) AND cyclophosphamide or rituximab or other immunosuppressants.

## Respiratory

- Have significant impairment in ability to cough and to clear airway secretions: including children with severe neurological diseases such as severe cerebral palsy, neuromuscular disabilities, severe motor impairment and severe metabolic disease.
- Require a cough assist device to help with clearance of airway secretions.
- Life-dependent on long term ventilation, both invasive (via tracheostomy) and non-invasive (CPAP and BiPAP).
- Severe lung disease requiring continuous or overnight supplementary home oxygen and/or intermittent non-invasive ventilation.

- Children with:
  - Cystic fibrosis and Primary ciliary dyskinesia.
  - Severe bronchiectasis.
  - Severe restrictive lung disease such as interstitial lung disease or obliterative bronchiolitis.
  - Severe asthma: children treated with biological agents or maintenance oral steroids.
  - Children with repaired congenital thoracic abnormalities such as congenital diaphragmatic hernia / trachea-oesophageal fistula only if significant airway or lung problem.

## **Down syndrome**

Children with Down syndrome do not require shielding except if they have a co-morbid condition that falls in any of the criteria described above and as determined by their hospital consultant.