COVID-19 infection protection and control guidance for education and early years childcare settings

Bradford District v2.1 (17th September 2020)

Produced by Bradford Local Authority (Public Health / Education) with colleagues from education settings and Public health England.

This document will be reviewed regularly in line with any new national guidance.

Updated sections in version 2.1 (17th September) are in **red bold font –** and include new phone numbers, quick guide to identifying contacts, and sample outbreak letter(see table of contents)

Purpose:

To describe joint-working arrangements between the Public health England (PHE) Health Protection Team (HPT), Bradford Local Authority and Bradford District educational settings.

To outline the approach to managing cases & outbreaks of COVID-19 in educational settings, covering schools, special schools, FE and early years settings.

To provide current advice and guidance on a number of other issues relevant to reducing coronavirus transmission and protecting students, staff and families.

Although the language in this document refers mainly to schools, the advice and guidance is designed to also support further educational and childcare settings.

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# Key messages

***People with symptoms***

**Key symptoms:**

* + Fever (temperature of 37.8 °C or higher) *and/or*
	+ new, continuous cough *and/or*
	+ loss or change in normal sense of smell or taste (anosmia)
* NHS Online symptom checker: [111.nhs.uk/covid-19/](https://111.nhs.uk/covid-19/)
* If a child is unwell, it is essential that they access appropriate healthcare and clinical assessment, through 111, the local GP or hospital if required. NHS services are open and ready to care for patients
* In an emergency, dial 999
* Anyone with symptoms should stay at home and arrange for a test

**Contacts** are people who have been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic (or 2 days before a test if no symptoms) up to 10 days from onset of symptoms. This can be a person who:

* spends significant time in the same household as a person who has tested positive
* has had face-to-face contact (within 1m ) with someone who has tested positive (including being coughed on, having a face-to-face conversation within 1m, a person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes)
* has travelled in a small vehicle with someone who has tested positive or been in a large vehicle or plane near someone who has tested positive
* is a sexual partner

***Responding to cases and outbreaks***

**[1] Possible cases (without a positive test result)** > self-isolation of the case (10 days) & their family contacts (14 days). No self-isolation for school contacts (e.g other children/staff). Do NOT need to inform PHE HPT and Local Authority.

**[2] Confirmed case (with a positive test result)** > self-isolation of case (10 days) and their school and family contacts (14 days), inform **DfE national number** and the Local Authority.

**[3] More than one confirmed case** > self-isolation of cases (10 days) and school & family contacts (14 days), inform HPT and Local Authority as a potential outbreak.

**[4] Confirmed cases in parents** > self isolation for household contacts (14 days) including their children (i.e identified by test and trace). School contacts of their children need not isolate.

***Actions for schools***

**For single COVID cases in a school a national DfE support line has been set up for schools [0800 046 8687, Mon-Fri 8-6pm, Sat/Sun 10-4pm]. Please use this to report first cases this term in your school & you will be put through to advisors to identify close contacts and further action. They will escalate to PHE HPT for more complex outbreaks.**

**If you have two or more COVID cases in a school or setting please continue to use the PHE HPT number 0113 386 0300**

**As before please also phone the information into the Council but via a new number – 01274 431000, option 1 [hours 8am-6pm Mon-Fri, 8am-2pm Saturday, 10am-2pm Sunday]**

For **[2] confirmed case** & [**3] confirmed cases (outbreak)** headteachers should:

Complete the **Local Authority / PHE Information Sharing Template** (Appendix D)

Discuss this information with the PHE Health Protection Team (HPT) who will risk assess the situation & advise on isolation of contacts & infection control. Schools should always speak to the HPT or Local Authority before taking the decision to close schools which is generally not advised.

Share these decisions and the information (Appendix D) with the LA using the Incident Reporting System and email address below)

***Key Contact numbers***

**DfE support line for single COVID cases [0800 046 8687] Mon-Fri 8-6pm, Sat/Sun 10-4pm].**

PHE Health Protection Team (HPT) - 0113 386 0300 (0151 909 1219 for after hours and weekends)

Local Authority Incident Reporting - 01274 431000, choose option 2 then ask for Emergency Management (or ring the 24hr Duty Phone: 07582 106525) HPTBradford@bradford.gov.uk

***Testing***

* of the public with symptoms, including staff and children: [www.nhs.uk/coronavirus](http://www.nhs.uk/coronavirus) or call 119 if you have no internet access. Essential workers (including staff in education and childcare settings) will get priority testing appointments. Contacts without symptoms should not get tested unless they develop COVID symptoms or are advised to by Public health.

***Hygiene***

* Wash hands more often than usual, for 20 seconds, using soap and water
* For coughs and sneezes: [catch it, bin it, kill it](https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/09/catch-bin-kill.pdf)
* Avoid touching eyes, nose and mouth with unwashed hands
* Clean and disinfect regularly touched objects and surfaces more often than usual using standard cleaning products

***Social distancing***

* Limit contact with other people
* Stay 2 metres apart from people where possible
* Wash your hands regularly
* Self-isolate if you or anyone in your household has symptoms

***Travel***

* Avoid using public transport and travel on foot or by bicycle if possible

***Face coverings***

* Should be worn by adults and pupils in secondary schools and further education when moving around the school, e.g. in corridors and communal areas where social distancing is difficult to maintain (year 7 and above).
* Should be worn by most people when in enclosed spaces, such as on public transport, in taxis, when visiting a hospital, in shops and supermarkets and whenever we are indoors with people who are not part of our household or bubble
* Should not be worn by children under the age of 3 and are not required for children under the age of 11.
* Are not required where there is a [legitimate reason](https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own/face-coverings-when-to-wear-one-and-how-to-make-your-own) for someone not to wear one, such as a physical or mental impairment or disability
* In primary schools where social distancing is not possible head teachers have the discretion to ask staff or visitors to wear, or agree to wear face coverings in busy communal areas.

# Principles and joint working

**Principles:**

* Joint working and whole system approach
* Consistency in approach across settings and local systems
* Build on what works using existing and newly developed outbreak plans
* Develop clear roles and responsibilities and prevent duplication
* Ensure local voice

**Joint Working between the Local Authority and Y&H Health Protection team (HPT)**

The suggested overarching joint approach to managing **complex cases and outbreaks** will be as follows:

* Y&H HPT will **advise** on swabbing and testing for symptomatic individuals when first aware of an outbreak in line with local arrangements.
* Y&H HPT will undertake a risk assessment and give advice to the setting and the local system on the management of the outbreak;
* The local system (Bradford Local Authority and partners) will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control;
* Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.

# Standard Operating Procedures

## Contain framework - tiered approach to opening

It is anticipated that educational settings and childcare will usually remain fully open. However, there are exceptional circumstances in which some level of restriction to education or childcare is required (for example whilst Bradford is an area for national intervention). In these circumstances a tiered approach may be implemented by Government in conversation with Local Authorities. As part of their contingency planning, nurseries, child-minders, schools and colleges should consider how they would operate at each of the four tiers (including communication with pupils and parents/carers).

#### Tier 1 – All children attend: The default position in that education and childcare settings will remain open.

#### Tier 2 – Secondary schools move to a rota: Early years settings, primary schools and alternative provision (AP) providers, special schools and other specialist settings will continue to allow all children/pupils to attend on site. Secondary schools move to a rota model, combining on-site provision with remote education.

#### Tier 3 – Secondary schools move to only vulnerable & key worker children, & selected year groups: Childcare, nurseries, primary schools, AP, special schools and other specialist settings will continue to allow all children/pupils to attend on site. Secondary schools, FE colleges and other educational establishments would allow full-time on-site provision only to vulnerable children, the children of critical workers and selected year groups (to be identified by Department for Education). Remote education to be provided for all other pupils.

#### Tier 4 – Specialist settings will allow for full-time on-site attendance of all pupils, all other settings move to only vulnerable & key worker children: All nurseries, childminders, mainstream schools, colleges and other educational establishments allow full-time attendance on site only to our priority groups: vulnerable children and the children of critical workers. All other pupils should not attend on site. AP, special schools and other specialist settings will allow for full-time on-site attendance of all pupils. Remote education to be provided for all other pupils.

See - COVID-19 contain framework: a guide for local decision-makers<https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers#annex-3-tiers-of-national-restriction>

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| Preparing for the possibility of a confirmed case or outbreak in your settingYou must ensure you understand the Test and Trace process and how to contact the local health protection team.Settings must ensure that staff members and parents/carers understand that they must be prepared to:* Not come into the setting if they have symptoms
* Arrange a test if they are displaying symptoms
* Inform them immediately of the results of a test
* Provide details of anyone they have been in close contact with if they were to test positive for COVID-19 or if asked by NHS Test and Trace
* Self-isolate if they have been in close contact with someone who develops COVID-19 symptoms or someone who tests positive for COVID-19

Settings will be provided with a small number of home testing kits that they can give directly to parents/carers collecting a child who has developed symptoms at setting, or staff who have developed symptoms at setting, where they think providing one will significantly increase the likelihood of them getting tested. Keeping recordsIf you become aware of a positive case in your setting, we will need to understand who that person has been in contact with **in the 48 hours prior to the onset of symptoms**. To support in the identification of contacts of a confirmed case, you should keep a record of:* Any visitors to the setting
* Children and staff in each “bubble” (including at your own wraparound care), and any close contact that takes places between children and staff in different bubbles
* Absences of staff and pupils
* Anyone who has presented with symptoms in the setting

Records should be kept for 21 days.In the event of a confirmed case, key information to have to hand when calling the Health Protection Team is included in **Appendix D**:For practical reasons recording processes should be proportionate. Settings do not need to ask children to record everyone they have spent time with each day or ask staff to keep records that are overly burdensome. However, for younger children and those with complex needs, it will be especially important that you have documented which staff and children are in each bubble and any joining together or mixing of bubbles, as children may not be able to recall this information accurately themselves.  |

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| Possible (suspected) coronavirus case |
| ***Definition of a possible (suspected) coronavirus case:*** a new continuous cough and/or high temperature and/or anosmiaIf a child or member of staff has these symptoms they should use the NHS 111 online symptom checker: <https://111.nhs.uk/covid-19/>**Possible cases (without a positive test result)**Self-isolation of case and their family contacts, no self-isolation for school contacts, You do NOT need to inform PHE HPT or the LA**If a child or member of staff:*** **lives with someone who is displaying COVID-19 symptoms.**
* **has arrived at the setting with COVID-19 symptoms.**
* **has become unwell with COVID-19 symptoms whilst at the setting.**

They should not enter a school or educational setting. They must self-isolate for 10 days from the onset of symptoms, and their household contacts should isolate for 14 days.**If a child or member of staff (without symptoms) has been in close contact with someone with COVID-19 symptoms who does not live in their household or does not attend this setting.**The child or staff member does not need to [self-isolate](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection) unless they are advised to do so following contact tracing. They can continue to attend. You do not need to notify us.If the child or member of staff test negative, other members of their household can stop self-isolating. If they feel well and no longer have symptoms similar to coronavirus (COVID-19), they can stop self-isolating. They could still have another virus, such as a cold or flu - in which case it is still best to avoid contact with other people until they are better. |

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| Confirmed coronavirus case (first single cases in schools) |
| **Confirmed case (with a positive test result)** > self-isolation of case (10 days) and their school contacts (14 days), inform **DfE** and the Local Authority * Schools should notify the **DfE 0800 046 8687, Mon-Fri 8-6pm, Sat/Sun 10-4pm)** and Local Authority of any **confirmed** COVID cases (in staff or students) reported to them.
* The HPT *will also* be notified separately through Track and Trace of any staff or student who is tested and confirmed to have COVID-19, but schools are asked to notify directly to ensure cases are not missed and to support early-action.
* Schools should complete the Local Authority / PHE Information Sharing Template (Appendix D) and share this information with the PHE Health Protection Team (HPT) and the LA (using contacts Appendix A). This will support the PHE Health Protection Team (HPT) who will risk assess the situation & advise on isolation of contacts, school closure & infection control.

***Definition of a confirmed case**** laboratory positive case of COVID-19 with or without symptoms (new continuous cough, temperature or anosmia).

**Contacting a case**On notification of a confirmed case, the HPT will contact the case to obtain further information, undertake a risk assessment and provide advice on self-isolation to the case. Under public health law relevant authorities may exchange personal information in the protection of public health. If the case **has not been** in school 48 hours prior to symptoms (or test result) or within 10 days after, no further action will be recommended by HPT and the school does not need to advise anyone to self-isolate or close.If the child or staff member **has been** in school in the school 48 hours prior to symptoms (or test result if asymptomatic) or within 10 days after onset of symptoms then the HPT will contact the headteacher). |
| **Follow up of cases and identifying contacts****Contacts** are people who have been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic (or 2 days before a test if no symptoms) up to 10 days from onset of symptoms. This can be a person who:* spends significant time in the same household as a person who has tested positive
* has had face-to-face contact (within 1m ) with someone who has tested positive (including being coughed on, having a face-to-face conversation within 1m, a person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes)
* has travelled in a small vehicle with someone who has tested positive or been in a large vehicle or plane near someone who has tested positive
* is a sexual partner

The headteacher and HPT will conduct a joint risk assessment with PHE and include identifying if any other children or staff are unwell and need to be self-isolated and tested.The school will be asked to identify if any children, visitors or staff meet definition of contacts during the infectious period of the case.The HPT will provide the school with a template letter to send to identified contacts advising 14-day isolation and to get tested if they become symptomatic. Household contacts of contacts will not need to self-isolate.**If a child, young person or staff member tests positive and has been in school whilst they are infectious, it is likely that the rest of their class, bubble, or group will be sent home and advised to self-isolate for 14 days (but the HPT will advise on this decision).**The HPT and school will discuss how they are implementing social distancing and infection, prevention and control (IPC) measures, and provide advice as required. If there are concerns from the setting about their ability to implement measures due to resource constraints or operational issues posed by staffing the school the HPT will discuss these with the local authority where appropriate.**Where schools are observing guidance on infection prevention and control, which will reduce risk of transmission, closure of the whole setting will not generally be necessary.**The HPT will ask the setting to inform their local authority of additional cases identified. The HPT will also inform local authorities of all new cases in schools. |

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| Outbreaks  |
| **More than one confirmed case** > self-isolation of case and school contacts, inform HPT and Local Authority as a potential outbreak.We are asking educational settings to notify the HPT & LA if they have either: Outbreak (cluster) definition * Two or more confirmed cases of COVID-19 among children or staff in the setting within 14 days or;
* An overall increase in sickness absence reporting where COVID-19 is suspected (but where no tests have been done or results are available)

When notified of a possible outbreak, the HPT will obtain further information from the school to inform a risk assessment (this may involve asking the school to complete a data return) (Appendix D).* This will include details of the setup of the school, total number of staff and students confirmed or symptomatic, vulnerability of student population, potential number of contacts and current social distancing and IPC measures.

HPT will also discuss how school are implementing social distancing and infection, prevention and control (IPC) measures, and provide advice as required.The HPT will undertake a risk assessment to consider the severity and spread of outbreak, current control measures and the wider context (including communications from the school, anxiety level amongst students, staff and families, media interest etc.)HPT will inform the local authority (pending local discussions) and jointly consider any need for an Outbreak Control Team (OCT). The HPT (or OCT) will help schools to identify contacts who need to isolate (any symptomatic contacts will be encouraged to access testing) and provide the setting with letters to be sent to contacts and non-contacts. *OCTs will not normally be required for straightforward outbreaks but may be needed in some circumstances for example:** during early phase of school re-opening
* there has been serious illness at the school/college
* there are a large number of clinically vulnerable children
* there are a high number of cases
* the outbreak has been ongoing despite usual control measures
* there are concerns on the safe running of the school
* there are other factors that require multi-agency decision making

It is possible that the HPT may advise widespread swabbing of the staff and student population, particularly in the early stages of Test and Trace. However, it is important to note that primarily this would be to add to our overall understanding of COVID transmission rather than to inform the management of individual outbreaks.Arranging swabbing in the local system will require discussion with partners in the local system as to how this is achieved. |

##

## COVID-19 testing

PLEASE BE AWARE THAT NATIONAL AND LOCAL GUIDANCE MAY CHANGE AND WE WILL UPDATE YOU IF THIS OCCURS

1. **For people with COVID symptoms**

Anyone with COVID-19 symptoms should get a test.

<https://www.gov.uk/apply-coronavirus-test-essential-workers>.

A self-testing kit can be sent to home addresses and there is a local site at Marley Fields in Airedale that you can book appointments for.

Employerscan also apply for testing for their employees: <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>.

Members of the public can arrange for testing, including for under 5s, online: [www.nhs.uk/coronavirus](http://www.nhs.uk/coronavirus) or by calling 119 if they have no internet access.

Essential workers, which includes anyone involved in education or childcare, have [priority access to testing](https://www.gov.uk/apply-coronavirus-test-essential-workers) and staff should state they are a priority worker when arranging a test.

1. **People without symptoms**

Identified contacts of people with COVID do not need to get a test unless instructed to do so by public health , e.g in an outbreak situation) or if they develop COVID symptoms themselves.

Staff or children in educational settings without symptoms should only get tested if:

* They have been advised to do so as part of a response to an outbreak in the school or setting. A blanket testing approach may be introduced in an outbreak situation.
* There is a change to national or local policy towards testing asymptomatic people (you will be notified of this change in advice).

Staff and children and young people in educational and childcare settings that do not have symptoms are not advised to get routinely tested. This is because:

* There is a risk of false assurance as a negative test does not guarantee that someone does not have the virus. They could still be incubating the virus so potentially infectious if they return to work. All contacts of positive cases should observe their full 14 day self isolation.
* Testing people without symptoms is likely to provide little or no valid reassurance unless repeatedly and very frequently deployed.
* Testing capacity is limited nationally so a regular blanket approach is not currently recommended.
* The Chief Medical Officer for England does not currently support the rationale for asymptomatic testing as a tool for individual action in workplaces.

For universities international students are required to quarantine if they are travelling from a country which is required to quarantine.

1. **Use of test kits in schools**

The DH&SC will also send a initial supply of ten COVID test kits to schools (26 August and 7 September). After 7 September, if you have not received these test kits, you should phone the Test and Trace helpdesk on 119.

Guidance for schools and further education providers on the initial supply of coronavirus test kits for pupils, teachers and staff can be found here:

<https://www.gov.uk/government/publications/coronavirus-covid-19-home-test-kits-for-schools-and-fe-providers>

You should only offer a test kit to individuals in your educational setting if they:

* have developed symptoms while at school or at your further education institution, and
* in the exceptional circumstance that you believe they may have barriers to accessing a test elsewhere, and that by giving them a test kit directly, you will significantly increase the likelihood of them getting tested, and
* you believe that if you sent the individual home without a kit, they would not receive a test at all.

If the individual is under 18 this kit should be given to their parent or carer.

Please note the best and fastest way for students or staff with symptoms of coronavirus to access a test is to visit a test site. Appointments at test sites can be booked via:

<https://self-referral.test-for-coronavirus.service.gov.uk/antigen/name>

# Use of face coverings (including masks and visors)

**General principles**

The World Health Organisation (WHO) published [a new statement](https://www.who.int/news-room/q-a-detail/q-a-children-and-masks-related-to-covid-19) on the 21 August advising that “children aged 12 and over should wear a mask under the same conditions as adults, in particular when they cannot guarantee at least a 1-metre distance from others and there is widespread transmission in the area.”

On 26th August The UK Government advice changed in light of this with the following implications.

1. **Schools will have the discretion to require face coverings in communal areas of schools where social distancing is difficult to maintain (for staff and children in Year 7 or above).**
2. Additional measures should be taken where the transmission of the virus is high (Government intervention areas) which currently (26/8/20) includes Bradford. **It means that face coverings should be worn by adults and pupils in secondary schools when moving around the school, in corridors and communal areas where social distancing is difficult to maintain**. It will not be necessary to wear face coverings in the classroom, where protective measures already mean the risks are lower, and where they can inhibit learning.

This revised approach also applies to further education colleges but not to children in primary schools or childcare settings where the risks to children are lower.

**In primary schools where social distancing is not possible (in communal or busy areas outside of classrooms, e.g staff rooms), head teachers have the discretion to ask staff or visitors to wear, or agree to them wearing face coverings.**

No-one should be excluded from education on the grounds that they are not wearing a face covering and schools should have a contingency supply for children who have forgotten them.

**However COVID-19 management is most effective through a range of controls including:**

* high standards of hand hygiene
* social distancing and other measures to separate people from each other
* face coverings in busy communal areas
* not attending school and appropriate self-isolation if identified as symptomatic, COVID positive or a named contact
* regularly reminding staff and pupils of the above
* promptly reporting positive cases and outbreaks to PHE and the Local Authority.

Reusable, single-use and hand made cloth face coverings are recommended. A face covering should cover your nose and mouth while allowing you to breathe comfortably, and fit comfortably but securely against the side of the face. Ideally it should include at least two layers of fabric. Unless disposable, it should be able to be washed with other items of laundry.

Face covering should be used for school trips to indoor spaces where staff and children will be in contact with people they don’t know and where social distancing can’t be guaranteed, or on school trips using public transport.

See guidance on [face coverings: when to wear one](https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own/face-coverings-when-to-wear-one-and-how-to-make-your-own)

When used correctly, wearing a face covering may reduce the spread of coronavirus droplets in certain circumstances, helping to protect others. Because face coverings are mainly intended to protect others, not the wearer, from COVID-19 they are not a replacement for social distancing and regular hand washing.

Face coverings are not the same as the surgical masks or respirators used as part of PPE.

Head teachers may also decide to allow some staff and children to wear them in classrooms if they request this.

It is important face coverings or masks are used safely so as not to increase the risk of infection. There are a number of potential harms and disadvantages associated with the use of face coverings, which you can take steps to minimise. See section on the use of face coverings (including masks & visors) – Appendix B

Removal of face coverings when arriving at the setting

Educational settings should a process in place for removing face coverings when children and staff who use them arrive at the setting and communicate it clearly to them. Those wearing face coverings must be instructed not to touch the front of their face covering during use or when removing them. They must wash their hands immediately on arrival (as is the case for all arriving at the setting), dispose of temporary face coverings in a covered bin or place reusable face coverings in a plastic bag they can take home with them, and then wash their hands again before heading to their classroom.

Safety and face coverings

It is important to be aware of the potential harms and disadvantages associated with the use of face coverings, particularly when worn for long periods of time, and steps you can take to minimise these. For details on the potential risks and mitigation, and how to wear face coverings safely see Appendix B.

Circumstances and scenarios in schools where people may not be able to wear a face covering.

This includes:

* children under the age of 11 (Public Health England do not recommend face coverings for children under the age of 3 for health and safety reasons)
* people or children who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability
* where putting on, wearing or removing a face covering will cause you severe distress
* if you are speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expressions to communicate
* in order to take medication

# Guidance on pupil and staff attendance and clinical vulnerability

**Definitions**

*Clinically extremely vulnerable*

People with **specific serious health conditions** who were notified in writing that they were clinically extremely vulnerable (previously shielding).

*Clinically vulnerable*

Clinically vulnerable people are those who are:

* aged 70 or older (regardless of medical conditions)
* under 70 with an underlying health condition listed below (that is, anyone instructed to get a flu jab each year on medical grounds):
* chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
* chronic heart disease, such as heart failure
* chronic kidney disease
* chronic liver disease, such as hepatitis
* chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), or cerebral palsy
* diabetes
* a weakened immune system as the result of certain conditions or medicines they are taking (such as steroid tablets)
* being seriously overweight (a body mass index (BMI) of 40 or above)
* pregnant women

Advice for people who are clinically extremely vulnerable or clinically vulnerable

People who are clinically extremely vulnerable or clinically vulnerable are at higher risk of severe illness from coronavirus. They were previously advised to isolate themselves (“shielding”) to minimise interaction between them and others potentially with the COVID-19 virus.

From 1st August, shielding advice for all adults and children was paused. From this date, advice for clinically extremely vulnerable people will move in line with advice to those who are clinically vulnerable.

Additional considerations for staff who are clinically extremely vulnerable or clinically vulnerable

The pausing of shielding guidance means from 1st August, may mean that clinically extremely vulnerable staff (previously shielding) are able to return to the workplace but only if it is safe for them to do so.

The expectation is that employers put in place robust return-to-work plans in line with the Government's guidance on safe working for those that are unable to continue to work from home. The risks to these staff should be assessed individually as mitigation to reduce risk will from person to person.

School leaders should be flexible in how those members of staff are deployed to enable them to work remotely where possible or in roles in school where it is possible to maintain social distancing.

Staff member should only attend if mitigation measures are in place and the building/setting is COVID secure (2m social distancing can be maintained).

Where schools apply the full measures in the guidance the risks to all staff will be mitigated significantly.

See: [Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19)

Where concerns remain regarding risks to employee and/or the protective measure to mitigate the risks to the employee, settings should seek further advice from their HR and Occupational health providers.

**If transmission of COVID-19 increases further in Bradford District or nationally it may be that clinically extremely vulnerable and clinically vulnerable staff members will be advised by public health authorities to ‘shield’ again.**

Additional considerations for children who are clinically extremely vulnerable or clinically vulnerable

The latest evidence indicates that the risk of serious illness for most children and young people is low. In the future, we expect fewer children and young people will be included on the shielded patient list.

If a child or young person is removed from the shielded patient list, they will no longer be advised to shield in the future if coronavirus transmission increases.

Therefore, to decide on whether a child or young person should be removed from the shielded patient list, parents should:

Firstly talk to their child’s paediatric specialist or GP. They should have been in touch with families in recent weeks.

Additional assurance could be sought by staff or parents by:

Talking to the school about their infection prevention measures and/or to family GPs or their doctor, and.

School nursing, health visiting and school immunisation team – see contact numbers from

<https://www.betterliveshealthyfuturesbw.nhs.uk/covid-19-help-and-support/>

Child attendance

Shielding advice for adults and children was paused on 1st August 2020. Going forward, fewer children will be advised to shield.

Where a child has previously been advised to shield, their parent/carer should be contacted by child’s paediatric specialist or GP to discuss whether they can now be removed from the shielding list.

If rates of disease rise in local areas, people from that area who remain on the shielded list may again be advised to shield.

You can find more advice from the Royal College of Paediatrics and Child Health at COVID-19 - ‘shielding’ guidance for children and young people’.

A child is **clinically extremely vulnerable** and has been advised to follow **shielding** measures.

A child is **clinically vulnerable.**

A child lives with someone who is **clinically extremely vulnerable**.

Child can attend unless they have been advised by a doctor not to attend.

A child lives with someone who is **clinically vulnerable.**

## Staff attendance

School leaders should be flexible in how those members of staff are deployed to enable them to work remotely where possible or in roles in school where it is possible to maintain social distancing.

Staff member should only attend if mitigation measures are in place and the building/setting is COVID secure (2m social distancing can be maintained).

A member of staff has been told that they are **clinically extremely vulnerable** and previously advised to follow **shielding** measures.

A member of staff is **clinically vulnerable.**

A member of staff lives with someone who is **clinically vulnerable.**

A member of staff lives with someone who has been told that they are **clinically extremely vulnerable** and advised to follow **shielding** measures.

Staff member can attend unless they have been advised by a doctor not to attend.

## Pregnancy

TheUK Government has maintained the precautionary measure of classing pregnant women as clinically vulnerable.

Pregnant women are in the ‘clinically vulnerable’ category and are generally advised to follow the advice for clinically vulnerable people (see above).

Employers should conduct a risk assessment for pregnant women and the The Royal College of Obstetrics and Gynaecology (RCOG) has published occupational guidance health advice for employers and pregnant women.

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/#occupational>

If staff are unable to work from home, they should only work in a public-facing role after a risk assessment and appropriate arrangements have minimised potential exposure to the virus.

***Advice for pregnant staff members prior to 28 weeks’ gestation and with no additional clinical vulnerability (see above for list of conditions)***

Public health advice regarding staff members who are less than 28 weeks pregnant is the same as for others who are considered to be clinically vulnerable.  As such, schools should undertake a robust individual health risk assessment prior to return to work and take reasonable action to remove the risks by altering working conditions or hours of work.

***Advice for pregnant staff members after 28 weeks gestation or with additional clinical vulnerability (previously shielding)***

For pregnant women from 28 weeks’ gestation, or with additional clinical vulnerability at any gestation, a more precautionary approach is suggested. Other risk factors in pregnancy that should also be considered as an underlying health condition are pregnant women with a maternal age over 35 years, those that are overweight or obese. **School leaders should be flexible in how those members of staff are deployed to enable them to work at home (remotely) where possible. If this is not possible they should only work in roles in school where it is possible to maintain social distancing at all times and the occupational guidance above is followed.**

## BAME staff and children

People from BAME backgrounds may be at comparatively increased risk from COVID-19. This is likely to be as combination of social and economic factors including multi-generational living, undertaking common public facing occupations and overcrowding in some households; or have pre existing health factors such as diabetes or be obese. Nationally, there is on-going research to understand and translate these findings for individual risk assessment.

It is important that educational settings, staff and families follow guidance for people who are clinically vulnerable (see section 4 above) and that settings implement effective prevention and control measures (see Appendix E) to minimise risk for all staff and children. If these measures are in place this will reduce the risk for BAME and other staff/children, and they will be able to attend work and school.

Children (including children from BAME backgrounds) are at very low risk from COVID-19 infection.

# PPE for educational settings

The majority of staff will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain distance of 2 metres from others. PPE should only be used in specific circumstances.

Appropriate use of PPE

PPE is only needed in a very small number of cases:

* Where a child already has routine intimate care needs that involves the use of PPE, in which case the same PPE should continue to be used.
* Where an individual child becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they return home (and only then if a distance of 2 metres cannot be maintained).

A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult.

Guidance on donning (putting on) and doffing (taking off) PPE can be found here: [Public Health England Guidance COVID-19: personal protective equipment use for non-aerosol generating procedures](https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures).

There are no additional PPE requirements for first aid, or for non-symptomatic children who present behaviours which may increase the risk of droplet transmission or who require hands-on contact.

Obtaining PPE

Bradford Council has compiled a list of common questions relating to the provision of PPE.

**1. Can Schools order PPE Items from the Local Authority?**

Yes, schools are able to order PPE from the Local Authority to support them in obtaining PPE.

**2. Does the Local Authority have a catalogue of PPE items?**

Yes, a catalogue of items is attached to this document.

**3. Is there a form to fill in for ordering PPE?**

Yes, a form with a sample order is attached to this guidance showing schools how they can order PPE. An example order has been embedded in the document for reference.

**4. Where should schools send completed order forms for PPE?**

Schools should send completed orders to the email address below. The order will be reviewed and if there are any queries they will contact schools direct.

**strategiccontractsteam@bradford.gov.uk**

In an emergency situation where a stock of PPE may be needed very rapidly the above email address can also be used to secure three days worth of PPE for a school.

**5. Will schools have to pay for PPE that is provided?**

Yes, a cost list is attached with the order form that has been sent with this guidance. Completed order forms will then be made up and an invoice will be raised to schools for payment.

**6. How will the PPE items be delivered?**

Facilities Management will deliver the ordered PPE items to your school. A schedule of deliveries will be sent to schools once the initial demand has been assessed. We are looking to establish a weekly delivery timetable for schools to fulfil orders which we will be shared with schools. We hope to fulfil all orders within 5 working days from day of receipt of the order.

**7. If I have a concern with any deliveries can I contact my designated Lead?**

All queries for PPE should be directed in the first instance to the strategic contracts inbox in this email **strategiccontractsteam@bradford.gov.uk** If however you have any further concern you can raise these with your designated school lead.

**8. Is there a limit on how many items can be ordered?**

We would ask that schools order what they need, to ensure that there is enough PPE for all schools across the district. Follow up orders can be made from schools if there is a further need for PPE items.

**9. PPE Price List**

27th August: Bradford Council is currently looking into supplying PPE (including face masks) to Bradford District schools and we will update you on this via the school networks.

|  |  |  |
| --- | --- | --- |
| **Item** | **Quantity** | **Price** |
| IIR Masks | 1 | 60p |
| FFP2 Masks  | 1 | 2.10 |
| Blue paper towels | 1 pack  | 82p  |
| Disposable aprons | 100 | 3.20 |
| Orange clinical waste bags  | 50 | 2.00 |
| Yellow clinical waste bags  | 50 | 2.00 |
| Black refuse sacks medium duty  | 50 | 2.50 |
| 100ml hand sanitiser | 1 | 2.50 |
| Safety glasses | 1 | 2.63 |
| Safety goggles | 1 | 2.89 |
| Antibacterial soap | 1 | 1.37 |
| Disposable gloves Medium | 1 | 9.45 |
| Disposable gloves Large  | 1 | 9.45 |
| Large Surface Wipes | 1 pack  | 7.42 |

**10**. **PPE order template**

Please complete the spread sheet using the drop down list and complete quantities required and then return to strategiccontractsteam@bradford.gov.uk



Disposing of PPE

Used PPE should be placed in a refuse bag and can be disposed of as normal domestic waste unless the wearer has symptoms of coronavirus. To dispose of waste from people with symptoms of coronavirus, such as disposable cleaning cloths, tissues and PPE:

* Put it in a plastic rubbish bag and tie it when full
* Place the plastic bag in a second bin bag and tie it
* Put it in a suitable and secure place marked for storage for 72 hours

Waste should be stored safely and securely kept away from children. You should not put your waste in communal waste areas until the waste has been stored for at least 72 hours. Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives. This waste does not require a dedicated clinical waste collection in the above circumstances. Settings such as residential care homes or special schools that generate clinical waste should continue to follow their usual waste policies.

**Aerosol generating procedures**

The Council is currently working with the NHS and special schools to develop a risk assessment process and guidance for schools (particularly Special Schools) that may be required to deliver aerosol generating procedures (AGPs) on site (3/9/2020).

# Appendix A: Contact information

**Public Health England (PHE) Health Protection Team (HPT)**

Phone: 0113 386 0300 (0151 909 1219 for after hours and weekends)

Out of hours for public health professionals only: please phone 0114 304 9843 and ask for public health on-call.

**DfE support line** has been set up for schools [**0800 046 8687**, Mon-Fri 8-6pm, Sat/Sun 10-4pm]

Bradford Local Authority Emergency Management

Local Authority Incident Reporting – Call 01274 431000, choose option 2 & ask for Emergency Management (or 24hr Duty Phone: 07582 106525)

For information about the incident/cases please send to HPTBradford@bradford.gov.uk

**Department of Education**

The Department of Education’s helpline for schools - 0800 046 8687 - should respond to all queries from schools (particularly in relation to published guidance). Lines are open from 8am to 6pm, Monday to Friday, and 10am to 4pm at weekends.

PPE

Schools should contact - **strategiccontractsteam@bradford.gov.uk**

Social workers

For queries about allocated social workers (if you cannot contact the social worker directly) contact the Education Safeguarding Team on 01274 437043

School nursing, health visiting and school immunisation team – see numbers from

<https://www.betterliveshealthyfuturesbw.nhs.uk/covid-19-help-and-support/>

Support for shielded people

Since lockdown the local authority has put in place system to support people who need it to shield or self isolate. Support can be accessed by phoning Bradford Council Contact Centre on 01274 431000 or by texting 07790 347389 if you are hard of hearing.

# Appendix B: Safe use of face coverings

|  |  |
| --- | --- |
| Potential risk | Mitigation |
| Increased risk of self-contamination due to touching face covering and subsequently touching eyes with contaminated hands. | Communicate this risk to those considering wearing face coverings. |
| Self-contamination if face coverings are not changed when wet or soiled. This can create favourable conditions for microorganisms to amplify. | Communicate this risk to those considering wearing face coverings. Disposable face coverings should be replaced, and reusable coverings washed at least daily.Consider asking children to carry a spare in case of soiling.  |
| Difficulty with communicating. | Lip-reading and non-verbal communication are particularly important in early language development, and to people who are hearing impaired. Consider the use of visors instead of masks. |
| False sense of security, leading to potentially lower adherence to other critical preventive measures. | Consider communicating information about the relative protection offered by face coverings when compared to other protective measures.  |
| Poor compliance with mask wearing, particularly by young children. | The use of face coverings in childcare settings is not recommended (apart from communal staff areas). They should only be used by those who wish to use them. They should not be used by children under the age of 3 or those who may find it difficult to manage them correctly. |
| Waste management issues; improper disposal leading to risk of contamination to others, and environment hazard. | Used disposable face coverings should be placed in a refuse bag and disposed of as normal domestic waste. If they have been used with a person displaying symptoms, they should be disposed of as with PPE. |

Supporting staff and children to wear a face covering safely

Staff or children should be supported to wear face coverings safely. They should be advised of the following:

|  |  |
| --- | --- |
| Before putting face covering on | Wash hands thoroughly with soap and water for 20 seconds or use hand sanitiser. |
| Wearing a face covering  | Face covering should cover your mouth and nose while allowing you to breathe comfortably. Avoid touching your eyes, nose, or mouth at all times. |
| Removing a face covering:  | Face covering should be changed if it becomes damp or if you’ve touched it. Settings may wish to consider asking that staff and children put on a fresh face covering when they arrive at the setting, particularly if they have travelled by public transport. Face covering should always be removed by the user.When removing face covering, do not touch the front of the face covering, or the part that has been in contact with your mouth and nose. Once removed, make sure you clean any surfaces the face covering has touched. Wash your hands or use hand sanitise |
| Storing a face covering when not in use | Reusable face coverings should be stored in a plastic bag that the wearer has brought with them, and then taken home for washing.Disposable face coverings cannot be re-used. They should be disposed of as below. |
| Disposing of a disposable face covering | Used disposable face coverings should be placed in a refuse bag and can be disposed of as normal domestic waste. |
| Cleaning of a reusable face covering | Reusable face coverings should be washed daily in line with manufacturer’s instructions |

# Appendix C: Case/Contact Definitions

***Case definitions:***

**Possible (suspected) case**: new continuous cough and/or high temperature and/or loss of sense of smell

**Confirmed case**: laboratory positive case of COVID-19 with or without symptoms

**Outbreak (cluster):** Two or more confirmed cases of COVID-19 among children or staff in the setting within 14 days or;

An overall increase in sickness absence reporting where COVID-19 is suspected (but where no tests have been done or results are available)

**Contact:** A ‘contact’ is a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic (or 2 days before a test if no symptoms) up to 10 days from onset of symptoms (this is when they are infectious to others).

**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:

* + a person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes (e.g in a household, a sexual partner

<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/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>

# Appendix D: Education / Local Authority / PHE Data Sharing Template

**Part A summarise the outbreak**

 **Send to** HPTBradford@bradford.gov.uk

**PART A**

|  |
| --- |
| ***Completed by HPT*****Setting (Name, Address, Post code):** **HPZone number (for PHE only):** |
| **Summary of Key Information** (type of setting, number of employees, number affected (including members of the public / patients), whether cases numbers are rising, overall risk assessment) |
| **Risk Assessment**Number of confirmed cases (positive tests) - please complete part B also:Number of possible cases (symptoms but no test result):Date of onset of first case:Number of contacts identified:Total number of staff and childrenNumbers in the affected class/bubbles/transport bubblesIf healthcare premises: number of patients / residents potentially exposed:Number hospitalised:Number died:Social distancing arrangements: Good PoorConfidence in management: High LowPublic facing: Y/N If Y approx. how many members of the public per dayLevel of anxiety: High LowMedia Interest: Y/NAny communication already given to parents or staff:Any other issues affecting COVID safety in the school: |
| **Follow up arrangements**LA Follow upHPT / LA Follow upNeed for an IMT |
| **Follow up record** |
| **Date** | **No Cases** | **No Contacts** | **Other issues** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

PART B - please use to record illness in suspected or positive COVID cases

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Name  | Room | Date/Time of onset of symptoms | Symptoms\* | Time between detection of symptoms and isolation at setting | 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 E: Coronavirus action card for school and early years settings

|  |  |
| --- | --- |
|  **Please consider all the actions below (mark as not applicable [NA] as necessary)** |  |
| 1. | Inform Health Protection Team (Public Health England) and the Local Authority Contact if there is a confirmed case/s (from a laboratory test result). |  |
| 2. | Any suspected case (anyone showing symptoms) needs to arrange to have a test done as soon as possible (<https://111.nhs.uk/covid-19/>).  |  |
| 3. | **Key Contacts for Early Advice and Support include:****Single COVID cases in a school - DfE support line 0800 046 8687****Two or more COVID cases in a school PHE HPT number 0113 386 0300** **Bradford Council COVID line for schools – 01274 431000, option 1**  |  |
| 4. | **In the interim:*** Contact parents or carers of the children/young person affected to arrange for them to be collected.
* Whilst the child/young person 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.
* **In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not encourage them to visit the GP, pharmacy, urgent care centre or a hospital.**
 |  |
| 5. | **Implement infection prevention & control precautions:*** Good hand hygiene should be implemented before entering and after leaving the setting –[**see hand hygiene**](https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/)
* If a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home, a fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult.
* Ensure that everyone (staff and pupils) catch coughs and sneezes in tissues. If you do not have a tissue to hand then use the crook of your elbow rather than hands. Dispose of tissues promptly in a waste bin and then perform hand hygiene.
 |  |
| 6. | **Cleaning**All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:* objects which are visibly contaminated with body fluids
* all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells
 |  |
| 7. | 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 av.cl.).

Note: if an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses. |  |
| 8. | **Waste** Any waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):* Should be put in a plastic rubbish bag and tied when full.
* The plastic bag should then be placed in a second bin bag and tied.
* It should be put in a suitable and secure place and marked for storage until the individual’s test results are known.
* Waste should be stored safely and kept away from children. You should not put your waste in communal waste areas until negative test results are known or the waste has been stored for at least 72 hours.
 |  |
| 9. | Staff with symptoms should be excluded from work, should self-isolate for at least 10 days from the onset of symptoms following the current advice in the [**staying 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). If someone has serious symptoms they cannot manage at home they should use NHS 111 online |  |
| 10. | Children/young people with symptoms should be excluded from the setting and should self-isolate for at least 10 days from the onset of symptoms following the [**current advice**](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection)**.** Other members of the family (parents/guardians) will also need to self-isolate for 14 days. If someone has serious symptoms they cannot manage at home they should use NHS 111 online |  |
| 11. | **Daily actions:*** Nominate a named staff member to co-ordinate & communicate outbreak information
* Maintain & update any Outbreak Chart that may be in place, recording affected children / staff
 |  |

# Appendix F: Guidance and other resources

This local guidance document has been based on national PHE, NHS and government guidance. Links to key national guidance are displayed here for reference:

Social distancing for different groups

* [Stay at home: guidance for households with possible coronavirus (COVID-19) infection](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection#ending-isolation)
* [Guidance on social distancing for everyone in the UK](https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing)
* [Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19)

Guidance for contacts

* [Guidance for contacts of people with possible or confirmed COVID19](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/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person)

Specific guidance for educational settings

* [Guidance for schools and other educational settings](https://www.gov.uk/government/collections/coronavirus-covid-19-guidance-for-schools-and-other-educational-settings)
* [Opening schools and educational settings to more pupils: guidance for parents and carers](https://www.gov.uk/government/publications/closure-of-educational-settings-information-for-parents-and-carers/reopening-schools-and-other-educational-settings-from-1-june#how-will-risks-to-children-teachers-and-families-be-managed)
* [Guidance on isolation for residential educational settings](https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings)
* [COVID-19: implementing protective measures in education and childcare settings](https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-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](https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe)
* [Guidance on isolation for residential educational settings](https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings)

Testing

* [NHS: Testing for coronavirus](https://www.nhs.uk/conditions/coronavirus-covid-19/testing-for-coronavirus/)

Infection prevention and control

* [Safe working in education, childcare and childrens social care settings including the use of PPE](https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe)
* [5 moments for hand hygiene: with how to hand rub and how to handwash. Posters](https://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/)
* [Catch it. Bin it. Kill it.](https://campaignresources.phe.gov.uk/resources/campaigns/34/resources/2665) Poster

[Coronavirus Resource Centre posters](https://coronavirusresources.phe.gov.uk/)

* [available here](https://coronavirusresources.phe.gov.uk/).

Guidance on prevention

* [Supporting children and young people with SEND as schools and colleges prepare for wider opening](https://www.gov.uk/government/publications/coronavirus-covid-19-send-risk-assessment-guidance)
* [Supporting vulnerable children and young people during the coronavirus (COVID-19) outbreak](https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people)
* [Providing free school meals during the coronavirus (COVID-19) outbreak](https://www.gov.uk/government/publications/covid-19-free-school-meals-guidance/covid-19-free-school-meals-guidance-for-schools)
* [supporting children and young people’s mental health and wellbeing](https://www.gov.uk/government/publications/covid-19-guidance-on-supporting-children-and-young-peoples-mental-health-and-wellbeing)
* [Parents and schools with clinically extremely vulnerable children](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#parents-and-schools-with-clinically-extremely-vulnerable-children)

The Department of Education’s helpline for schools - 0800 046 8687 – are available to respond to queries from schools (particularly in relation to published guidance). Lines are open from 8am to 6pm, Monday to Friday, and 10am to 4pm at weekends.

**Public Health Early Years guidance for families:** During the coronavirus (Covid-19) outbreak, families with babies or young children may need additional support to stay healthy. A series of guides to help families remain healthy and safe are available via.

<https://www.bradford.gov.uk/health/improve-your-childs-health/public-health-early-years-guidance-for-families/>

# Appendix G: Frequently asked questions

**Cases and contacts**

**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 (produced from sneezing, coughing, speaking, shouting and singing) 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 10 days after they start displaying symptoms. If someone without symptoms tests positive then it is from 48 hours before the positive test till 10 days after the test result.

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 the transmission of ‘flu’.

**What is a household?**

A household is taken to mean anyone who the child or staff member lives with. Some people may have multiple households. It also includes anyone in their ‘support bubble’ (currently one other person who lives alone can join a [support bubble](https://www.gov.uk/guidance/meeting-people-from-outside-your-household#making-a-support-bubble-with-another-household)[[1]](#footnote-1) and not maintain social distancing).

**Should a child/staff member come to school if their parents or 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 and follow the [Stay-at-home-guidance](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance).

If the child subsequently develops symptoms, they should isolate for 10 days from the date they developed symptoms. See [Stay-at-home-guidance](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance).

**If I am notified by a parent that their child is ill do, I need to advise the other children in their class to self-isolate?**

Children and staff can attend school as normal.

The child who is ill should stay at home ([Stay-at-home-guidance](https://www.gov.uk/government/publications/covid-19-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. See Section 3 above

**If the child tests positive** for COVID-19, you should call the Health Protection Team for support with identifying contacts for further advice. Contacts should self-isolate for 14 days.

**If I have had C19 symptoms, do I need to keep self-isolating if I have received a negative test result?**

If you and your household are isolating because you are experiencing coronavirus symptoms, you and your household are able to end self-isolation early if you receive a negative test.

However, if you are isolating because you live with someone who has symptoms, you must continue to isolate for 14 days even if you receive a negative test. You may only end isolation early if the person with symptoms in your household receives a negative test.

If you are isolating because you have been contacted by NHS Test and Trace or because you are required to under public health measures at the border, you must continue to isolate for 14 days even if you receive a negative test.

**If I am notified by a parent that their child has had a positive test , do I need to advise the other children in their class not to attend school or notify anybody?**

You should call your local PHE Health Protection Team to notify them of this confirmed case and follow the flowchart in Section 4 (page 11). The Health Protection Team will support you to identify their contacts and provide further advice. Direct and close contacts will be advised to self-isolate for 14 days.

**A household member of a child/staff member is a contact of someone who tested positive for COVID-19, what should we do?**

If a household member is known to be a contact of a confirmed case they will be advised to self-isolate and follow the [guidance for contacts](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/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person). Their contacts do not need to self-isolate, so a child or partner in the household would not need to self-isolate as long as no one in the household has symptoms or has tested positive.

If someone in the household develops symptoms or tests positive, the household should follow the guidance to stay at home and self-isolate.

**Who is considered a contact in a school setting?**

This will usually be the teacher and other students in a school bubble/class.

A contact is defined as a person who has had contact with a confirmed case of COVID-19 (see below) at any time from 48 hours before onset of symptoms (or 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
	+ 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 positiveand 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 self-isolating 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?**

Remind parents of the [government 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) not to leave home if anyone in the household has symptoms and to seek a test via [NHS Test and Trace online](https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/get-an-antigen-test-to-check-if-you-have-coronavirus/) or calling 119.

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.

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.

**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 up to 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?**

Where settings are observing guidance on infection prevention and control, which will reduce risk of transmission, closure of the whole setting will not generally be necessary.

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 contacts of a confirmed case will need to be advised not to attend school and self-isolate at home. 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 PHE 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](https://www.nhs.uk/conditions/coronavirus-covid-19/testing-for-coronavirus/) 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 if they have been in attendance at school whilst symptomatic. The school will not be informed of any negative results and would not normally be informed of a result where the child has not attended school while infectious.

**How can a staff member get tested?**

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

**Can people be tested if they do not have symptoms?**

You’re still eligible for this test if you do not have symptoms and any of these apply:

* your local council and public health team has asked you to take a test (for example as part of an outbreak control strategy)
* you live in England and are told to take a test before you go into hospital, for example, for surgery
* you’re taking part in a government pilot project

## High risk groups

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

Shielding advice for all adults and children was paused on 1 August, subject to a continued decline in the rates of community transmission of coronavirus (COVID-19). This means, that the small number of pupils who will remain on the shielded patient list can also return to school, as can those who have family members who are shielding. See the [guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19) for the current advice.

Some pupils no longer required to shield but who generally remain under the care of a specialist health professional may need to discuss their care with their health professional before returning to school in September (usually at their next planned clinical appointment).

Where children are not able to attend school as parents are following clinical and/or public health advice, the absence will not be penalised.

**Shielded and clinically vulnerable Staff members**

You can go to work as long as the workplace is [Covid-secure](https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19), but should carry on working from home wherever possible. You may be able to take up an alternative role or change your working patterns temporarily. If you need support to work at home or in the workplace, [you can apply for Access to Work](http://www.gov.uk/access-to-work).

Education and childcare settings 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 clinically vulnerable (but not clinically extremely vulnerable) individuals 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 must spend time within 2 metres of other people, settings must carefully assess and discuss with them whether this involves an acceptable level of risk.

**Living with a shielded or clinically vulnerable person**

If a child, young person or a member of staff lives with someone who is clinically vulnerable (but not clinically extremely vulnerable), including those who are pregnant, they can attend their education or childcare setting.

If a child, young person or staff member lives in a household with someone who is extremely clinically vulnerable, as set out in the [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable guidance](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19), it is advised they 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.

##

## Staff

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

If there have been multiple cases in a school, you should ensure the local PHE Health Protection Team and Local Authority are aware. The Local Authority will be able to advise regarding operational issues with staffing caused by self-isolation of staff.

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

Local risk assessment should be undertaken, and staff advised to stay home and self-isolate if they are assessed as being a contact of a confirmed case in a setting or anyone in the household has symptoms.

If a staff member has not been identified as a close contact in any of their workplaces they can continue to work as normal but should do so following the relevant guidance for the setting to minimise contact and ensure social distancing is in place.

[**Schools are being advised**](https://www.gov.uk/government/publications/actions-for-educational-and-childcare-settings-to-prepare-for-wider-opening-from-1-june-2020/actions-for-education-and-childcare-settings-to-prepare-for-wider-opening-from-1-june-2020) to adopt preventative measures including small class sizes and social distancing to minimise contact between students and teachers.

**What PPE and face coverings are is advised in schools?**

See sections 3 and 5 for detail.

Schools will have the discretion to require **face coverings** in communal areas of schools where social distancing is difficult to maintain (for staff and children in Year 7 or above).

Additional measures should be taken where the transmission of the virus is high (Government intervention areas) which currently (26/8/20) includes Bradford. It means that face coverings should be worn by adults and pupils in secondary schools when moving around the school, in corridors and communal areas where social distancing is difficult to maintain. It will not be necessary to wear face coverings in the classroom, where protective measures already mean the risks are lower, and where they can inhibit learning.

This revised approach also applies to further education colleges but not to children in primary schools or childcare settings where the risks to children are lower. Primary schools may also decide to that their staff wear face coverings in busy communal areas such as staff rooms, if social distancing is difficult to maintain or for staff with clinical vulnerability.

## Arriving and leaving school

Where possible, children and young people are encouraged to avoid public transport, particularly at peak times, and to walk or cycle to school or college.

Where your child relies on public transport to get to school or college, and cannot walk or cycle, the [safer travel guidance for passengers](https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers) will apply.

Where your child uses dedicated school or college transport (that is transport that does not cater for the general public), the guidance for public transport will not apply. Your child may be asked to use a regular seating plan on this transport (to reflect where possible the bubbles that are used within school), and measures will be put in place to ensure vehicles are cleaned regularly and boarding is managed.

Face coverings are required at all times on public transport (for children over the age of 11). Where necessary, they may also be appropriate on dedicated school or college transport too (for example, if children are likely to come into very close contact with others outside their year group or who they do not normally meet). If your child has been wearing a face covering before arriving at school or college, it will be important that they understand how to remove it.

The government has asked schools to have a process for ensuring face coverings are safely removed when pupils and staff who use them arrive at school and wash their hands. This should be clearly communicated.

Children and young people must wash their hands immediately on arrival at school or college. They should place face coverings in a plastic bag whilst they are in areas (e.g class rooms) where they do not need to wear them, and to take face coverings homes with them. It may be difficult to enforce and provide hand washing facilities every time children take off face coverings but this should be maximised throughout the school day and when entering new areas of the school and classrooms.

##

## 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. Regular cleaning should be thorough and maintained at all times so there is no need for additional cleaning.

Cleaning should include:

* 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 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 i

# Appendix H: Sample letter for schools to parents and staff of close contacts, plus outbreak letter

**FOR PARENTS**

Date: DD/MM/YYYY

FOR PARENTS OF CLOSE CONTACTS OF COVID 19 at XXXXX

**Advice for Child to Self-Isolate for 14 Days**

Dear Parent,

We have been advised by Public Health England that there have been [??] confirmed cases 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 we recommend that your child now stay at home and self-isolate until [date]

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 14 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 14 day self-isolation period.

Please see the link to the PHE Staying 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>

**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.

All other household members who remain well must stay at home and not leave the house for 14 days.

The 14-day period starts from the day when the first person in the house became ill.

Household members staying at home for 14 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

**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

**FOR STAFF**

Date: DD/MM/YYYY

FOR STAFF OF CLOSE CONTACTS OF COVID 19 at XXXXX

**Advice for Staff to Self-Isolate for 14 Days**

Dear Staff Member,

We have been advised by Public Health England that there have been [??] confirmed cases of COVID-19 within the school.

We have followed the national guidance and have identified that you have has been in close contact with an affected child or staff member. In line with the national guidance we recommend that you now stay at home and self-isolate until [date]

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

If you are well at the end of the 14 days period of self-isolation, then you can return to usual activities.

Other members of your household can continue normal activities providing you do not develop symptoms within the 14 day self-isolation period.

Please see the link to the PHE Staying 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>

**What to do if you develop symptoms of COVID 19**

If you develop symptoms of COVID-19, you should remain at home for at least 10 days from the date when their symptoms appeared.

All other household members who remain well must stay at home and not leave the house for 14 days.

The 14-day period starts from the day when the first person in the house became ill.

Household members staying at home for 14 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

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* high temperature and/or
* a loss of, or change in, normal sense of taste or smell (anosmia)

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If you 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.

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*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

**OUTBREAK LETTER for School Advice to Parents**

Dear Parents,

We have been made aware of several members of our school community who have tested positive for COVID 19.

We know that you will find this concerning and we are continuing to monitor the situation and are working closely with Public Health England. This letter is to inform you of the current situation and provide advice on how to support your child. Please be reassured that for most people, coronavirus (COVID-19) will be a mild illness.

The small number of children who have been in direct prolonged contact with the confirmed cases will have received an individual letter and will be staying at home for 14 days.

The school remains open and your child should continue to attend if they are well.

**What to do if your child develops symptoms of COVID 19**

If your child develops symptoms of COVID-19, they must not come to school and 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 14 days. This includes anyone in your ‘Support Bubble’. Further guidance is available at: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

The 14-day period starts from the day when the first person in the house became ill.

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 14 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

**Symptoms of COVID 19**

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

* new continuous cough and/or
* high temperature
* 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 I: Questions to assist in identifying contacts

1. <https://www.gov.uk/guidance/meeting-people-from-outside-your-household#making-a-support-bubble-with-another-household> [↑](#footnote-ref-1)