



Public Health
England

Protecting and improving the nation's health

PHE NW COVID-19 Template Resource Pack for Schools

Version 1

(Version for local adaptation by partners)

1 June 2020

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.

Contents

Section 1: Local Area Key Contacts_____

Section 2: COVID-19 Key Messages_____

Section 3: Management of a suspected case

- What to do if a child or staff member is unable to attend school because they have COVID-19 symptoms
- What to do if someone falls ill while at school

Section 4: Management of a confirmed case

- What to do if there is a confirmed case at the school

Section 5: Arrangements for management of an possible outbreak

- What to do if there are 2 or more confirmed cases at the school

Section 6: Frequently Asked Questions

- Cases and Contact
- Testing
- High risk groups
- Staff
- Cleaning

Section 7: National Guidance Documents_____

Appendix 1: Template for absence monitoring_____

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).

DRAFT

Section 1: Local Area Key Contacts

For COVID-19 queries related to educational settings

(Local contact details)

(Local number)

Public Health Dept. etc

Any out of hours contact info

To notify suspected outbreaks Public Health England North West Health Protection Team

Monday – Friday (0900 – 1700)

0344 225 0562

Out of Hours PHE Contact:

Public Health England first on call via the Contact People

0151 434 4819

DRAFT

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)

Children may also display gastrointestinal symptoms.

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 48 hours before symptoms appear, and up to seven days after they start displaying symptoms.

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. This is unlike 'flu.

Why is PPE not recommended for teachers and children?

Transmission of Covid-19 is usually through droplets; the mainstay of control measures are minimising contact and thorough hand and respiratory hygiene. When these measures are maintained, and symptomatic persons are excluded, the risk is minimal.

Section 3: Management of a suspected case

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

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 minimum dataset (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 7 days starting from the first day of their symptoms and the rest of their household for 14 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 confirmed case

If a child who attends or staff member who works at an educational setting tests positive for COVID-19 then the school will be contacted by a contact tracer. This contact tracer may be based either in the Local Authority or the local Health Protection Team.

The headteacher or appropriate member of the leadership team at the educational setting will be asked to work with the contact tracer to identify direct and close contacts of the case during the 48 hours 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.

- **Direct contact** without PPE:
 - being coughed on, or
 - having a face-to-face conversation within 1 metre, or
 - having unprotected skin-to-skin physical contact, or
 - travel in a small vehicle with the case, or
 - any contact within 1 metre for 1 minute or longer without face-to-face contact
- **Close contact** without PPE:
 - Extended close contact (between 1 and 2 metres for more than 15 minutes) with a case

All direct and close contacts will be excluded from school and advised to self-isolate for 14 days starting from the day they were last in contact with the case. For example, if the case tests positive on Thursday and was last in school on the previous Monday the first day of the 14 day period is on the Monday. Household members of contacts do not need to self-isolate unless the contact develops symptoms.

The contact tracer will provide a standard letter to the school containing the advice for contacts and their families; the school will be asked to send the letter to the identified contacts.

Contacts will not be tested unless they develop symptoms (contract tracer may provide advice on this). 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>.

The school does not need to notify the Health Protection Team or Local Authority if they are informed of a positive test result by a parent or other source. If further advice is required please contact the Health Protection Team or Local Authority.

Section 5: Arrangements for management of a possible outbreak

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

If a school has come across two or more confirmed cases, or there is a high reported absence which is suspected to be COVID-19 related, then the local health protection team or the local authority public health team should be notified promptly (see front page).

However, it is probable that some outbreaks will be identified by either the the local health protection team or the local authority public health team and the school will then be contacted by one of these teams.

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 for 14 days starting from the day the household member(s) became ill. If the child subsequently develops symptoms then they should isolate for 7 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?

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 14 days. If the child tests positive for COVID-19, direct and proximity contacts should be excluded for 14 days. The school will be contacted by contact tracers to support with contact identification and provision of advice.

If I am notified by a parent that their child has had a positive test do I need to exclude the other children in their class or notify anybody?

No. The school will be notified if a child has had a positive test, no action needs to be taken until that time, apart from ensuring that the child is following the stay at home guidance.

Who is considered a contact in a school setting?

A person who wore appropriate PPE or maintained appropriate social distancing (over 2 meters) would not be classed as a contact.

A contact is defined as a person who has had contact (see below) at any time from 48 hours before onset of symptoms (or test if asymptomatic) to 7 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
 - having skin-to-skin physical contact, 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 a small vehicle *with* someone who has tested positive for coronavirus (COVID-19) or in a large vehicle *near* someone who has tested positive for coronavirus (COVID-19)
- people who spend significant time in the same household as a person who has tested positive for coronavirus (COVID-19)

Which contacts need to self-isolate?

Where the child, young person or staff member *tests positive* and they had attended the school in the 48 hours prior to developing symptoms, direct and close contacts will be identified and advised regarding self-isolation by a contact tracer.

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.

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 feel well and they have not had a fever for 48 hours.

If the child is a contact of a confirmed case they must stay off school for the 14 day isolation period, even if they test negative. This is because they can develop the infection at any point upto day 14 (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 14 days of isolation.

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.

Testing

How can a parent arrange testing?

The parent can arrange for any child to be tested via [NHS UK](#) or by contacting NHS 119 via telephone if they do not have internet access.

Will the school be informed of any test results?

The school will be informed if a child or staff member tests positive as part of NHS Test and Trace. The school will not be informed of any negative results.

How can a staff member get tested?

All education and childcare workers are considered essential workers and can apply for a test if they are symptomatic via <https://www.gov.uk/apply-coronavirus-test-essential-workers>.

Can they be tested if they do not have symptoms?

No. People should only be tested if they have symptoms.

High risk groups

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

Pregnant women are currently advised to work from home where possible. Education and childcare setting should endeavour to support this, for example, by asking staff to support remote education, carry out lesson planning or other roles which can be done from home.

If they cannot work from home, they should be offered the safest available on-site roles, staying 2 metres away from others wherever possible, although the individual may choose to take on a role that does not allow for this distance if they prefer to do so. If they have to spend time within

2 metres of other people, settings must carefully assess and discuss with them whether this involves an acceptable level of risk.

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

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

No, children and staff who fall into this group should not be attending school or work.

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

They should only attend an education or childcare setting if stringent social distancing can be adhered to and, in the case of children, they are able to understand and follow those instructions. This may not be possible for very young children and older children without the capacity to adhere to the instructions on social distancing. If stringent social distancing cannot be adhered to, we do not expect those individuals to attend. They should be supported to learn or work at home. Given the potential risk, if at all possible, schools should support children / young people who have a family member in the shielding group to continue to learn from home

Staff

We have staff who are asymptomatic but wish to be tested is this possible?

Currently, only people who are symptomatic can access a test via NHS UK or ringing 119

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.

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.

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

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.

Why are staff and children not advised to wear PPE?

The majority of staff in education, childcare and children's social care settings will not require PPE beyond what they would normally need for their work. This is because transmission in school settings is low and other infection control measures such as:

- 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)

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?

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.

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](#)
- [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 childrens social care settings including the use of PPE](#)
- [Guidance on isolation for residential educational settings](#)

Testing

- [NHS: Testing for coronavirus](#)

Infection prevention and control

- [Safe working in education, childcare and childrens social care settings including the use of PPE](#)
- [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