



Public Health  
England

Protecting and improving the nation's health

# **PHE NW**

# **COVID-19**

# **Resource Pack for Schools**

**Version 7.0**

**(Cheshire West and Chester Version)**

**August 2021**

## About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

## Quality Assurance - SOP Consistency Group Sign-Off

Sign-off is the responsibility of the NW Deputy Director

Name	Sam Ghebrehewt
Signature	
Sign-Off Date (of current version)	26.08.2021
Comments (if applicable)	
Review Date	Every six weeks, or earlier if appropriate
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## Document Change History

Version	Status	Author	Details of Change/Superseded document
V2.0	Draft	Emma Savage Martin Bewley	Case definition updated Shielding advice updated Advice regarding facemasks added Single page algorithm for suspected/confirmed cases added Scientific evidence section added
V2.1	Final	Emma Savage Martin Bewley Alex Stewart	Extra information regarding specific scenario for face mask use added NW STAC Summary Guidance (including outbreak review) added Algorithm streamlined
V2.2	Final	Emma Savage Martin Bewley Alex Stewart Sam Ghebrehewt	Extra information regarding updated guidance on face coverings (announced on 25/08/20) was added.
V2.3	Final	Martin Bewley Alex Stewart Sam Ghebrehewt	Additional information re testing was added
V2.4	Final	Martin Bewley Sam Ghebrehewt	Planning for local restrictions section added Exemptions for face coverings added Link to RCOG advice for pregnant women added to FAQ question Advice regarding music lessons added to FAQ section Advice on school transport added
V2.5	Final	Emma Savage Sam Ghebrehewt Martin Bewley	Notification process for confirmed cases changed What to do if no testing added Q&A on diarrhoea and vomiting added Q&A on non-case definition respiratory symptoms added

V2.6	Final	Emma Savage Sam Ghebrehewet Martin Bewley	Advice on free from fever clarified Updated minimum dataset for confirmed cases
V2.7	Final	Emma Savage Sam Ghebrehewet Martin Bewley	Addition of Department of Education Helpline to contacts Change to Management of Confirmed Case Clarification of outbreak in section 5 Section added on delayed testing Q&A on free from fever clarified Q&A on using/reordering test kits Addition of template letter for close contacts (Appendix 3) Flowchart modified to include DoE helpline
V2.8	Final	Emma Savage Sam Ghebrehewet Martin Bewley Alex Stewart	Contacts: Signposting for SEND schools and residential schools Key Messages: Addition of information on self-isolation Section 4 title changed to management of a single confirmed case Section 5: title changed to management of multiple confirmed cases and possible outbreaks and paragraph order changed Q&A: Question added on what to do if more cases in a bubble Further clarification that schools should not be asking for negative tests if no COVID19 symptoms Appendix 3: Letter for close contacts – recommend changed to must and added information on self-isolation and that contacts will not be contacted by NHS T&T Appendix 8: Link to exclusion periods for childhood illnesses added
V2.9	Final	Emma Savage Sam Ghebrehewet Martin Bewley	P.6 clarification of settings that the guidance applies to Consistent use of 48 hours and not 2 days Clarification of self-isolation period Q&A Ending of self-isolation
V3.0	Final	Emma Savage Sam Ghebrehewet Martin Bewley	Extension of DoE helpline hours Self-isolation period change and addition of graphic Updated guidance on face coverings Updated hierarchy of control Updated guidance on clinically extremely vulnerable FAQ on children with complex medical needs such as tracheostomies Removal of word advice from Annex 3 Letter to close contacts
V4.0	Final	Emma Savage Sam Ghebrehewet Martin Bewley	Change of isolation period from 14 days to 10 days throughout Removal of Section 6: Planning for Local Restrictions Removal of what to do if lab test delayed Change to QA: What can schools do to organise testing? Addition of QA on fever following immunisation and teething Inclusion of link to preliminary guidance on asymptomatic testing in schools from January Updated Appendix 3. letter to contacts Updated Appendix 8. Flowchart
V5.0	Final	Emma Savage Sam Ghebrehewet	48 hours to two days Change to PPE/face coverings Addition to prevention hierarchy Change to outbreak criteria Wearing face coverings safely Removal of QA on Testing

			<p>Addition of signposting to testing guidance in QA</p> <p>Links to testing guidance added to Section 7</p>
V5.1	Final	<p><b>Emma Savage</b></p> <p><b>Sam Ghebrehewet</b></p>	<p>Changed further references from 48 hours to two days</p>
V6.0	Final	<p><b>Emma Savage</b></p> <p><b>Sam Ghebrehewet</b></p>	<p>Consistent language on 10 days isolation period</p> <p>Contact definition aligned with website – removal of skin to skin contact, change to travel in same vehicle and 15 minute over one day.</p> <p>Guidance on identifying contacts in a vehicle</p> <p>QA on extension of isolation period if develop symptoms while isolating</p> <p>QA on why case advised by TT to isolate for longer than 10 days</p> <p>QA on isolation period if test positive asymptotically and then develop symptoms during isolation.</p> <p>QA on whether vaccinated staff need to isolate or get tested</p> <p>QA on Test and Trace support payments</p> <p>Section 8 Scientific evidence removed</p> <p>Appendices 5-7 removed</p>
V7.0	Final	<p><b>Emma Savage</b></p> <p><b>Sam Ghebrehewet</b></p> <p><b>Natalie Halloran</b></p>	<p>Note that COVID is a rapidly evolving situation removed</p> <p>Mixing and ‘bubbles’</p> <p>Self-isolation advice moved to section 5</p> <p>PPE recommendations for teachers and children updated</p> <p>Disposing of PPE and waste after an individual with symptoms of, or confirmed, COVID-19 has left the setting or area</p> <p>Ventilation</p> <p>Protective measures updated</p> <p>Advice for Clinically Extremely Vulnerable (CEV) updated</p> <p>Section 3 added on Testing</p> <p>Advice on contact tracing a single case of confirmed Covid-19 updated</p> <p>Advice on testing asymptomatic contacts updated</p> <p>Advice to send letter to close contacts removed</p> <p>Management of a staff member with confirmed Covid-19</p> <p>Management of child, pupil and student contacts</p> <p>Management of staff contacts</p> <p>Thresholds for seeking further public health advice updated</p> <p>Identifying groups that have ‘mixed closely’</p> <p>Identifying staff contacts</p> <p>Being prepared for a COVID-19 outbreak</p> <p>National Guidance Documents updated</p> <p>FAQ section removed</p>

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# **This guidance applies to all education settings (excluding universities):**

- **Early years settings including nurseries**
- **Schools including Infant, Junior, secondary, special, independent and boarding schools**
- **Further Education settings including colleges, independent training providers and other adult education**

# 1. Local Area Key Contacts

As of 17th September 2020

Department of Education Helpline for COVID-19 enquiries and support with managing confirmed cases will be available for the following education settings: early years settings; primary schools, infant or junior schools, middle schools, secondary schools; and further education providers.

Helpline Number: 0800 046 8687 Select option for requiring help managing a positive case.

Line is open Monday to Friday 8am to 6pm and Saturday to Sunday 10am to 6pm

**For COVID-19 queries and concerns around increased transmission in an educational setting**

**(Local contact details)**

**(Local number)**

**Cheshire West and Chester Outbreak management**

**Support Hub** (8-6 Mon Fri, 9-12 Sat & Sun )

HealthProtectionSecure@cheshirewestandchester.gov.uk

**Any out of hours contact info** (as above)

**Local Authorities can contact your local health protection team via the relevant hub for your area as detailed below**

**Special education needs schools and residential schools should also contact the local health protection team for any additional advice**

<b>Cheshire and Merseyside</b>	0344 225 0562 (option 0 then option 1)
<b>Cumbria</b>	0344 225 0562 (option 0 then option 2)
<b>Greater Manchester</b>	0344 225 0562 (option 0 then option 3)
<b>Blackburn with Darwen, Blackpool and Lancashire</b>	0344 225 0562 (option 0 then option 2)

**Out of Hours PHE Contact:**

**Public Health England first on call via the Contact People**

0151 434 4819



## 2. COVID-19 Key messages

### What are the symptoms?

The main symptoms of COVID-19 are:

- new continuous cough and/or
- fever (temperature of 37.8°C or higher)
- loss of or change in, normal sense of taste or smell (anosmia)

### What is the mode of transmission?

COVID-19 is passed from person to person mainly by large respiratory droplets and direct contact (close unprotected contact, usually less than one metre). These droplets can be directly inhaled by the person or can land on surfaces which another person may touch which can lead to infection if they then touch their nose, mouth or eyes.

### What is the incubation period?

The incubation period (i.e. time between exposure to the virus and developing symptoms) is between 1 and 14 days (median 5 days).

### When is a person infectious?

A person is thought to be infectious from two days before symptoms appear, and up to ten days after they start displaying symptoms. The onset of infectious period is counted from the morning of the 2 days before the date of onset of symptoms and not 48 hours from the time of onset of symptoms. For example, a person who developed symptoms at 2pm on the 15th November would be asked to identify contacts from the morning of 13th November onwards.

### Are children at risk of infection?

Children of all ages can catch the infection but children make up a very small proportion of COVID-19 cases with about 1% of confirmed cases in England aged under 19 years. Children also have a much lower risk of developing symptoms or severe disease.

## Can children pass on the infection?

There is some uncertainty about how much asymptomatic or mildly symptomatic children can transmit the disease but the evidence so far from a number of studies suggests children are less likely to pass it on and do not appear to play a major role in transmission. However, there is some evidence the risk of infection and transmission increases slightly around the time of puberty. Most children with COVID-19 have caught the infection from adults and not the reverse.

## 2.1 Mixing and ‘bubbles’

Schools are no longer recommended to keep children in consistent groups (‘bubbles’).

As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and you no longer need to make alternative arrangements to avoid mixing at lunch.

You should make sure your outbreak management plans cover the possibility that in some local areas it may become necessary to reintroduce ‘bubbles’ for a temporary period, to reduce mixing between groups. See section 6.5 for further details on outbreak planning.

Any decision to recommend the reintroduction of ‘bubbles’ would not be taken lightly and would need to take account the detrimental impact they can have on the delivery of education.

## 2.2 PPE recommendations for teachers and children

Face coverings are no longer advised for pupils, staff and visitors either in classrooms or in communal areas.

However, it is recommended that face coverings are worn in enclosed and crowded spaces where you may come into contact with people you don’t normally meet. This includes public transport and **dedicated transport to school or college**.

To be most effective, a face covering should fit securely around the face to cover the nose and mouth. It should be made of a breathable material capable of filtering airborne particles.

If your school is experiencing an outbreak, a director of public health or your local health protection team may advise that face coverings should temporarily be worn in communal areas or classrooms (by pupils staff and visitors, unless exempt).

In these circumstances, transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. However, their effectiveness is not supported by evidence. Those who rely on visual signals for communication, or communicate with or provide support to such individuals, are currently exempt from any requirement to wear face coverings in schools or in public places.

Face visors or shields should not be worn as an alternative to face coverings. They may protect against droplet spread in specific circumstances but are unlikely to be effective in reducing aerosol transmission when used without an additional face covering. They should only be used after carrying out a risk assessment for the specific situation and should always be decontaminated after each use following manufacturer's guidance if reusable or disposed of correctly if single use.

Some individuals are exempt from wearing face coverings and adults and pupils should be sensitive to those needs.

## **2.3 Ventilation**

It is important to ensure the school is both well ventilated and that a comfortable teaching environment is maintained. Identifying poorly ventilated spaces should form part of the school's risk assessment and steps should be made to improve fresh air flow using mechanical ventilation systems or natural ventilation. For more information refer to [Ventilation and air conditioning during the coronavirus \(COVID-19\) pandemic](#).

The government plans to provide all state-funded schools with carbon dioxide monitors in the autumn term. The monitors can be used to take readings across the school setting and identify where ventilation needs to be improved. At present, this plan is still in its early stages and more details will be provided from the government as they become available.

## **2.4 What are the protective measures that schools need to put in place?**

The following prevention and response measures should be put in place.

1. Clean hands thoroughly more often than usual
2. Ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
3. Maintain enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach
4. Keep occupied spaces well ventilated.
5. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19

Schools should continue to remind parents, staff, students, pupils and children of the signs of symptoms of COVID-19 and the importance of isolating and getting tested as soon as possible.

Schools should also continue to encourage vaccination uptake for eligible staff, students and pupils.

## **2.5 Advice for clinically extremely vulnerable (CEV) staff and pupils**

All clinically extremely vulnerable (CEV) staff, students, children and young people should attend their school unless they are one of the very small number of individuals under paediatric or other specialist care who have been advised by their clinician or other specialist not to attend.

For further information on supporting pupils at home refer to [Supporting pupils at school with medical conditions](#).

## 3. Testing for COVID-19

### 3.1 What Covid-19 testing is available?

Two types of test are currently being used within education settings to detect if someone has COVID-19:

- **Polymerase Chain Reaction (PCR) tests**

PCR tests detect the RNA (ribonucleic acid, the genetic material) of a virus. PCR tests are the most reliable COVID-19 tests. It takes some time to get the results because they are usually processed in a laboratory.

- **Lateral Flow Device (LFD) tests (asymptomatic testing)**

LFD tests detect proteins in the coronavirus and work in a similar way to a pregnancy test. They are simple and quick to use but should not be used for symptomatic people who should have a PCR test.

Please note if someone has tested positive with a PCR test, **they should not be tested using either PCR or rapid lateral flow tests for 90 days**, unless they develop new symptoms during this time – in which case they should be retested immediately using PCR.

This 90-day period is from the initial onset of symptoms or, if asymptomatic when tested, their positive test result.

### 3.2 Asymptomatic testing

Testing remains important in reducing the risk of transmission of infection within schools.

## **Secondary school pupils**

As pupils will potentially mix with lots of other people during the summer holidays, all secondary school pupils (year 7 and above) should receive 2 on-site lateral flow device tests, 3 to 5 days apart, on their return in the autumn term.

Settings may commence testing from 3 working days before the start of term and can stagger return of pupils across the first week to manage this.

Secondary school pupils should then continue to **test twice weekly at home until the end of September**, when this will be reviewed.

Nursery and primary school pupils are not asked to test at this time

## **Staff**

Staff across all education settings should undertake twice weekly home lateral flow device tests whenever they are on site until the end of September, when this will also be reviewed.

## **On-site testing**

Secondary schools should also retain a small asymptomatic testing site (ATS) on-site until further notice so they can offer testing to pupils who are unable to test themselves at home.

Pupils who have recently completed year 6 will be offered the 2 tests at an ATS at the beginning of the autumn term when they start at their secondary school as a new year 7. Schools may choose, however, to start testing year 6 pupils earlier, including in summer schools, depending on their local circumstances.

## **Confirmatory PCR tests**

Staff and pupils with a positive LFD test result should self-isolate at home and arrange confirmatory PCR test. If the PCR test is taken within 2 days of the positive lateral flow test, and

is negative, it overrides the self-test LFD test and the staff member or pupil can return to school, as long as the individual doesn't have COVID-19 symptoms.

For additional information on PCR test kits for schools refer to [PCR test kits for schools and FE providers, 22 April 2021](#)

### **3.3 Symptomatic testing**

If a pupil or staff member develops symptoms of COVID-19, they should be advised to get tested as soon as possible via NHS UK or by contacting NHS 119 via telephone if they do not have access to the internet.

## 4. Management of a suspected case

### 4.1 What to do if a child or staff member is absent because they have COVID-19 symptoms

COVID-19 symptoms that would permit exclusion from school:

- new continuous cough and/or
- fever (temperature of 37.8°C or higher)
- loss of or change in, normal sense of taste or smell (anosmia)

**Anyone who develops symptoms of COVID-19 should immediately self-isolate. They should not attend school and should follow the steps below:**

- Parent/Carer or staff member should notify the school of their absence by phone
- School should record and keep relevant information (see suggested template in Appendix 1): Reason for absence, date of onset of symptoms, symptoms, class etc.
- Advise that the child/staff member should get tested via NHS UK or by contacting NHS 119 via telephone if they do not have internet access
- **There is no further action required by the school at this time, and no need to notify the Local Authority or Health Protection Team.**



## 4.2 What to do if someone falls ill while at school

**If anyone becomes unwell with a new continuous cough, a high temperature or a loss of or change in their normal sense of taste or smell they must be sent home as soon as possible**

- If a child is awaiting collection, they should be moved to a room on their own, if possible depending on the age of the child and with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people. Any rooms they use should be cleaned after they have left.
- If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.
- PPE should be worn by staff caring for the child while they await collection ONLY if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs). See box on below for further details on how to dispose of PPE.
- If a 2 metre distance cannot be maintained, then the following PPE should be worn by the supervising staff member:
  - Fluid-resistant surgical face mask
- If direct contact with the child is necessary, and there is significant risk of contact with bodily fluids, then the following PPE should be worn by the supervising staff member
  - Disposable gloves
  - Disposable plastic apron
  - Fluid-resistant surgical face mask
  - Eye protection (goggles, visor) should be worn ONLY if a risk assessment determines that there is a risk of fluids entering the eye from, for example, coughing, spitting or vomiting

- The school should record and keep the details of the incident in case it is needed for future case or outbreak management (see suggested template Appendix 2)
- **There is no need to notify the Local Authority or the Health Protection Team of the incident**

**Disposing of PPE and waste after an individual with symptoms of, or confirmed, COVID-19 has left the setting or area**

Personal waste from individuals with symptoms of COVID-19 and waste from cleaning of areas where they have been (including PPE, disposable cloths and used tissues):

1. Should be put in a plastic rubbish bag and tied when full
2. The plastic bag should then be placed in a second bin bag and tied
3. This should be put in a suitable and secure place and marked for storage until the individual's test results are known

This waste should be stored safely and kept away from children. It should not be placed in communal waste areas until negative test results are known, or the waste has been stored for at least 72 hours.

If the individual tests negative, this can be disposed of immediately with the normal waste.

If COVID-19 is confirmed this waste should be stored for at least 72 hours before disposal with normal waste.

For further details, please refer to [COVID-19: cleaning in non-healthcare settings outside the home](#).

## 5. Management of a single confirmed case

### 5.1 Recording absence due to confirmed COVID-19

When a parent or carer notifies the school a child is absent due to them having confirmed COVID-19, schools are advised to record these cases in order to detect increases in COVID cases in the setting.

The headteacher or appropriate member of the leadership team should gather the following information.

- The cases's date of onset of their illness, the date on which they were tested, and their attendance record at school
- The case's year group

Refer to APPENDIX 1 for a template chart to record necessary details about confirmed cases of COVID-19 in children, pupils, students and staff.

### 5.2 Self isolation period

The confirmed case should be advised to self-isolate until the latest of:

- 10 days after the onset of their symptoms
- or
- 10 days after their test day if they are asymptomatic

### 5.3 How is the self-isolation period calculated?

- If a child or staff member is a confirmed case, they must not leave home for **10** days after the onset of symptoms or the date of test if they have no symptoms. The isolation period includes the day their symptoms started (or the day their test was taken if they do not have symptoms), and the next 10 full days. This means that if, for example, their symptoms started at any time on the 15th of the month (or

if they did not have symptoms but their first positive COVID-19 test was taken on the 15th), their isolation period ends at 23:59 hrs on the 25<sup>th</sup>.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date of onset of symptoms/ date of test	29	30	1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31	1	2

Stop Isolation and return to school

## 5.4 What does self-isolation mean?

Self-isolation means the child/staff member should

- Not go to school, work or public places
- Not attend any other out of school activities or go around to a friends house
- Not use public transport or taxis
- Not go out to shop – order shopping online or ask a friend to bring it to your home
- Not have visitors in your home except for people providing essential care
- Not go out to exercise – exercise at home or in your garden, if you have one
- Inform GP practice or hospital or other healthcare setting that they are self-isolating if they must attend in person

## 5.5 Management of a staff member with confirmed COVID-19

When notified of a staff member with confirmed COVID-19, schools should refer to following workplace guidance [NHS Test and Trace in the workplace - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/nhs-test-and-trace-in-the-workplace).

On notification of confirmed COVID-19 in a staff member, the following steps should be taken:

- The staff member should be advised to self-isolate until the latest of:

- 10 days after the onset of their symptoms, or
- 10 days after their test day if they are asymptomatic
- Employers should call the Self-Isolation Service Hub on 020 3743 6715 as soon as they are made aware that any of their workers have tested positive so employees can access financial and contact tracing support if required.

## 5.6 Management of contacts

Schools are no longer required to conduct their own contact tracing for single confirmed cases of COVID-19. NHS Test and Trace will continue to work with confirmed cases/or their parent to identify close contacts. Contacts from a school setting will only be traced by NHS Test and Trace where the positive case and/or their parent specifically identifies the individual as being a close contact.

Individuals will no longer be required to isolate if they live in the same household or are a close contact of someone with COVID-19 and any of the following apply:

- they are **fully vaccinated\***
- they are **below the age of 18 years and 6 months**
- they taking part in or are currently part of an approved COVID-19 vaccine trial
- they who are not able to get vaccinated for medical reasons

\*Fully vaccinated means that they have been vaccinated in the UK, and at least 14 days have passed since they received the recommended doses of that vaccine.

Instead, individuals listed above will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a PCR test. We would encourage all individuals to take a PCR test if advised to do so. **Children aged under 5 years old will only be advised to take a PCR test if they are a household contact of a positive case.**

Children, pupils and students aged under 18 years 6 months who usually attend school, and have been identified as a close contact, should continue to attend school as normal. They do not need to wear a face covering within the school, but it is expected and recommended that these are worn when travelling on public or dedicated transport.

18-year-olds will be treated in the same way as children until 6 months after their 18th birthday, to allow them the opportunity to get fully vaccinated. At which point, they will be subject to the same rules as adults and so as long as get fully vaccinated, they will not need to self-isolate if identified

Schools may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.

## 6. Management of multiple confirmed cases and possible outbreaks

### 6.1 Thresholds for seeking further public health advice

When parents notify the school their child is absent it is important to record whether this is due to COVID-19 confirmed by a PCR test. If when monitoring absences, any of the following thresholds are met, schools are advised to seek public health advice and work with their local authority contacts to identify any additional measures that need to be put in place.

- 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period; or
- 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period; or
- If a pupil, student, child or staff member is admitted to hospital with COVID-19

For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time:

- 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period\*

**\*Special schools and boarding schools should contact their local HPT directly if the above thresholds are met.**

### 6.2 Identifying groups that have ‘mixed closely’

Identifying a group that is likely to have mixed closely will be different for each setting. The table below gives examples for each sector, but a group will rarely mean a whole setting or year group.

<b>Setting</b>	<b>Examples of close mixing</b>
<b>Early years</b>	<ul style="list-style-type: none"> <li>• a childminder minding children, including their own</li> <li>• childminders working together on the same site</li> <li>• a nursery class</li> <li>• a friendship group who have played together staff and children taking part in the same activity session together.</li> </ul>
<b>Schools</b>	<ul style="list-style-type: none"> <li>• a form group or subject class</li> <li>• a friendship group mixing at breaktimes</li> <li>• a sports team</li> <li>• a group in an after-school activity</li> </ul>
<b>Further education</b>	<ul style="list-style-type: none"> <li>• students and teachers on practical courses that require close hands-on teaching, such as hairdressing and barbering</li> <li>• students who have played on sports teams together</li> <li>• students and teachers who have mixed in the same classroom.</li> </ul>
<b>Wraparound childcare or out-of-school settings</b>	<ul style="list-style-type: none"> <li>• a private tutor or coach offering one-to-one tuition to a child, or to multiple children at the same time</li> <li>• staff and children taking part in the same class or activity session together</li> <li>• children who have slept in the same room or dormitory together.</li> </ul>
<b>Boarding schools</b>	<ul style="list-style-type: none"> <li>• staff and children taking part in the same class or activity session together</li> <li>• children who share the same common space in a boarding house</li> <li>• children who have slept in the same room or dormitory together.</li> </ul>

### **6.3 Identifying staff contacts if threshold is met**

If cases amongst staff mean a school meets the threshold described above, employers will need to call the Self Isolation Service Hub on 020 3743 6715 and provide the 8-digit NHS Test and Trace Account ID (sometimes referred to as a CTAS number) of the person who tested positive, alongside the names of co-workers identified as close contacts. This will ensure that all workplace contacts are registered with NHS Test and Trace and can receive the necessary public health advice, including the support available to help people self-isolate if necessary.



NHS Test and Trace will provide an 8-digit NHS Test and Trace Account ID (CTAS number) to anyone who tests positive for COVID-19 or is a contact of someone who has tested positive as part of their contact tracing follow up.

## **6.4 What should we do if we think we have an outbreak?**

If the number of positive cases are increasing substantially, this could mean transmission of COVID-19 is happening in the school and extra action may need to be taken. If the thresholds above are met and an outbreak is identified, schools should contact :

**[HealthProtectionSecure@cheshirewestandchester.gov.uk](mailto:HealthProtectionSecure@cheshirewestandchester.gov.uk)**

If there are more confirmed cases linked to the school the local authority will investigate and will advise the school on any other actions that may be required.

**There is no need to notify multiple cases or a possible outbreak directly to the Health Protection Team. The local authority will liaise with the local Health Protection Team as appropriate.**

## **6.5 Being prepared for a COVID-19 outbreak**

All schools are advised to have contingency plans (sometimes called outbreak management plans) describing what they would do if children, pupils, students or staff test positive for COVID-19 and how they would operate if measures to reduce the spread of COVID-19 were advised.

A good contingency plan should cover:

- roles and responsibilities
- when and how to seek public health advice
- details on how you would reintroduce control measures such as additional testing, face covers, shielding and restricting attendance

For further details on contingency plans and what they should include, please refer to [Contingency framework: education and childcare settings, August 2021](#)

## 7. National Guidance Documents

This local guidance document has been based on national PHE, NHS and government guidance. Hyperlinks to key national guidance are displayed here for reference (click on the link to be taken to the relevant guidance/information online).

### General Guidance

- [Coronavirus: how to stay safe and help prevent the spread](#)
- [Guidance on protecting people who are clinically extremely vulnerable from COVID-19](#)

### Guidance for contacts

- [Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)
- [Guidance for contacts of people with confirmed coronavirus \(COVID-19\) infection who do not live with the person](#)
- [Apply for a Test and Trace Support Payment](#)

### Test and Trace

- [NHS Test and Trace: what to do if you are contacted](#)
- [NHS Test and Trace in the workplace](#)

### Specific guidance for educational settings

- [Schools COVID-19 operational guidance](#)
- [Guidance for parents and carers of children attending out-of-school settings during the coronavirus \(COVID-19\) outbreak](#)
- [Actions for early years and childcare providers during the COVID-19 pandemic](#)
- [The use of personal protective equipment \(PPE\) in education, childcare and children's social care settings, including for aerosol generating procedures \(AGPs\)](#)
- [SEND and specialist settings: additional COVID-19 operational guidance](#)
- [Contingency framework: education and childcare settings](#)
- [Education Recovery Support for early years settings, schools and providers of 16-19 education](#)
- [E-bug online resource, including COVID-19 specific information](#)
- [Dedicated transport to schools and colleges COVID-19 operational guidance](#)

## Testing

- [Coronavirus \(COVID-19\): test kits for schools and FE providers](#)

## Ventilation

- [Ventilation and air conditioning during the coronavirus \(COVID-19\) pandemic.](#)

## Vaccination

- [Coronavirus \(COVID-19\) vaccination](#)

## Infection prevention and control

- [The use of personal protective equipment \(PPE\) in education, childcare and children's social care settings, including for aerosol generating procedures \(AGPs\)](#)
- [Cleaning in non-healthcare settings](#)
- [Catch it. Bin it. Kill it. Poster](#)

## Coronavirus Resource Centre posters

- [Available Here](#)

## APPENDIX 1 – Template to record school absences

In the event of a COVID-19 outbreak, the table will ensure that important information is recorded in one place and is easily accessible

Date	Name	Class	Reason for absence	Date of onset of symptoms	Symptoms *	Has the child/staff been assessed by GP, NHS 111 etc? Y/N/NK	Has the child/staff been tested? Y/N/NK	Is the child/staff reporting a positive test result? Y/N/NK	Is the child/staff in hospital? Y/N/NK

**Symptoms** \* T = Temp ( $\geq 37.8$  C), C = Cough, D = Diarrhoea, V = Vomiting, ST = Sore Throat, H = Headache, N = Nausea, LST = Loss of smell/taste, Other

## APPENDIX 2– Minimum dataset for confirmed cases

<b>COVID-19 Minimum dataset for Schools</b>	
<b>Name of Person Completing the Form:</b>	
<b>Date:</b>	
1. Name and postcode of school	
2. Local Authority area of school	
3. Name/Date of Birth/Postcode of case	
4. Date of onset of symptoms or date of test if asymptomatic	
5. Was case in school while infectious?	YES/NO
6. Total number of confirmed cases in school	
7. Any other information	

**The minimum dataset contains personal identifiable information**