**The following actions and procedures have taken place from March 2020:**

* The Business Continuity Plan was reviewed and circulated prior to lockdown. The plan was formally invoked on 13th March.
* The Business Impact Analysis was completed and monitored prior to lockdown. The BIA identified that the highest risk to the charity and college was the IT network and technology support. Investment was established to cover this risk.
* The COVID-19 Policy was written and confirmed with Higher Senior Management. This was ratified and established before the end of March 2020.
* The Death and Dying COVID-19 Policy was written and confirmed with Higher Senior Management.
* Huddle meetings were held initially every morning to review actions taken and plans for that day.
* The Decision Log was established to capture all actions and decisions that were being made, as the decisions were happening quickly and across buildings. The Decision Log acted as a central communication tool and was administered and monitored throughout the initial crisis.
* The Battle Room was established in the Principal’s office. The Battle Room included a tally of students in, staff in, staff with symptoms / positive results, flip chart confirming the actions for the college team for that day. Plus, the communication log was kept in the room for people to access at any time.
* The well-being check for staff process was established. Calls were made home to staff by the SLT to check on their wellbeing, any help they needed, or just to talk.
* Centralisation of the information sharing process – to ensure staff didn’t get bombarded with information multiple times.
* The weekly Covid 19 Surveillance report was reviewed every Monday to ensure the BCP’s match the national picture of infections etc
* Safeguarding addendum was written to include Covid and increased online activities. The document ‘Guidance for safer working practice for those working with children and young people in education settings’ April 2020 was also adopted and added to the Safeguarding suite of document. Parents were also given guidance on how to put extra controls into their home technology devices, to further protect our students who were at home more.
* The Covid response risk assessment was developed and reviewed on a monthly basis (and still is)
* The college joined an international disaster recovery team managed by a recovery organisation based in Canada. The team were from various backgrounds covering many organisations such as banks, emergency services and manufacturing. There were 17 countries represented and the college was the only specialist education organisation in the team.
* Online and distance learning and training was established and sent to all staff. This ranged from quick refresher courses to more detailed accredited courses. This was a large piece of work, especially to ensure the courses are free but of high quality. When there is a cost, discounts have been negotiated for all of them. There were over 100 courses on offer for staff and these were shared with the wider Charity, who have taken some of the courses already. The administration for these courses has had an impact as there is a high need for records and impact on students / roles etc. Full liaison with the new Training Team took place throughout.
* Initially risk assessments of each student took place. These then advised which students had to be offered a place within college or could remain at home for a short period of time. The offer of places to students were also based on trained staff available to support them on site. Our attendance did not go below 30% at any point and was averaged at 60% throughout the initial crisis (March to July 2020). From September 2020 we ‘zoned’ the students in accordance with their risk assessment. ‘Zoning’ of the students was Red (must be offered a place onsite at all times), Amber (can remain at home for a short period of time) and Green (can remain at home till further notice or the family had decided to keep them at home till further notice). The zones were also in accordance with their risk assessment and medical conditions linked to the published Extremely Clinically Vulnerable list
* The curriculum was reviewed, and some subjects were removed as part of the guidance, such as swimming, indoor gym and singing. The curriculum was assessed to ensure the removal of these subjects did not have a detrimental effect on the learning – and new subjects were added where required.
* Safeguarding referrals and concerns continued to be monitored. Concerns over parents in crisis were discussed with the relevant Safeguarding Board and assistance has been requested for their Social Workers to help and support.
* Regular liaison with Local Authority’s Senior Commissioning and Contracts team took place in relation to Business Continuity Planning and student attendance.
* Regular virtual meetings took place with counterparts at other SEND colleges and mainstream schools, to share best practice and offer support when needed.
* Lessons Learned and Evaluation review started and was updated regularly, in line with Business Continuity best practice.
* The plan for re-opening college was written and circulated. Whilst the college didn’t close, as part of disaster recovery protocols, the Re-opening plan takes into account the invocation of the BCP such as the removal of bubbles, reintroduction of the full curriculum and external visits. This was initially written for a September 2020 reopening but is updated on an ongoing basis in preparation for removing the Covid controls.
* Winter Plan written in November 2020 to cover expected increase in sickness in the coming months, partial or full closure of college, staffing requirements etc
* Development of Circuit Breaker Plan as per Government instructions, plus plans for localised lockdown plans were established for 11 Local Authorities linked to the college.
* Development of risk levels for each bubble and team. The SLT developed bubble specific risk assessments, considering health needs, educational impact and safeguarding / wellbeing. The bubbles were listed in accordance with the risk level. The teams in the bubbles were also assessed and added to the risk matrix. The college then had a strategic recovery response for the loss of each bubble and each team – plus contingencies for each possible scenario.
* The college hierarchy structure was reviewed, and risk assessed and confirmed as the teams such as Housekeeping, and Care were the primary teams for the Covid response and required extra contingencies in place.
* The Isolation plan was established for staff or students who started to show symptoms, to ensure they could be kept isolated and comfortable until they were able to leave.
* The dining room was closed for lunches and breaks and the catering team prepared trollies and food for the students to eat their lunches in their bubbles, to reduce the risk of cross contamination
* All bubbles had maps developed to show their entrance and exit routes. This ensured that there was reduced footfall within the college main areas such as corridors.
* Toilets were put into bubbles, to ensure there was a reduced risk of cross contamination.
* Whole college service areas were put into bubbles too, such as Housekeeping, therapists and SLT.
* Mobility guidelines were updated for students for their new routes
* Staff that were working from home or shielding / self isolating were offered a virtual meeting called ‘What is September 2020 going to look like’. This was to give staff the opportunity to know what the ‘rules’ were in college as most had not been into college since March 2020. This also alleviated concerns and worries for most of the team.
* Room capacity of each room in college was assessed. Considerations included room dimensions, ventilation, location and ability to safely socially distance at all times. Room ‘rules’ were put on each door to explain the rules for that room, plus what to do if capacity is exceeded.
* There was a redesign of internal training delivery during lockdown. The majority of training was changed to virtual delivery but those courses that needed practical elements followed a Training guidance document and specific risk assessment for each course.
* Visitor procedures, guidance and approval forms were established. Visitors are not permitted unless deemed critical for the welfare of the students. If this is the case, each visitor must be approved in line with the Visitor risk assessment. All approved visitors are sent the guidelines for what will be expected of them while on site and they must agree to follow these guidelines.
* Established centralised Covid document storage for all staff to access. This allowed staff to access documents such as FAQ’s, guidelines for working on site and the various risk assessments.
* Set up an attendance tracking dashboard to monitor student: staff ratio. As part of the Battle room ratio assessments, the MIS required was enhanced and improved to look at each bubble individually and allow the SLT to have a daily check of staffing levels across the whole college.
* A checklist was established for when a confirmed case happened at college during the day, in the residential houses during the evening or weekends, plus staff positive cases. The procedure for managers also confirmed what they needed to do.
* SLT on call rotas for weekend cover were established and are still in place.
* Where possible, therapies were offered to students in line with professional bodies. Videos and remote therapy were also offered.
* Internal track and trace protocols were put in place to confirm staff and students who had entered alternative bubbles.
* When needed, bubbles were closed quickly and smoothly in line with the recovery plan and national guidelines. Residential students were able to remain in their houses, with support from staff who volunteered to self isolate alongside the students.
* The Covid test centre was set up in line with the guidance. The centre was a dedicated space in college and was staffed by internal colleagues – with no need for external support. The college also worked with some local schools and colleges offering virtual advice and onsite support.
* Social stories produced for each action for students and communication was inclusive as much as possible.
* Vaccinations were arranged for residential students and Care staff, plus some additional colleagues on site – with a very short time to prepare and plan.
* Parents were given online support information for remote learning. Remote learning was offered between March and December in the form of Learning Packs and ongoing support. A Remote learning project then took place in December 2020 to review the lessons learned in the college’s initial remote delivery and improvements were put into place for January. These improvements included allocating specific staff to deliver remote only, establishment of tutor groups and expectations of daily contact for each student at home.
* Weekly Operational meetings were moved online for staff to attend.