**Public Health Update Early Years and Childcare Settings – 29th January 2021**

**Frequently Asked Questions**

**Here are some answers to common questions arising from Early Years settings. There are some local differences across the country and we are regularly reviewing the local guidance in line with national guidance.**

**Covid testing**

**Why can you only get a child tested if they have the main 3 symptoms when we know there are many more symptoms?**

If a child does not have Covid symptoms – cough, fever, loss of taste there is no indication from the current evidence that they have Covid.  Covid lab based testing resources must be prioritised for those with known Covid symptoms. If the parent has significant concerns with regards to the child’s symptoms and wellbeing they should contact their GP for advice as there could be concerns they may miss other important childhood ailments that may need medical attention.

**If a child has a test and it is negative but 3 days later they have a very high temperature, can /should the child have another test?**

There should be no need for a repeat test, if a child continues to be unwell the parent/carer should make contact with the GP for further advice and to ensure other illnesses are not missed, further information on this can be found [here](https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/what-your-test-result-means/#:~:text=If%20you%20still%20feel%20unwell,do%20not%20go%20away.).

**Why can’t early years’ providers have test kits sent to them as schools are having these sent out and includes their nursery staff. Is the advice for PVI providers to access testing via the community route and the DfE will not be sending LFT kits to these settings?**

There is no current guidance from the government on providing PVI’s and childminders with testing kits however they can access the community sites at St Georges Hall, Bradford and Airedale Shopping centre, Keighley, more information can be found [here](https://www.bradford.gov.uk/health/health-advice-and-support/coronavirus-testing-in-bradford-district/) on local testing. We continue to update our local testing strategy in line with guidance.

Early years settings maintained by the local authority will be receiving LFT testing kits in the next week in order to test staff twice weekly.

**If a childminder has to have a test do the children, they care for isolate until the results are received as they are in our bubble?**

Yes, it is necessary for the children that have been in contact with the childminder to isolate to await the results of the test if the test is taken in the presence of symptoms.

**How long after the onset of symptoms is a test be reliable and worth doing?**

It is important that everyone accesses a test as soon as they identify any of the three symptoms of Covid. In England and Northern Ireland, you need to get the test done in the first 8 days of having symptoms. On days 1 to 7, you can get tested at a site or at home. If you’re ordering a home test kit on day 7, do it by 3pm. On day 8, you need to go to a test site - it’s too late to order a home test kit more information on this can be found [here](https://www.gov.uk/get-coronavirus-test?priority-taxon=774cee22-d896-44c1-a611-e3109cce8eae). Advice should be taken from a health professional if you are later than day 8.

**Would it be good practice for practitioners in early years’ settings to get a test (LFT) to ensure the safety of others (children and adults) in the setting? If so how frequent would you suggest?**

This is currently a choice for practitioners, the LFT sites in Bradford are open to key workers and include practitioners from early years’ settings for regular testing, it is advised this is done on a weekly basis. Please find more information[**here.**](https://www.bradford.gov.uk/health/health-advice-and-support/coronavirus-testing-in-bradford-district/)

The guidance on the use of LFTs is changing regularly. Our current advice is that those who have tested positive for COVID in the last 90 days (LFT or PCR) should not engage in the weekly LFT asymptomatic testing programme until after 90 days from the positive test. This is because you may get a false positive due to inactivated virus remaining in the body. If you do develop COVID symptoms, please take a test.

Staff who do not engage in weekly testing should still be vigilant with their symptom awareness and social distancing, and self-isolate for 10 days if they are a close contact of someone who tests positive

A positive LFT is now considered equivalent to a PCR for all purposes, including the legal duty to self-isolate, the inclusion in T&T database, and the right to access COVID-related financial support. This is because of the continued high COVID transmission across the country.

**Isolating**

**A parent or other household member of a child needs to isolate as a notified contact of a positive case, should they also be isolating away from the rest of their household (ie in a separate room) to keep them safe and seek to mitigate the risk of passing the virus between the household?**

Guidance from the government for **those identified as a contact** of a positive Covid case states “If you live with other people, they do not need to self-isolate, but they should avoid contact with you as far as possible and follow advice on hygiene.”

Therefore, if it is practically possible for the isolating household member can avoid contact this should be put in place where this is not possible hygiene should be in place.

This is only for those identified as a contact if there is a positive case in the household everyone must isolate and again the positive case should where possible isolate away from those that are well in the home whilst they all isolate.

**If a household member is isolating what is the level of risk of continuing to care for the child whilst waiting to see if this family member develops symptoms?**

Current guidance does not require the child to not access childcare whilst a member of their household is isolating as a possible “contact” whether this is other children in the home or the parent/carer.

**Is there a point within the 10-day isolation period where no symptoms are evident, that someone can get a negative test and then assume they are safe to reduce their isolation?**

Once you have been identified as a contact It is crucial that you complete your 10-day self-isolation period, even if you get a negative test result. This is because you may have the virus, but it cannot yet be detected by a test, so you could unknowingly spread the virus if you leave the house. Other members of the household, however, do not need to remain in self-isolation. More detail can be found [here.](https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works?priority-taxon=774cee22-d896-44c1-a611-e3109cce8eae)

**Vaccinations**

**Are childcare providers who are key workers going to be a priority for vaccinations like health and social care staff?**

There are regular updates to the vaccine schedule. Current guidance is based on advice from the JCVI and can be seen [here](https://www.gov.uk/government/publications/covid-19-vaccination-care-home-and-healthcare-settings-posters/covid-19-vaccination-first-phase-priority-groups).

We will continue to lobby for school and early years staff to be prioritised with other front-line workers.

**Transmission in children**

**Are children less risk in transmitting the virus?**

The Royal College of Paediatric and Child Health (RCPCH) is continuously reviewing the evidence and as of today reports –

The importance of children in transmitting the virus is difficult to establish, particularly because of the number of asymptomatic cases, but there is some evidence that their role in transmitting the virus is limited.

In the Netherlands, separate data from primary care and household studies suggests SARS-CoV-2 is mainly spread between adults and from adult family members to children, this is supported by a similar Greek study. An epidemiological study where 1155 contacts of six COVID-19 positive cases in an Irish school were screened, there was no evidence of secondary transmission of COVID-19 from children to other children or adults, with the findings mirrored in a study from Singapore.

However, viable SARS-CoV-2 virus has been isolated from symptomatic children with COVID-19 and there is some evidence of transmission from asymptomatic children to others. It is likely that multiple chains of contact account for the high infection rates and supports the notion of limiting contact outside classrooms and having “bubbles” for schools, to reduce the exposure of individuals to the virus.

Early population data suggests that the SARS-CoV-2 variant (called VOC 20212/01) is more infectious to the general population. However, there is as yet no evidence of children being at increased susceptibility to this variant compared to adults, or to be more severely affected by this new variant, nor of any associated risk of developing Paediatric Multisystem Inflammatory Syndrome (PIMS-TS). The evidence base around this is rapidly growing.

Further details and references for the studies carried out can be found [here.](https://www.rcpch.ac.uk/resources/covid-19-research-evidence-summaries#transmission)

**Children and Young People team**

**Public Health**

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