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Security
Agency

Resource Packs for Schools

UKHSA NW

Covid 19

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| V2.7 | 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 | | | Emma Savage Sam Ghebrehewet Martin Bewley |
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| V2.9 | 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 | | | Emma Savage Sam Ghebrehewet Martin Bewley |
| V3.0 | 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 | | | Emma Savage Sam Ghebrehewet Martin Bewley |

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| | Removal of word advice from Annex 3 Letter to close contacts | | | |
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| V5.0 | <p>48 hours to two days</p> <p>Change to PPE/face coverings</p> <p>Addition to prevention hierarchy</p> <p>Change to outbreak criteria</p> <p>Wearing face coverings safely</p> <p>Removal of QA on Testing</p> <p>Addition of signposting to testing guidance in QA</p> <p>Links to testing guidance added to Section 7</p> | | | <p>Emma Savage</p> <p>Sam Ghebrehewet</p> |
| V5.1 | Changed further references from 48 hours to two days | | | <p>Emma Savage</p> <p>Sam Ghebrehewet</p> |
| V6.0 | <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> | | | <p>Emma Savage</p> <p>Sam Ghebrehewet</p> |
| V7.0 | <p>Note that COVID is a rapidly evolving situation removed</p> <p>Mixing and 'bubbles'</p> | | | <p>Emma Savage</p> <p>Sam Ghebrehewet</p> <p>Natalie Halloran</p> |

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|------|---|---------------------------|--|--|
| | <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> | | | |
| V8.0 | <p>Covid Key Messages updated</p> <p>Asymptomatic testing updated</p> <p>Advice for Clinically Extremely Vulnerable (CEV) updated</p> <p>Ventilation updated</p> <p>Protective measures updated</p> <p>Section 2.5 added on Vaccination for 12-17-year olds</p> <p>Section 5.6 added on Supporting staff contacts</p> <p>Order of points in Section 6 amended</p> <p>Thresholds for seeking further public health advice amended</p> <p>Identifying staff contacts if threshold is met removed</p> <p>What should we do if we have an outbreak amended?</p> <p>Section 6.5 Additional measures that could be recommended if you have an outbreak</p> <p>Re-branded onto new UKHSA Template</p> | Updated contingency frame | | Emma Savage Sam Ghebrehewet Natalie Halloran |

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| V9.0 | <p>Updated with new guidance on daily LFD testing for close contacts</p> <p>Face coverings updated</p> <p>Recommendation for 2nd dose of vaccine to those aged 12-15</p> <p>Updated guidance on testing within 90 days</p> <p>Inclusion of advice for testing visitors to schools</p> <p>Updated self-isolation periods</p> | <p>Updated operational guidance and contingency framework in line with national policy change</p> | | <p>Emma Savage</p> <p>Sam Ghebrehewet</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)

Public Health Dept. etc:

healthprotectionsecure@cheshirewestandchester.gov.uk

Any out of hours contact info

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

| | |
|--|--|
| Cheshire and Merseyside | 0344 225 0562 (option 0 then option 1) cmcthub@phe.gov.uk |
| Cumbria | 0344 225 0562 (option 0 then option 2) |
| Greater Manchester | 0344 225 0562 (option 0 then option 3) |
| Blackburn with Darwen, Blackpool and Lancashire | 0344 225 0562 (option 0 then option 2) |

Out of Hours UKHSA Contact:

UK Health Security Agency 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 particles (droplets and aerosol) 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, however there is strong evidence that children and young people are much less susceptible to severe clinical disease than older people.

2.1 Mixing and 'bubbles'

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

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 6.4 for further details on outbreak planning.

Any decision to introduce bubbles needs to take into account any detrimental impact on delivery of education.

2.2 PPE recommendations for teachers and children

In secondary schools face coverings should be worn by pupils, staff and adult visitors in corridors and communal areas. Pupils must also wear a face covering when travelling on public transport or on dedicated transport to school or college.

In primary schools and early years settings, face coverings should be worn by staff and adults (including visitors) in corridors and communal areas. Children in primary schools should not be asked to wear face coverings.

Face coverings help protect the wearer and others against the spread of infection because they cover the nose and mouth, which are the main confirmed sources of transmission of COVID-19.

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.

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](#). Please read section 2 of the guidance as it contains details on how to use the monitors appropriately.

In addition more information on ventilation can be found on gov.uk website [Ventilation of indoor spaces to stop the spread of coronavirus \(COVID-19\) - GOV.UK \(www.gov.uk\)](#)

Carbon dioxide monitors

All state funded education settings should receive carbon dioxide monitors before the end of the autumn term. The monitors can be used to take readings across the school setting and identify where ventilation needs to be improved.

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

Schools should have the following baseline prevention and response measures in place to manage transmission of Covid-19:

1. Staff and secondary school students should continue to perform LFD testing twice weekly at home, 3 to 4 days apart.
2. Those who test positive should isolate, take a confirmatory polymerase chain reaction (PCR) test, and continue to isolate if the result is positive. Schools should ensure high-quality remote learning is available for any child who is well enough to learn from home.
3. Close contacts aged between 5 years and 18 years and 6 months, and double vaccinated adults are strongly advised to take an LFD test every day for 7 days. They can attend school as normal unless they have a positive test result. If they test positive, they will need to isolate.

4. All education and childcare settings should continue to ensure good hygiene for everyone, maintain appropriate cleaning regimes, keep occupied spaces well ventilated, and follow public health advice on testing and managing confirmed cases of COVID-19.
5. All settings should continue their strong messaging about signs and symptoms, isolation advice and testing, to support prompt isolation of suspected cases. Settings should also continue to encourage vaccination uptake for eligible students and staff.

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

Studies have shown children and young people, including those previously considered to be clinically extremely vulnerable (CEV), are at very low risk of serious illness if they catch the virus.

However, if a child or young person has been advised to isolate or reduce their social contact by their specialist, due to the nature of their medical condition or treatment, rather than because of the pandemic, they should continue to follow the advice of their specialist.

2.6 Vaccination of 12 to 17-year olds

All children aged 12 and over are now eligible for COVID-19 vaccination.

- All 12 to 15-year olds will be offered the vaccine via the school-based programme.
- All 16 to 17 year olds will be invited to a local NHS service such as a GP surgery or can [access the vaccine via some walk-in COVID-19 vaccination sites](#).
- Children who are eligible for two doses due to their circumstances will be contacted by a local NHS service such as their GP surgery to arrange their appointments.
- Children aged 12-15 can now also book [their COVID-19 vaccination appointment online](#) instead of getting a vaccine at school.

This will help to ensure that the following pupils can access the vaccine:

- if a child turns 12 years of age after the session held at school
- if a child is absent from school on the day
- if a child has recently had a COVID-19 infection

- if parents change their mind about whether to have the vaccine or need a bit longer to reach a decision

Please note: Joint Committee on Vaccination and Immunisation (JCVI) have now recommended that a second dose of vaccine should be offered after an interval of 12 weeks. This interval reflects the strong evidence of high levels of protection against severe disease from the first dose, although could be shortened to eight weeks in periods of high incidence or where there was concern about vaccine effectiveness (for example a new variant).

| Group | Recommendation |
|---|---|
| Children aged 12-15 with specific underlying health conditions that put them at risk of severe COVID-19 | Offer 2 doses of Pfizer BioNTech vaccine with an interval of 8 weeks between doses |
| Children and young people aged 12 and over who are household contacts of an immunosuppressed person | Offer 2 doses of Pfizer BioNTech vaccine with an interval of 8 weeks between doses |
| Young people aged 16 and 17 in a clinical risk group or who work in health and social care | Offer 2 doses of Pfizer BioNTech vaccine with an interval of 8 weeks between doses |
| All other young people aged 12-17 not in an at risk group | Offer 2 doses of Pfizer BioNTech vaccine with an interval of 8 weeks between doses. An 8 week interval may be used if the emerging epidemiological data supports this |

For more information about the in-school vaccination programme refer to [COVID-19 vaccination programme for children and young people guidance for schools.](#)

Given the longer-term benefits of vaccines, immunisation sessions should still go ahead as planned when a school has a COVID-19 outbreak, unless specifically advised not to by a HPT or Director of Public Health.

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.

Advice for those (pupil/staff) who tested positive for Covid-19 in the last 90 days?

If someone has tested positive for COVID-19 within the last 90 days, if they are identified as a close contact of someone with COVID-19 and are exempt from isolation, they are strongly advised to take part in daily testing. If the LFD test is positive, they should also take a confirmatory PCR even if it is within the 90 days.

This is a change to the previous position because we know people can be infected with Omicron even when they have had previous COVID-19 infection. Previously, we had evidence that people were likely to be immune for at least 90 days after infection, but we don't know whether this is the case with Omicron. With the removal of the requirement for self-isolation, we need another system to try to reduce transmission. Given that there is much less likelihood of false positives with LFDs when someone is no longer infectious, the balance of risks means that we need to implement this, even in the 90 days after previous infection.

3.2 Asymptomatic testing

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

Secondary school pupils

Secondary school pupils should continue to test twice weekly at home, with lateral flow device (LFD) test kits, 3 to 4 days apart. Testing remains voluntary but is strongly encouraged.

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

Staff

Staff across all education settings should continue to test twice weekly at home, with lateral flow device (LFD) test kits, 3 to 4 days apart.

Schools should communicate regularly with parent/carers, pupils and staff to encourage participation in twice weekly LFD home testing for secondary aged pupils and staff.

Visitors

Schools are strongly encouraged to ask parents and other visitors to take an LFD test before entering the school premises.

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.

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. PCR taken after 2 days should not be used to lift self isolation.

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)

Pupils should be excluded from school if they are unwell or showing symptoms of any infection.

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

{Local Authorities to adapt as per local process if different from below}

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

From the 22nd December 2021 self isolation may be ended before the end of the 10 full days.

The confirmed case can take an LFD test from the sixth day of their isolation period, and another LFD test on the following day. The second LFD test should be taken at least 24 hours later. If both these test results are negative, and they do not have a high temperature, they may end self-isolation after the second negative test result. They should not take an LFD test before the sixth day of their isolation period and should only end their self-isolation following 2 consecutive negative LFD tests which should be taken at least 24 hours apart. If they take an LFD test from the sixth day of their isolation period, and the test result is positive, they should wait 24 hours before taking the next test.

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 25th.

| | 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

- If a confirmed case ends self-isolation before the end of 10 full days following completion of 2 negative LFD tests as detailed above, for example this means that if symptoms started at any time on the 15th of the month (or if you did not have symptoms but your first positive COVID-19 test was taken on the 15th), you may take daily LFD tests from the 21st. If your LFD test results are negative on the 21st and 22nd, and you do not have a high temperature, you may end your isolation period after the negative test result on the 22nd.

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 Advice if self-isolation is ended before 10 full days

If the 2 consecutive LFD tests results are negative from day 6, it is likely that they were not infectious at the time the tests were taken. To further reduce the chance of passing COVID-19 on to others, if the self-isolation period ends before the 10 full days they are strongly advised:

- to limit close contact with other people outside your household, especially in crowded, enclosed or poorly ventilated spaces
- to work from home if you are able to
- in addition to venues where it is a legal requirement, to wear a face covering in crowded, enclosed or poorly ventilated spaces and where you are in close contact with other people
- to limit contact with anyone who is at higher risk of severe illness if infected with COVID-19
- to follow the guidance on how to stay safe and help prevent the spread

They should follow this advice until 10 full days from when their self-isolation period started.

5.6 Management of a staff member with confirmed COVID-19

When notified of a staff member with confirmed COVID-19, schools can refer to the 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

5.7 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.

Adults who are fully vaccinated and all children and young people aged between 5 and 18 years and 6 months who has been identified as a close contact are strongly advised to take a LFD test every day for 7 days (or up until the end of the 10-day self-isolation period, if sooner). They can continue to attend the setting as normal unless they have a positive test result.

*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.

Children under 5 years are exempt from self-isolation and do not need to take part in daily testing of close contacts.

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.

Below is the definition of a contact i.e. anyone who has had any of the following types of contact with someone who has tested positive for COVID-19:

- face-to-face contact including being coughed on or having a face-to-face conversation within one metre
- been within one metre for one minute or longer without face-to-face contact
- been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)

5.8 Supporting staff contacts

Where a staff member has tested positive for COVID-19, education and childcare settings do not need to routinely contact the NHS Self Isolation Service Hub to provide details of close contacts.

However, to ensure staff members who have been identified as a close contact can access [Test and Trace Support Payments](#) you may consider providing staff details to the NHS Self Isolation Hub when:

- a staff member who was in close contact with the person testing positive has indicated they are not exempt from self-isolation, but the person testing positive was unable to provide that person's details to NHS Test and Trace
- it is particularly difficult for the person testing positive to identify or provide details of some members of staff they were in contact with, for example, temporary workers such as supply staff, peripatetic teachers, contractors or ancillary staff

The Self-Isolation Service Hub can be contacted on 020 3743 6715. You will need the 8-digit NHS Test and Trace Account ID (CTAS number) of the person who tested positive alongside the details of co-workers identified as close contacts.

6. Management of multiple confirmed cases and possible outbreaks

6.1 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 you might be asked to put in place (see Section 6.6)

For each control measure you should include:

- actions you would take to put it in place quickly
- how you would ensure every child, pupil or student receives the quantity and quality of education and support to which they are normally entitled
- how you would communicate changes to children, pupils, students, parents, carers and staff

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

6.2 Thresholds for seeking further public health advice

When schools are notified a pupil or staff member 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/hub directly if the above thresholds are met.

6.3 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.

| Setting | Examples of close mixing |
|--------------------------|---|
| Early years | <ul style="list-style-type: none"> ▪ a childminder minding children, including their own ▪ childminders working together on the same site ▪ a nursery class ▪ a friendship group who have played together staff and children taking part in the same activity session together. |
| Schools | <ul style="list-style-type: none"> ▪ a form group or subject class ▪ a friendship group mixing at breaktimes ▪ a sports team ▪ a group in an after-school activity |
| Further education | <ul style="list-style-type: none"> ▪ students and teachers on practical courses that require close hands-on teaching, such as hairdressing and barbering |

| | |
|---|---|
| | <ul style="list-style-type: none"> ▪ students who have played on sports teams together ▪ students and teachers who have mixed in the same classroom. |
| Wraparound childcare or out-of-school settings | <ul style="list-style-type: none"> ▪ a private tutor or coach offering one-to-one tuition to a child, or to multiple children at the same time ▪ staff and children taking part in the same class or activity session together ▪ children who have slept in the same room or dormitory together. |
| Boarding schools | <ul style="list-style-type: none"> ▪ staff and children taking part in the same class or activity session together ▪ children who share the same common space in a boarding house ▪ children who have slept in the same room or dormitory together. |

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

Actions to consider once a threshold is reached

At the point of reaching a threshold, education and childcare settings should review and reinforce the testing, hygiene and ventilation measures they already have in place.

Settings should also consider:

- whether any activities could take place outdoors, including exercise, assemblies, or classes
- ways to improve ventilation indoors, where this would not significantly impact thermal comfort
- one-off enhanced cleaning focussing on touch points and any shared equipment
- Limit mixing in schools between different groups and classes

{Local Authorities to adapt as per local process if different from below}

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 **{LA to insert contact details}**

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 Additional measures that could be recommended if you have an outbreak

A director of public health or an HPT may give settings advice reflecting the local situation. This may include setting higher thresholds than those laid out in this document in areas where rates are high.

If the local authority, director of public health or HPT judges that additional action should be taken, they may advise settings take extra measures such as those listed in the table below. **Schools should only implement these additional measures if advised to do so by their local Public Health team.**

School Contingency Plans should reflect how these additional measures may be implemented if they are required.

| | |
|--|---|
| Increased use of LFD Testing for staff and pupils | <ul style="list-style-type: none">▪ Communications should be strengthened to encourage pupils and students to undertake asymptomatic home testing and reporting▪ DsPH may advise increased use of LFD testing in an outbreak scenario or in areas of high prevalence.▪ This could include more frequent LFD testing for cohorts in schools where numbers are high▪ DsPH will provide advice on the reintroduction of onsite testing for settings across areas that have been offered an enhanced response package or are |
|--|---|

| | |
|---|--|
| | <p>in an enduring transmission area, where settings and DsPH decide it is appropriate.</p> <ul style="list-style-type: none"> ▪ Secondary schools and colleges should consider how asymptomatic test sites (ATS) could be implemented in a way that does not negatively impact the education they provide to their pupils and students ▪ |
| <p>Temporary wearing of face coverings</p> | <ul style="list-style-type: none"> ▪ Face coverings in classrooms may be temporarily advised for an individual setting as part of outbreak management. ▪ Children of primary school age and early years children should not be advised to wear face coverings. ▪ Any guidance should allow for reasonable exemptions for their use. ▪ In all cases any educational and wellbeing drawbacks in the recommended use of face coverings should be balanced with the benefits in managing transmission. |
| <p>Limiting school events and activities</p> | <p>Schools may be asked to limit the following events and activities:</p> <ul style="list-style-type: none"> ▪ residential educational visits ▪ open days ▪ transition or taster days ▪ parental attendance in settings ▪ live performances in settings |
| <p>Attendance restrictions</p> | <p>High-quality face-to-face education remains a government priority. Attendance restrictions will only ever be considered as a short-term measure and as a last resort where other recommended measures have not broken chains of in-setting transmission and has been agreed by a local IMT.</p> <p>Full detail on remote education expectations and the support available to schools and FE providers is available at get help with remote education.</p> |

7. National Guidance Documents

This local guidance document has been based on national UKHSA, 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 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, December 2021*
- *Remote education expectation and duties*

- *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*
- *Find a walk-in coronavirus (COVID-19) vaccination site*
- *Book or manage a 1st or 2nd dose of the coronavirus (COVID-19) vaccine*
- *COVID-19 vaccination programme for children and young people guidance for schools*

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)*
- *COVID-19: cleaning in non-healthcare settings outside the home.*
- *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 (≥ 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

COVID-19 Minimum dataset for Schools

Name of Person Completing the Form:

Date:

| | |
|--|--------|
| 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 and therefore must be sent to the Local Authority by a secure method