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Security
Agency

Resource Packs for Schools

UKHSA NW

Covid 19

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Authors	Sam Ghebrehewet, Emma Savage
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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
V2.8	Contacts: Signposting for SEND schools and residential schools Key Messages: Addition of information on self-isolation Section 4 title changed to management of a single confirmed case Section 5: title changed to management of multiple confirmed cases and possible outbreaks and paragraph order changed Q&A: Question added on what to do if more cases in a bubble Further clarification that schools should not be asking for negative tests if no COVID19 symptoms Appendix 3: Letter for close contacts – recommend changed to must and added information on self-isolation and that contacts will not be contacted by NHS T&T Appendix 8: Link to exclusion periods for childhood illnesses added			Emma Savage Sam Ghebrehewet Martin Bewley Alex Stewart
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 Removal of word advice from Annex 3 Letter to close contacts			Emma Savage Sam Ghebrehewet Martin Bewley

V4.0	<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>			<p>Emma Savage</p> <p>Sam Ghebrehewet</p> <p>Martin Bewley</p>
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	<p>Changed further references from 48 hours to two days</p>			<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>Self-isolation advice moved to section 5</p>			<p>Emma Savage</p> <p>Sam Ghebrehewet</p> <p>Natalie Halloran</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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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**

Local Area Key Contacts

For support including managing cases, increasing transmission, met or at risk of meeting a threshold, 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 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.
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 support including managing cases increasing transmission, met or at risk of meeting a threshold, please contact the IPC service (please also inform your link officer)

Infection Prevention and Control Team (IPC) InfectionPreventionandControlTeam@merseycare.nhs.uk	01925 664851
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Local Authorities can contact the local health protection team via the relevant hub for support with large or complex outbreaks. Please ensure you contact your link officer who will work with you to help ensure the health protection team are contacted where required.

Cheshire and Merseyside Monday to Friday 9 am to 5 pm	0344 225 0562 (option 0 then option 1) cmcthub@phe.gov.uk
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Out of Hours UKHSA Contact: UK Health Security Agency first on call via the Contact People	0151 434 4819
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School health service will support school attendance and student wellbeing

Merseycare NHS Foundation Trust donna.wilson@merseycare.nhs.uk	0151 244 3501
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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, 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

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

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

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

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

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

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

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

2.3 Ventilation

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

[the coronavirus \(COVID-19\) pandemic](#). 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. Under-18 years and 6 months, and double vaccinated adults will not need to self-isolate if they are a close contact of a positive case but will be strongly advised to take a PCR test. 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. Those aged 12 to 17 are eligible for a first dose of the Pfizer/BioNTech COVID-19 vaccine.

- 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

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.

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

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

3.2 Asymptomatic testing

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

Secondary school pupils

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.

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

The school should complete the minimum dataset (Appendix 3) and submit the minimum dataset securely to the Local Authority – see key contacts page 8.

5.1 Recording absence due to confirmed COVID-19

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

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

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

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

5.2 Self isolation period

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

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

5.3 How is the self-isolation period calculated?

- If a child or staff member is a confirmed case, they must not leave home for **10** days after the onset of symptoms or the date of test if they have no symptoms. The isolation period includes the day their symptoms started (or the day their test was taken if they do not have symptoms), and the next 10 full days. This means that if, for example, their symptoms started at any time on the 15th of the month (or if they did not have symptoms but their first positive COVID-19 test was taken on the 15th), their isolation period ends at 23:59 hrs on the 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

5.4 What does self-isolation mean?

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

5.5 Management of a staff member with confirmed COVID-19

When notified of a staff member with confirmed COVID-19, schools 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

5.6 Management of contacts

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

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

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

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

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

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

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

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

5.7 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, October 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 ▪ 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 daily LFD testing for pupils who are close contacts in particular sibling and household contacts whilst they await PCR results and/or more frequent LFD testing for cohorts in schools where numbers are high (minimum of 5 days, increasing to 7 days if necessary)▪ DsPH will provide advice on the reintroduction of onsite testing for settings across areas that have been offered an enhanced response package or are in an enduring transmission area, where settings and DsPH decide it is appropriate.▪ 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▪ Primary schools can also advise that their pupils who are identified by NHS Test and Trace as close contacts in particular sibling and household contacts undertake daily LFD testing▪ For secondary school pupils and any staff household contacts (including siblings) should be advised to take daily LFD testing.
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Temporary wearing of face coverings	<ul style="list-style-type: none"> ▪ This may include face coverings in communal areas or classrooms, for pupils, students and staff, unless exempt. ▪ 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.
Limiting school events and activities	<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
Attendance restrictions	<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, October 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 – 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

APPENDIX 3 – Minimum dataset for confirmed cases to be returned to local authority

Please return via secure email – see page 8 for contact details)

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. Are there any other cases in school that could relate to this one ? Sibling/Same class/year group/friendship group/mixing/car sharing	
7. Are there any school cover requirements required due to staff isolation? Please give details of any supply/cover costs	
8. Total number of children in the school	
9. Total number of confirmed cases in school in the last 10 days	
10. Have you contacted your link officer?	
11. Do you require any further support?	
12. Any other information	

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