



Public Health
England

Protecting and improving the nation's health

PHE NW COVID-19 Template Resource Pack for Schools

Version 6.0

Knowsley

24th March 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 Incident Lead

Name	Alan Higgins
Signature	
Sign-Off Date (of current version)	25.08.2020
Comments (if applicable)	Alan Higgins signed-off as COVID-19 Incident Lead w/c
Review Date	Every six weeks, or earlier if appropriate
Any comments about the contents/implementation of this should be emailed to ICC Northwest: ICC.Northwest@phe.gov.uk	

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Version	Status	Author	Details of Change/Superseded document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 Ghebrehewet	Extra information regarding updated guidance on face coverings (announced on 25/08/20) was added.
V2.3	Final	Martin Bewley Alex Stewart Sam Ghebrehewet	Additional information re testing was added
V2.4	Final	Martin Bewley Sam Ghebrehewet	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 Ghebrehewet 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

			<p>Q&A: Question added on what to do if more cases in a bubble</p> <p>Further clarification that schools should not be asking for negative tests if no COVID19 symptoms</p> <p>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</p> <p>Appendix 8: Link to exclusion periods for childhood illnesses added</p>
V2.9	Final	<p>Emma Savage</p> <p>Sam Ghebrehewet</p> <p>Martin Bewley</p>	<p>P.6 clarification of settings that the guidance applies to</p> <p>Consistent use of 48 hours and not 2 days</p> <p>Clarification of self-isolation period</p> <p>Q&A Ending of self-isolation</p>
V3.0	Final	<p>Emma Savage</p> <p>Sam Ghebrehewet</p> <p>Martin Bewley</p>	<p>Extension of DoE helpline hours</p> <p>Self-isolation period change and addition of graphic</p> <p>Updated guidance on face coverings</p> <p>Updated hierarchy of control</p> <p>Updated guidance on clinically extremely vulnerable</p> <p>FAQ on children with complex medical needs such as tracheostomies</p> <p>Removal of word advice from Annex 3 Letter to close contacts</p>
V4.0	Final	<p>Emma Savage</p> <p>Sam Ghebrehewet</p> <p>Martin Bewley</p>	<p>Change of isolation period from 14 days to 10 days throughout</p> <p>Removal of Section 6: Planning for Local Restrictions</p> <p>Removal of what to do if lab test delayed</p> <p>Change to QA: What can schools do to organise testing?</p> <p>Addition of QA on fever following immunisation and teething</p> <p>Inclusion of link to preliminary guidance on asymptomatic testing in schools from January</p> <p>Updated Appendix 3. letter to contacts</p> <p>Updated Appendix 8. Flowchart</p>
V5.0	Final	<p>Emma Savage</p> <p>Sam Ghebrehewet</p>	<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>
V5.1	Final	<p>Emma Savage</p> <p>Sam Ghebrehewet</p>	<p>Changed further references from 48 hours to two days</p>
V6.0	Final	<p>Emma Savage</p> <p>Sam Ghebrehewet</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>

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Please note that, as COVID-19 is a rapidly evolving situation, guidance may change with little notice.

Therefore we advise that, in addition to familiarising yourself with the content of this document, you refer to the relevant national guidance (links provided in Section 4)

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**

Section 1: Local Area Key Contacts

For support in managing suspected symptoms, confirmed case, testing advice etc, contact your education link officer in the first instance. Complete the MDS form and send this to your link officer, see below.

Your link officer will liaise with Public Health and Infection Prevention control team where required

Penny France - penelope.france@knowsley.gov.uk	07973 949469
Aby Hardy - aby.hardy@knowsley.gov.uk	07825 145068
Nadine Carroll - nadine.carroll@knowsley.gov.uk	07775 221953

SEND: Joanne Knight - joanne.knight@knowsley.gov.uk	07973 741736
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For staffing issues contact Human Resources:

helen.blow@knowsley.gov.uk	07775 221954
caroline.wood@knowsley.gov.uk	07775 221952

Department of Education Helpline for COVID-19 enquiries and support with managing single confirmed cases is available for: education settings: early years settings; primary schools, infant or junior schools, middle schools, secondary schools, special schools; and further education providers. Please use this number out of hours when your link officer is unavailable.

Monday to Friday 8am to 6pm Saturday & Sunday 10am to 6pm	0800 046 8687 (select option for reporting positive case)
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Special Schools for COVID-19 health protection queries including further advice on what to do if someone has symptoms, testing information, confirmed case or to escalate outbreak concern e.g. if there are multiple pupils or staff with symptoms

Infection Prevention and Control Team (IPC) Infectionpreventionandcontrolteam@NWBH.nhs.uk	01925 664851 or 0151 676 5439
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Public Health England will support with large or complex outbreaks. Please ensure you contact your link officer who will work with you to help ensure PHE are contacted where required.

Cheshire and Merseyside Monday to Friday 9 am to 5 pm	0344 225 0562 (option 0 then option 1)
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Out of Hours PHE Contact:

Public Health England first on call via the Contact People	0151 434 4819
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School health service will support school attendance and student wellbeing

North West Boroughs Healthcare NHS Foundation Trust donna.wilson@nwbh.nhs.uk	0151 244 3501
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Section 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.

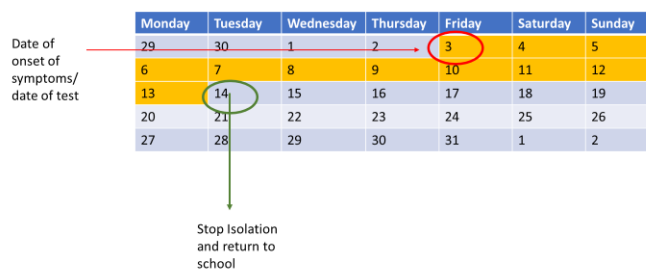
Can children pass on the infection?

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. Most children with COVID-19 have caught the infection from adults and not the reverse.

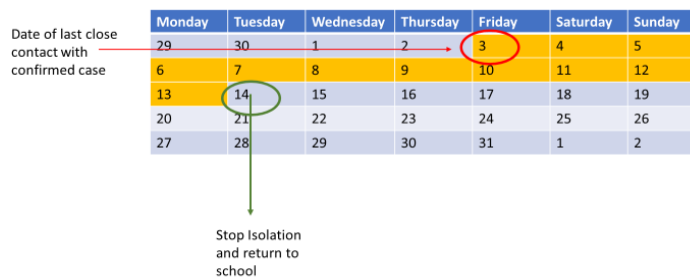
While the risk of transmission between young children and adults is likely to be low, adults should continue to take care to socially distance from other adults including older children/adolescents.

How long does self-isolation last?

- 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.



- If the child or staff member has been identified as a close contact of a confirmed case they must not leave home for **10** days after the date they last had contact with the case.



Who is a close contact?

A contact is defined as a person who has had contact (see below) at any time from two days before onset of symptoms (or time of test if asymptomatic) to 10 days after onset of symptoms (or test):

- a person who has had face-to-face contact (within one metre) with someone who has tested positive for coronavirus (COVID-19), including:

- being coughed on, or
 - having a face-to-face conversation, or
 - any contact within one metre for one minute or longer without face-to-face contact
- a person who has been within 2 metres of someone who has tested positive for coronavirus (COVID-19) for more than 15 minutes (either as a one-off contact or added up together over one day)
 - a person who has travelled in the the same vehicle. Please see FAQ (p.19) for further guidance on assessing contacts who fall into this category.
 - people who spend significant time in the same household as a person who has tested positive for coronavirus (COVID-19)

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 it 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

What PPE is recommended for teachers and children?

In schools where pupils in year 7 and above are educated, face coverings should be worn by adults and pupils when moving around the premises, outside of classrooms, such as in corridors and communal areas where social distancing cannot easily be maintained. In addition, face coverings should be worn in classrooms or during activities unless social distancing can be maintained. This does not apply in situations where wearing a face covering would impact on the ability to take part in exercise or strenuous activity, for example in PE lessons.

In primary schools, face coverings should be worn by staff and adult visitors in situations where social distancing between adults is not possible (for example, when moving around in corridors and communal areas). Children in primary school do not need to wear a face covering.

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. There is currently very limited evidence regarding the effectiveness or safety of transparent face coverings, but they may be effective in reducing the spread of

coronavirus (COVID-19).

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 cleaned appropriately.

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

Face coverings should also be worn by pupils in year 7 and above when travelling on dedicated school transport to secondary school or college.

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

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

Prevention:

Always:

- 1) minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend school
- 2) where recommended, use face coverings in schools
- 3) clean hands thoroughly more often than usual
- 4) ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
- 5) introduce enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach
- 6) minimise contact between individuals and maintain social distancing wherever possible, i.e. maintain social distancing of 2 metres with individuals outside your bubble whenever possible and in school activities that have the potential for being in close proximity to other individuals.
- 7) Keep occupied spaces well ventilated

In specific circumstances

- 8) where necessary, wear appropriate personal protective equipment (PPE)
- 9) Promote and engage in asymptomatic testing, where available

Section 3: Management of a suspected case

What to do if a child or staff member is unable to attend school because they have the following COVID-19 symptoms

- 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, or whose household member develops symptoms, 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.
- Direct to [Stay at home](#) guidance for isolation advice for child/staff member and their households. The person with symptoms should isolate for 10 days starting from the first day of their symptoms and the rest of their household for 10 days.
- 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 This would also apply to any parent or household member who develops symptoms. If any staff contact develops symptoms then they can apply for a test via <https://www.gov.uk/apply-coronavirus-test-essential-workers>.
- **There is no further action required by the school at this time, and no need to notify the Local Authority or Health Protection Team.**

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, if possible, to a room where they can be isolated behind a closed door, 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.
- 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).
- 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**

Section 4: Management of a single confirmed case

If a headteacher is informed by a parent or staff member that a child or staff member has tested positive they should use the guidance below to appropriately identify and exclude close contacts if appropriate. The school should complete the minimum dataset and submit the minimum dataset securely to the Local Authority – see key contacts page 7

The school should follow the steps below:

- The confirmed case should be advised to self-isolate until the latest of:
 - 10 days after the onset of their symptomsor
 - 10 days after their test day if they asymptomatic
- The headteacher or appropriate member of the leadership team should gather the following information to assist with identification of close contacts:
 - The cases's date of onset onset of their illness, the date on which they were tested, and their attendance record at school
 - The cases's year group/class/bubble

The INFECTIOUS PERIOD IS FROM FROM THE MORNING OF THE 2 DAYS BEFORE THE DATE OF ONSET OF SYMPTOMS (or the time of test if they don't have symptoms) UNTIL 10 DAYS AFTER SYMPTOMS STARTED

- **If the staff member or pupil has not been at school during the infectious period, the school does NOT need to take any further action.**
- **If the staff member or pupil has been at school during the infectious period,** the headteacher should identify direct and close contacts of the case during the two days prior to the child or staff member falling ill. This is likely to be the classmates and teacher of that class. The social distancing measures put in place by educational settings outside the classroom should reduce the number of other direct/close contacts.
- All close contacts should be excluded from school for 10 days following their last contact with the case. For example, if the case tests positive on Wednesday and was last in school on the previous Monday the self isolation period includes the

Monday and the next 10 full days. Household members of contacts do not need to self-isolate unless the contact develops symptoms.

- **Close/direct contact is considered to be:**

- being coughed on, or
- having a face-to-face conversation within 1 metre, or
- travel in the same vehicle with the case (see P.19 for further guidance), or
- any contact within 1 metre for 1 minute or longer without face-to-face contact
- extended close contact (between 1 and 2 metres for more than 15 minutes) with a case (either as a one-off contact or added up together over one day)

See page 18 for a fuller description of a contact in a school setting.

- The school should send to the identified close contacts and their families a standard letter containing the advice (see Appendix 3).
- The school should complete the minimum dataset (Appendix 4) and send it to the local authority via a secure email address **please see page 7 for key contacts**.

Contacts will not be tested unless they develop symptoms. If a contact should develop symptoms, then the parent/carer should arrange for the child to be tested via [NHS UK](#) or by contacting NHS 119 via telephone if they do not have internet access. This would also apply to any parent or household member who develops symptoms. If any staff contact develops symptoms then they can apply for a test via <https://www.gov.uk/apply-coronavirus-test-essential-workers>.

If the school has any enquiries regarding the action that should be taken for a confirmed case of COVID19 then they should contact the Department of Education helpline on 0800 046 8687 (Monday to Friday 8am to 6pm, Saturday to Sunday 10am to 4pm).

Section 5: Management of multiple confirmed cases and possible outbreaks

Schools should follow the steps outlined in section 4 to identify and exclude contacts of each subsequent confirmed case of COVID19.

It is not unusual for self-isolating children or staff who have been identified as close contacts of a case to report a couple of days later that they have developed symptoms or test positive for COVID19. If this person was self-isolating for the two days before they developed symptoms or were tested (if asymptomatic) there will be no further public health action for schools. If the person was in school in the two days before onset of symptoms or testing, we would recommend that you confirm they did not have contact with anyone outside their bubble during that time. Household contacts will be managed as normal through NHS Test and Trace.

If any of the following are true, then the local authority should be notified promptly (see front page).

- Have more than 10% (approximately) of a bubble been confirmed as positive for COVID in the previous 14 days? (primary or early years settings only)
- Have more than 5 confirmed COVID cases in a single year group in the previous 14 days? (secondary settings only)
- Have more than 10% (approximately) of all staff been confirmed as positive for COVID in the previous 14 days?
- Have positive COVID cases been reported from three or more different bubbles in the previous 14 days?
- Have there been any admissions to hospital or deaths among staff or students in the previous 14 days?

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 possible outbreak directly to the Health Protection Team. The local authority will liaise with the local Health Protection Team as appropriate.

Section 6: Frequently Asked Questions

Cases and contacts

Should a child/staff member come to school if a member of their household is unwell?

No. If a member of the child's household is unwell with COVID-19 symptoms then the child/staff member should isolate immediately. The isolation period includes the day the household member(s) became unwell and the next 10 full days. If the child subsequently develops symptoms then they should get a COVID19 PCR test and if the result is positive the child should isolate for a further full 10 days from the date they developed symptoms. See [Stay-at-home-guidance](#). The household member(s) should be tested within 5 days of symptom onset. If all symptomatic household members test negative, the child/staff member can return to work.

If I am notified by a parent that their child is ill do I need to exclude the other children in their class/bubble?

No, classmates and staff can attend school as normal. The child who is ill should stay at home ([Stay-at-home-guidance](#)) and be advised to get tested. If the child has any siblings who attend the school, they should also be self-isolating at home for 10 days. If the child tests positive for COVID-19, close contacts should be excluded for 10 days.

If a child with symptoms has difficulty getting tested do I need to exclude the other children in their class/bubble?

The child with symptoms must isolate for 10 days from onset of symptoms if they do not test negative for whatever reason (e.g. refuse testing, delays in testing). Siblings from the same household must also self-isolate for 10 days.

Who is considered a contact in a school setting?

A person who maintained appropriate social distancing (over 2 metres) would not be classed as a contact.

A contact is defined as a person who has had contact (see below) at any time from two days before onset of symptoms (or time of test if asymptomatic) to 10 days after onset of symptoms (or test). 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.

- a person who has had face-to-face contact (within one metre) with someone who has tested positive for coronavirus (COVID-19), including:
 - being coughed on, or
 - having a face-to-face conversation, or
 - any contact within one metre for one minute or longer without face-to-face contact

- a person who has been within 2 metres of someone who has tested positive for coronavirus (COVID-19) for more than 15 minutes
- a person who has travelled in the same vehicle (see next question for more detail)
- people who spend significant time in the same household as a person who has tested positive for coronavirus (COVID-19)

How should I assess if pupils that travelled in the same vehicle should be classed as close contacts?

If other pupils or staff travelled in the same car as a case they would be considered to be close contacts.

In a larger vehicle such as a school bus (dedicated school transport) a risk assessment should be carried out. Close contacts would include those individuals sitting within a 2m radius of the case in the same way contacts are identified from seating plans in classroom areas.

If there is no seating plan and the case cannot remember who their close contacts are consideration may be given to isolating individuals who sat in a particular section of the bus. You may also wish to consider sending a warn and information letter to parents/guardians of those on the bus who are not considered close contacts to raise awareness that COVID-19 is circulating, the signs and symptoms and when to seek a test.

If the case uses public transport and not a dedicated school transport service then contact tracing by the school is not expected as a default. If the case is able to remember clearly, then close contacts should be asked to self-isolate where the case is able to recall sitting within a 2m radius of the contacts in the same way as for seating plans in classroom areas.

If you need assistance in risk assessing please contact – **see page 7 for contact details.**

Which contacts need to self-isolate?

Where the child, young person or staff member *tests positive* by either Lateral Flow Test or PCR test and they had attended the school in the two days prior to developing symptoms, direct and close contacts will be identified and advised regarding self-isolation.

Please note: The other household members of that wider class or group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms.

A pupil/staff member have been advised by Test and Trace to isolate for longer than 10 days from the start of their symptoms, why?

If the date of onset of symptoms is more than 5 days before the test date, self-isolation must continue for a further 5 full calendar days after the test date

A pupil/staff member was isolating because of a positive test result and did not have any symptoms but then developed symptoms during their isolation period when does their isolation period end?

If a pupil/staff member are isolating because of a positive test result but did not have any symptoms, and then they develop COVID-19 symptoms within their isolation period, they must start a new 10 day isolation period by counting 10 full days from the day following their symptom onset.

If a further member of the household develops symptoms while the child/staff member is already in self-isolation does the child/staff member need to restart their self-isolation period?

No. If the child/staff member has already tested positive than the child/staff member only needs to self-isolate for 10 days after the date of onset of symptoms or the date of the test.

If the child/staff member is another household contact without symptoms then if the child/staff member remains well, they can return to their normal routine at the end of the 10-day period. The child/staff member does not need to isolate for longer than 10 days, even if other household members develop symptoms during this period.

After 10 days if any of the household members develop symptoms then the whole household needs to start a new 10 day self-isolation period.

Can the siblings of a child who has been excluded because they are a contact of a case attend school?

Yes, other household members of the contact do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms

A child/parent reports to us that they have had contact with someone with symptoms – what should we do?

There is no action required of the school. No one with symptoms should be attending school and anyone who develops symptoms while at school should be isolated and sent home as soon as possible. Schools should regularly remind parents of the government guidance on staying at home and the importance of a household self-isolating if anyone in the household develops symptoms.

If a child has COVID-19 symptoms, gets tested and tests negative, can they return to school even if they still have symptoms?

If the child is NOT a known contact of a confirmed case the child can return to school if the result is negative, provided they have been fever free for 48 hours and feel well.

If the child is a contact of a confirmed case they must stay off school for the 10 day isolation period, even if they test negative. This is because they can develop the infection at any point up to day 10 (the incubation period for COVID-19), so if a child tests negative on day 3 they may still go on to develop the infection.

If a child who was a contact of a confirmed case tests negative, can they return to school?

No, the child should complete 10 days of isolation.

Does a child who was identified as a contact need to have a negative test before they can return to school?

No, schools should not request evidence of a negative test results or other medical evidence before admitting children after a period of self-isolation.

Any individual (staff / pupil) who remains asymptomatic within 90 days of testing positive needs no further test for clinical or public health reasons unless they develop symptoms.

If I get confirmed cases does the school need to close?

The school does not need to close on public health grounds. Schools will generally only need to close if they have staff shortages due to illness or being identified as contacts. It is expected that only the class of a confirmed case will need to be excluded. If there are a number of confirmed cases across different classes and year groups at the same time, then the school may be advised to close by the Health Protection Team in consultation with other partners.

If I get more cases in a bubble do I need to do anything further?

No. Further cases among contacts that have already been excluded are likely to arise and do not need any further action if appropriate action has already been taken and the child or staff member has no additional contacts in the two days prior to developing symptoms.

Should children with diarrhoea and vomiting be considered possible cases of COVID19?

No. The clinical definition for COVID19 still remains the same; new and continuous cough, fever and loss of taste or smell. The case definition is kept under review and guidance will be updated if the case definition changes. If a child has diarrhoea and/or vomiting they should remain off school while symptomatic and are free of symptoms for 48 hours. They do not meet the case definition for testing for COVID19.

Should children with respiratory symptoms not in the case definition (e.g. sore throat, congestion) be considered possible cases of COVID19?

No. The clinical definition for COVID19 still remains the same; new and continuous cough, fever and loss of taste or smell. The case definition is kept under review and guidance will be updated if the case definition changes. If a child has other respiratory symptoms then they should remain off while symptomatic. There is no need for the child to get tested unless they develop one of the COVID19 symptoms and schools should not ask for evidence of a negative test as only those with COVID19 symptoms should be tested. Guidance on exclusion periods for common childhood diseases can be found [here](#)

Testing

Schools should promote and engage in asymptomatic testing where available. Please check the links below for the latest guidance:

- [Asymptomatic testing for primary schools and nurseries](#)
- [Asymptomatic testing in secondary schools and colleges](#)

For any questions on testing email RapidTesting.SCHOOLS@education.gov.uk, or call the DfE coronavirus helpline on 0800 046 8687 and select option 7.

High risk groups

Should children or staff who are shielding (classed as clinically extremely vulnerable due to pre-existing medical conditions) attend school?

Children whose doctors have confirmed they are still clinically extremely vulnerable are advised not to attend school whilst the national restrictions are in place.

Staff whose doctors have confirmed they are still clinically extremely vulnerable are advised to work from home and not go into work whilst the national restrictions are in place

Parents of clinically extremely vulnerable children and staff who are extremely clinically vulnerable should have received a letter from the NHS or their GP.

Further advice on shielding is available at [Current advice on shielding](#)

What specific steps should be taken to care for children with complex medical needs, such as tracheostomies?

New guidance has been published and is available [here](#) which states that oral or nasal suction are no longer classified as Aerosol Generating Procedures (AGPs).

Can our pregnant members of staff work? What if staff have pregnant household members?

Pregnant women are in the “clinically vulnerable” category and can return to work at school.

All clinically vulnerable staff should take particular care to observe good hand and respiratory hygiene, maintain 2 metre distance from others and where this is not possible avoid close face to face contact and minimise time spent within 1 metres of others.

If a staff member lives with someone who is pregnant, they can work.

The Royal College of Obstetrics and Gynaecology (RCOG) has published [occupational health advice for employers and pregnant women](#). This document includes advice for women from 28 weeks gestation or with underlying health conditions who may be at greater risk. The Department of Education guidance advises pregnant women and employers to continue to monitor for future updates to it. Pregnant women with no underlying health conditions should return to work as normal.

Should children or staff who have family in the shielding group be coming to school/work?

Children or staff who live with people who are clinically extremely vulnerable can continue to attend school/work.

Staff

We have had a child confirmed as a case and had contact with other staff, including catering staff at lunch, do they need to be excluded?

It depends on the level of contact. staff would need to be excluded only if they had face to face contact with a case for any length of time, including being coughed on or talked to. This includes exposure within 1 metre for 1 minute or longer OR the staff member had extended close contact (within 2 metres for more than 15 minutes) with the case. The contact tracer will advise and help the school to identify contacts that need to be excluded.

Can the school still have supply teachers come in if there has been multiple cases?

Local risk assessment should be undertaken and staff excluded if in direct contact with a symptomatic case according to the national guidance.

If a supply teacher has not been identified as a close contact in any of their workplaces then exclusion will not be necessary, and they should be able to work.

Can non-teaching staff, for example cleaners and caterers, work for 2 or more schools?

Local risk assessment should be undertaken and staff excluded if in direct contact with a symptomatic case according to the national guidance.

If a staff member has not been identified as a close contact in any of their workplaces then exclusion will not be necessary.

[Schools are being advised](#) to adopt preventative measures including small class sizes and social distancing to minimise contact between students and teachers.

Face coverings

It is reasonable to assume that staff and young people will now have access to face coverings due to their increasing use in wider society, and Public Health England has made available resources on how to [make a simple face covering](#).

However, where anybody is struggling to access a face covering, or where they are unable to use their face covering due to having forgotten it or it having become soiled or unsafe, education settings should take steps to have a small contingency supply available to meet such needs.

No-one should be excluded from education on the grounds that they are not wearing a face covering.

The wearing of face covering should not replace other important infection prevention control measures which should be in place in all schools. These include:

- Minimising contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend childcare settings, schools or colleges
- Cleaning hands more often than usual - wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered
- Ensuring good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
- Cleaning frequently touched surfaces often using standard products
- Minimising contact and mixing by altering, as much as possible, the environment (such as classroom layout) and timetables (such as staggered break times)

When should children wear face coverings?

In schools where pupils in year 7 and above are educated, face coverings should be worn by adults and pupils when moving around the premises, outside of classrooms, such as in corridors and communal areas where social distancing cannot easily be maintained. In addition, we now also recommend in those schools, that face coverings should be worn in classrooms or during

activities unless social distancing can be maintained. This does not apply in situations where wearing a face covering would impact on the ability to take part in exercise or strenuous activity, for example in PE lessons.

In primary schools, we recommend that face coverings should be worn by staff and adult visitors in situations where social distancing between adults is not possible (for example, when moving around in corridors and communal areas). Children in primary school do not need to wear a face covering.

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. There is currently very limited evidence regarding the effectiveness or safety of transparent face coverings, but they may be effective in reducing the spread of coronavirus (COVID-19).

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 cleaned appropriately.

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

Face coverings should also be worn by pupils in year 7 and above when travelling on dedicated school transport to secondary school or college.

If older pupils are leaving the grounds at lunchtime they should be reminded that face coverings need to be worn in shops or supermarkets.

How are face coverings worn safely?

You should have a process for when face coverings are worn within your school and how they should be removed. You should communicate this process clearly to pupils, staff and visitors and allow for adjustments to be made for pupils with SEND who may be distressed if required to remove a face covering against their wishes.

Safe wearing of face coverings requires the:

- cleaning of hands before and after touching – including to remove or put them on
- safe storage of them in individual, sealable plastic bags between use

Where a face covering becomes damp, it should not be worn, and the face covering should be replaced carefully. Staff and pupils may consider bringing a spare face covering to wear if their face covering becomes damp during the day.

Pupils should be instructed to:

- not touch the front of their face covering during use or when removing it
- dispose of temporary face coverings in a 'black bag' waste bin (not recycling bin)
- place reusable face coverings in a plastic bag they can take home with them
- wash their hands again before heading to their classroom

Are there exemptions for certain pupils and staff?

Some individuals are exempt from wearing face coverings. This applies to those who:

- cannot put on, wear or remove a face covering because of a physical or mental illness or impairment or disability
- speak to or provide assistance to someone who relies on lip reading, clear sound or facial expression to communicate

The same exemptions will apply in education settings, and we would expect teachers and other staff to be sensitive to those needs.

Transport to and from school

Public Transport

Children who come to school via public transport are required to wear face coverings, and to observe social distancing.

Designated school transport

The approach to dedicated transport should align wherever possible with the principles underpinning the system of controls set out in this document and with the approach being adopted for your school. It is important, wherever it is possible, that:

- social distancing should be maximised within vehicles
- children either sit with their 'bubble' on school transport, or with the same constant group of children each day
- If the designated school transport includes children outside the 'bubble' then face coverings should be recommended
- children should clean their hands before boarding transport and again on disembarking

- additional cleaning of vehicles is put in place
- organised queuing and boarding is put in place
- through ventilation of fresh air (from outside the vehicle) is maximised, particularly through opening windows and ceiling vents

While waiting for school transport social distancing must be maintained

Immunisations

Do staff members that have been vaccinated still need to isolate if identified as a contact?

Yes, staff members should follow the guidance for self-isolation regardless of COVID vaccination status.

Do staff members that have been vaccinated still need to get tested?

Yes. All staff should continue to participate in asymptomatic testing and if they should develop symptoms arrange to have a PCR test.

Should school-based immunisations take place?

It is really important that school-based immunisation programmes take place as normal. These programmes are essential for children's health and wellbeing and can also provide benefits for staff. Schools should engage early with their local immunisation providers to facilitate this and advice should be sought from their Local Authority.

A child has developed a fever following vaccination do they need to isolate?

No. Vaccines may cause a mild fever in children. This is a common and expected reaction, and isolation is not required unless coronavirus (COVID-19) is suspected. Parents and carers should monitor side effects from a vaccination, and if they are concerned about their child's health, they should seek advice from their GP or NHS 111.

Is fever a side-effect of teething in young children?

No. Whilst teething can cause some known side effects such as flushed cheeks and sore gums, [NHS guidelines](#) state that fever is not a symptom of teething.

Music

Can music lessons go ahead?

When planning music provision for the next academic year, schools should consider additional specific safety measures. These include

- Playing instruments and singing in groups should take place outdoors wherever possible.
- Pupils should be positioned back-to-back or side-to-side when playing or singing
- Avoid sharing instruments and equipment (including scores and scripts). If instruments and equipment have to be shared, disinfect regularly (including any packing cases, handles, props, chairs, microphones and music stands) and always between users.
- Singing, wind and brass playing should not take place in larger groups such as choirs and ensembles, or assemblies unless significant space, natural airflow (at least 10l/s/person for all present, including audiences) and strict social distancing and mitigation as described below can be maintained

Physical Education

Schools have the flexibility to decide how physical education, sport and physical activity will be provided whilst following the measures in their system of controls.

Schools should refer to the following guidance:

- [guidance on the phased return of sport and recreation](#) and guidance from [Sport England](#) for grassroot sport
- advice from organisations such as the [Association for Physical Education](#) and the [Youth Sport Trust](#)
- guidance from Swim England on school swimming and water safety lessons available at returning to pools [guidance documents](#)

Cleaning

What additional cleaning is necessary following a symptomatic or confirmed case?

It is important to concentrate on regular cleaning of frequently touched items / surfaces. This is likely to be highly effective as high contact surfaces will present the main risk in terms of indirect transmission. So long as regular cleaning is thorough and maintained at all times there is no need for additional cleaning.

- Cleaning an area with normal household disinfectant after someone with suspected coronavirus (COVID-19) has left will reduce the risk of passing the infection on to other people.
- Wear disposable or washing-up gloves and aprons for cleaning.
- Using a disposable cloth, first clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. Pay particular attention to

frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles.

- If an area has been heavily contaminated, such as with visible bodily fluids, use protection for the eyes, mouth and nose, as well as wearing gloves and an apron.
- All the disposable materials should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished.
- Wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning.

Do toilets need to be cleaned after every use?

No. Toilets are frequently touched surfaces, so they need to be cleaned frequently throughout the day, but not after every use (except if used by a symptomatic person whilst waiting to go home).

Increase the frequency of cleaning toilets to at least five times a day:

before school starts
after morning break
after lunch
after afternoon break
at the end of day.

Apart from gloves and apron, there is no need for additional PPE.

Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below:

- use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine
- or
- a household detergent followed by disinfection (1000 parts per million available chlorine). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants
- or
- if an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses

Avoid creating splashes and spray when cleaning.

All the disposable materials should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished.

Test and Trace Support Payments

Are parents and carers of children who have been advised to self-isolate by the school or by NHS Test and Trace eligible for support payment?

Yes, parents/carers are now eligible to apply for a [Test and Trace Support Payment](#) or discretionary payment of £500, if they meet the eligibility criteria. Schools will need to provide a letter to all parents/carers of children advised to self-isolate to support their application.

The letters are available from:

[For Early Years and Primary Schools Letter RP81](#)

[For Secondary Schools and Colleges Letter RP83](#)

Section 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).

Social distancing for different groups

- [Stay at home: guidance for households with possible coronavirus \(COVID-19\) infection](#)
- [Guidance on social distancing for everyone in the UK](#)
- [Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19](#)

Guidance for contacts

- [Guidance for contacts of people with possible or confirmed COVID19](#)

Specific guidance for educational settings

- [Guidance for schools and other educational settings](#)
- [Guidance for full opening of schools](#)
- [Opening schools and educational settings to more pupils: guidance for parents and carers](#)
- [COVID-19: implementing protective measures in education and childcare settings](#)
- [Safe working in education, childcare and children's social care settings including the use of PPE](#)
- [Guidance on isolation for residential educational settings](#)
- [E-bug online resource, including COVID-19 specific information](#)

Testing

- [NHS: Testing for coronavirus](#)
- [Asymptomatic testing for primary schools and nurseries](#)
- [Asymptomatic testing in secondary schools and colleges](#)

Infection prevention and control

- [Safe working in education, childcare and children's social care settings including the use of PPE](#)
- [Cleaning in non-healthcare settings](#)

- [5 moments for hand hygiene: with how to hand rub and how to handwash. Posters](#)
- [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

Reason for absence*: Ill, Household member ill, contact of a confirmed/suspected case, Shielding, Other e.g. dental appointments

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 – Template to record illness at school

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	Date/Time of onset of symptoms	Symptoms*	Time between detection of symptoms and isolation at school	Did staff member wear PPE?** Y/N

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

**** Only required if social distancing could not be observed**

APPENDIX 3 – Letter for close contacts

Date: DD/MM/YYYY

FOR PARENTS OF CLOSE CONTACTS OF COVID 19 at XXXXX

Dear Parent,

We have been advised by Public Health England that there has been a confirmed case of COVID-19 within the school.

We have followed the national guidance and have identified that your child (name) has been in close contact with the affected child. In line with the national guidance your child must now stay at home and self-isolate until **ADD DATE (day of last contact and 10 full days after)**. Please note that you will not necessarily be contacted by NHS Test and Trace as the school has been asked to identify all school contacts.

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 it 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

Further advice on self-isolation is available from:

<https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/>

We are asking you to do this to reduce the further spread of COVID 19 to others in the community.

If your child is well at the end of the 10 days period of self-isolation, then they can return to usual activities.

Other members of your household can continue normal activities provided your child does not develop symptoms within the 10 day self-isolation period.

Please see the link to: Guidance for contacts of people with confirmed coronavirus (COVID-19) infection who do not live with the person

<https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>

What to do if your child develops symptoms of COVID 19

If your child develops symptoms of COVID-19, they should remain at home for at least 10 days from the date when their symptoms appeared. Anyone with symptoms will be eligible for testing and this can be arranged via <https://www.nhs.uk/ask-for-a-coronavirus-test> or by calling 119 .

All other household members who remain well must stay at home and not leave the house for 10 days. This includes anyone in your 'Support Bubble'.

The isolation period includes the day the first person in the house became ill (or the day their test was taken if they did not have symptoms, whether this was an LFD or PCR test), and the next 10 full days.

Household members should not go to work, school or public areas and exercise should be taken within the home. If you require help with buying groceries, other shopping or picking up medication, or walking a dog, you should ask friends or family. Alternatively, you can order your shopping online and medication by phone or online.

Household members staying at home for 10 days will greatly reduce the overall amount of infection the household could pass on to others in the community

If you are able can, move any vulnerable individuals (such as the elderly and those with underlying health conditions) out of your home, to stay with friends or family for the duration of the home isolation period

Please see the link to the PHE 'Stay at Home' Guidance:

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

Symptoms of COVID 19

The most common symptoms of coronavirus (COVID-19) are recent onset of:

- new continuous cough and/or
- high temperature and/or
- a loss of, or change in, normal sense of taste or smell (anosmia)

For most people, coronavirus (COVID-19) will be a mild illness.

If your child does develop symptoms, you can seek advice from NHS 111 at <https://www.nhs.uk/conditions/coronavirus-covid-19/check-if-you-have-coronavirus-symptoms/> or by phoning 111.

How to stop COVID-19 spreading

There are things you can do to help reduce the risk of you and anyone you live with getting ill with COVID-19

Do

- wash your hands with soap and water often – do this for at least 20 seconds
- use hand sanitiser gel if soap and water are not available
- wash your hands as soon as you get home
- cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze
- put used tissues in the bin immediately and wash your hands afterwards

Further Information

Further information is available at

<https://www.nhs.uk/conditions/coronavirus-covid-19/>

Yours sincerely

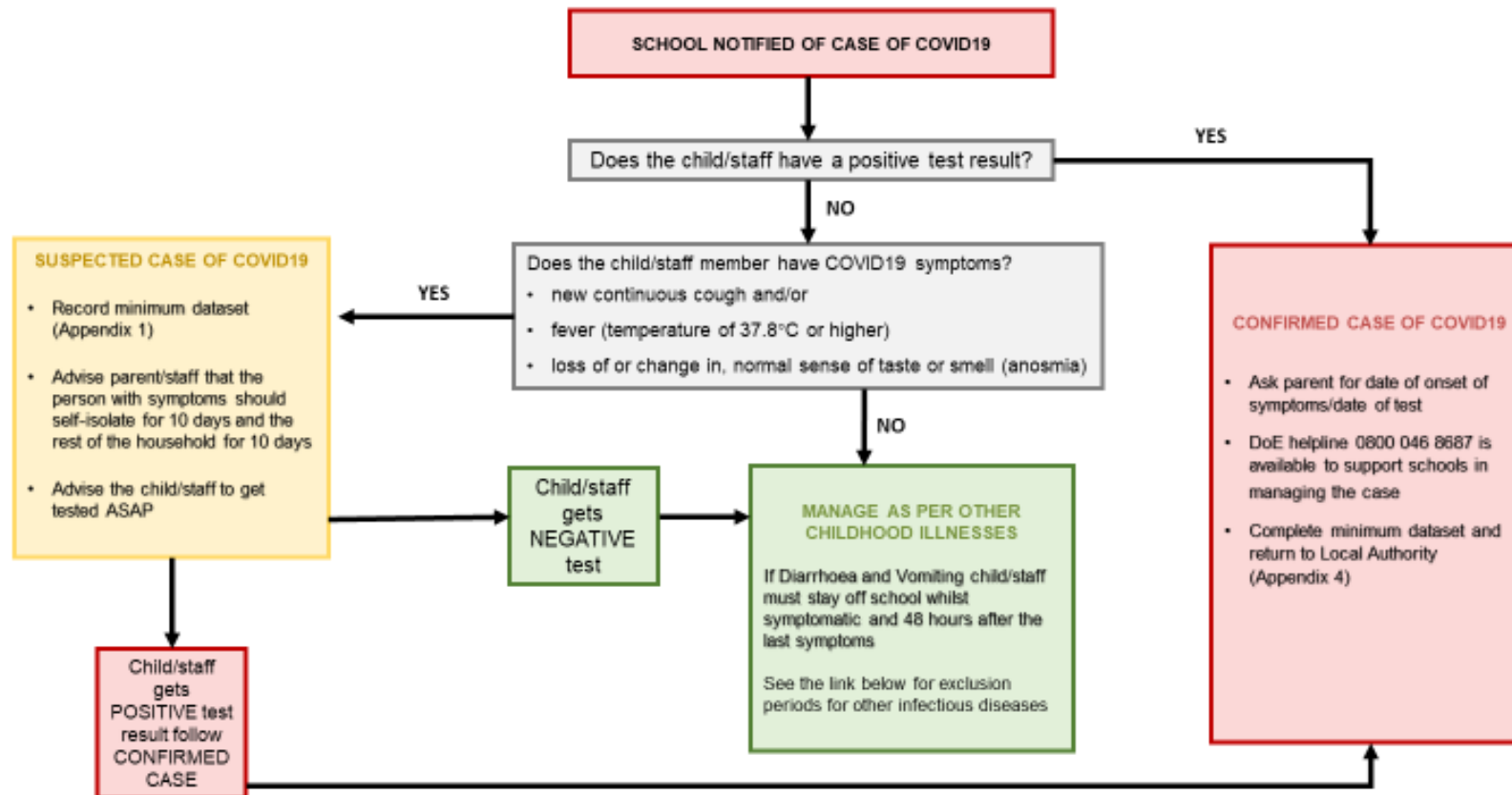
Headteacher

APPENDIX 4– Minimum dataset for confirmed cases to be returned to local authority (please return via secure email – see page 7 for contact details)

COVID-19 Minimum data-set 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. Number of close contacts identified and advised to exclude a: staff b: pupils	Staff: Pupils:
7. Are all close contacts in the same “bubble”?	YES/NO
8. If no, number of bubbles affected and Year groups	
9. Are there any school cover requirements required due to staff isolation? Please give details of any supply/cover costs	
10. Total number of children in the school	
11. Total number of confirmed cases in school	
12. Have you contacted your link officer?	
13. Do you require any further support?	
14. Any other information	

The minimum dataset contains personal identifiable information and therefore must be sent to the Local Authority by a secure method

APPENDIX 5 – Flowchart for dealing with suspected and confirmed COVID—19 cases



Guidance on exclusion periods for common childhood diseases can be found [here](#)