

COVID-19 Worcestershire

Management of cases and local outbreaks in education settings including early years and childcare settings, schools or Post 16 provision

Standard Operating Procedures

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

We advise that, in addition to familiarising yourself with this document, you refer to the relevant national guidance (links provided in Section 7)

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Version Control

Date	Version Control	Changes
25.06.2020	V1	Final draft
26.06.2020	V2	Updated links
02.07.2020	V3	Updated links

Section 1: Local Area Key Contacts

For COVID-19 queries related to education settings including early years and childcare settings, schools or Post 16 provision:

Worcestershire County Council Public Health Team

Email: WCChealthprotection@worcestershire.gov.uk

Tel: 01905 845491

For notification of suspected or confirmed cases:

Worcestershire County Council Local Outbreak Response Team

Monday-Sunday 0900-1800

Email: WCChealthprotection@worcestershire.gov.uk

Tel: 01905 845491

On-line notification:

<https://capublic.worcestershire.gov.uk/TestAndTracePublic/SchoolEducation>

For Notification of suspected outbreaks:

Worcestershire County Council Local Outbreak Response Team

Monday-Sunday 0900-1800

Email: WCChealthprotection@worcestershire.gov.uk

Tel: 01905 845491

OR

Public Health England West Midlands Health Protection Team

Monday – Friday 0900 – 1700 0344 225 3560 (opt 0, 2)

Out of Hours: Public Health England first on call via West Midlands Ambulance
Service First Response 01384 679031

Section 2: COVID-19 Key messages

What are the symptoms?

The main symptoms of COVID-19 are:

- new continuous cough and/or
- fever (temperature of 37.8°C or higher)
- Loss of or change in, normal sense of taste or smell (anosmia)

Children may also display gastrointestinal symptoms.

What is the mode of transmission?

COVID-19 is passed from person to person mainly by large respiratory droplets and direct contact (close unprotected contact, usually less than one metre). These droplets can be directly inhaled by the person, or can land on surfaces which another person may touch which can lead to infection if they then touch their nose, mouth or eyes.

What is the incubation period?

The incubation period (i.e. time between exposure to the virus and developing symptoms) is between 1 and 14 days (median 5 days).

When is a person infectious?

A person is thought to be infectious 48 hours before symptoms appear, and up to seven days after they start displaying symptoms.

Are children at risk of infection?

Children of all ages can catch the infection but children make up a very small proportion of COVID-19 cases with about 1% of confirmed cases in England aged under 19 years. Children also have a much lower risk of developing symptoms or severe disease.

Can children pass on the infection?

There is some uncertainty about how much asymptomatic or mildly symptomatic children can transmit the disease but the evidence so far from a number of studies suggests children are less likely to pass it on and do not appear to play a major role in transmission. Most children with COVID-19 have caught the infection from adults and not the reverse. This is unlike 'flu.

Section 3: Management of a suspected case

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

Anyone who develops symptoms of COVID-19, or whose household member develops symptoms, should immediately self-isolate. They should not attend school or setting and should follow the steps below.

Parent/Carer or staff member should notify the setting/school of their absence by phone

Setting/school should record and keep minimum dataset as will be asked to provide this information when required (see suggested template in Appendix 1): Reason for absence, date of onset of symptoms, symptoms, class etc.

Direct to [Stay at home](#) guidance for isolation advice for child/staff member and their households. The person with symptoms should isolate for 7 days starting from the first day of their symptoms and the rest of their household for 14 days.

Setting/school to contact WCC Local Outbreak Response Team (LORT) and provide details or complete on-line notification form. LORT to provide advice and agree any precautionary measures with the setting/school.

WCC LORT will contact parent/carers or staff member to advise and arrange appropriate rapid local testing.

If out of hours, setting/school to advise that the child should get tested via [NHS UK](#) or by contacting NHS 119 via telephone if they do not have internet access as soon as possible. This would also apply to any parent or household member who develops symptoms. If a staff member or a member of their household develops symptoms, they can apply for a test via <https://www.gov.uk/apply-coronavirus-test-essential-workers>.

What to do if someone falls ill while at setting/school

If anyone becomes unwell with a new continuous cough, a high temperature or a loss of or change in their normal sense of taste or smell they must be sent home as soon as possible

If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected before it is used by anyone else (see cleaning section on page 14).

PPE should be worn by staff caring for the child while they await collection **ONLY** if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

If a 2 metre distance cannot be maintained, then the following PPE should be worn by the supervising staff member:

- Disposable gloves
 - Disposable plastic apron
 - Fluid-resistant surgical face mask
 - Eye protection (goggles, visor) should be worn **ONLY** if a risk assessment determines that there is a risk of fluids entering the eye from, for example, coughing, spitting or vomiting
- The setting/school should record and keep the details of the incident in case it is needed for future case or outbreak management (see suggested template Appendix 2)

Setting/school to contact WCC Local Outbreak Response Team (Section 1 page3) and provide details or complete on-line notification form. LORT to provide advice and agree any local precautionary measures with the setting/school.

WCC LORT will contact parent/carer or staff member to advise and arrange appropriate rapid local testing.

Section 4: Management of a confirmed case

If a child who attends or staff member who works at an education or childcare setting tests positive for COVID-19 please let the WCC Local Outbreak Response Team know (Section 1, page 3) unless you have already been contacted by a 'contact tracer'.

Upon confirmation of a positive test of a child or staff member, a contact tracer will work with the setting/school to gain further information and risk assess the situation. (A contact tracer may be from either WCC or PHE local Health Protection Team).

The headteacher or appropriate member of the leadership team at the educational or early years setting will be asked to work with the contact tracer to identify direct and close contacts of the case during the 48 hours prior to the child or staff member falling ill. This is likely to be the classmates and teacher of that class. The social distancing measures put in place by settings outside the classroom should reduce the number of other direct/close contacts.

Direct contact without PPE:

- being coughed on, or
- having a face-to-face conversation within 1 metre, or
- having unprotected skin-to-skin physical contact, or
- travel in a small vehicle with the case, or
- any contact within 1 metre for 1 minute or longer without face-to-face contact

Close contact without PPE:

- Extended close contact (between 1 and 2 metres for more than 15 minutes) with a case

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

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

Contacts will not be tested unless they develop symptoms (contact tracer may provide advice on this). If a contact should develop symptoms, then the parent/carer

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

Section 5: Arrangements for management of a possible outbreak

If there are more confirmed cases linked to the setting/school the WCC Local Outbreak Response Team and/or the PHE local Health Protection Team will investigate and will advise the setting/school on any other actions that may be required.

If a setting/school has come across two or more confirmed cases, or there is a high reported absence which is suspected to be COVID-19 related, then the setting/school should notify the WCC Local Outbreak Response Team promptly (Section 1, page 3).

However, it is probable that some outbreaks will be identified by either the WCC Local Outbreak Response Team or the PHE local health protection team and the setting/school will then be contacted and advised by one of these teams.

Section 6: Frequently Asked Questions

Cases and contacts

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

No. If a member of the child's household is unwell with COVID-19 symptoms then the child/staff member should isolate for 14 days starting from the day the household member(s) became ill. If the child subsequently develops symptoms then they should isolate for 7 days from the date they developed symptoms. See [Stay-at-home-guidance](#). The household member(s) should be tested within 5 days of symptom onset. If all symptomatic household members test negative, the child/staff member can return to work.

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

No, classmates and staff can attend settings/school as normal. The child who is ill should stay at home ([Stay-at-home-guidance](#)) and be advised to get tested. If the child has any siblings who attend the setting/school they should also be self-isolating at home for 14 days. If the child tests positive for COVID-19, identified contacts should be excluded for 14 days from last contact with the case. The setting/school will be contacted by contact tracers to support with contact identification and provision of advice.

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

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

Who is considered a contact in an educational setting?

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

A contact is defined as a person who has had contact (see below) at any time from 48 hours before onset of symptoms (or test if asymptomatic) to 7 days after onset of symptoms (or test):

- a person who has had face-to-face contact (within one metre) with someone who has tested positive for coronavirus (COVID-19), including:
 - being coughed on, or
 - having a face-to-face conversation, or
 - having skin-to-skin physical contact, or
 - any contact within one metre for one minute or longer without face-to-face contact
- a person who has been within 2 metres of someone who has tested positive for coronavirus (COVID-19) for more than 15 minutes
- a person who has travelled in a small vehicle *with* someone who has tested positive for coronavirus (COVID-19) or in a large vehicle *near* someone who has tested positive for coronavirus (COVID-19)
- people who spend significant time in the same household as a person who has tested positive for coronavirus (COVID-19)

Which contacts need to self-isolate?

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

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

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

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

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

There is no action required of the setting/school. No-one with symptoms should be attending the setting/school and anyone who develops symptoms while at the setting/school should be isolated and sent home as soon as possible. Settings/schools should regularly remind parents of the government guidance on staying at home and

the importance of a household self-isolating if anyone in the household develops symptoms.

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

If the child is NOT a known contact of a confirmed case the child can return 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/setting 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 the setting/school?

No, the child should complete 14 days of isolation.

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

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

What happens if the household member of a child who attends the setting/school tests positive or is symptomatic?

The child should complete 14 days of isolation. No further action at the setting/school is required. The bubble/close contacts of the child are not required to isolate or excluded from setting/school UNLESS the child *tests positive* and they had attended the setting in the 48 hours prior to developing symptoms. In this event, close contacts will be identified and advised regarding self-isolation.

Testing

How can a parent arrange testing?

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

Will the setting/school be informed of any test results?

The setting/school will be informed if a child or staff member tests positive and as part of NHS Test and Trace. The setting/school will not be informed of any negative results by national Test and Trace but the local Public health team may.

How can a staff member get tested?

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

Can they be tested if they do not have symptoms?

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

High risk groups

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

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

If they cannot work from home, they should be offered the safest available on-site roles, staying 2 metres away from others wherever possible, although the individual may choose to take on a role that does not allow for this distance if they prefer to do so. If they have to spend time within 2 metres of other people, settings must carefully assess and discuss with them whether this involves an acceptable level of risk.

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

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

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

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

They should only attend an education or childcare setting if stringent social distancing can be adhered to and, in the case of children, they are able to understand and follow those instructions. This may not be possible for very young children and older children without the capacity to adhere to the instructions on social distancing. If

stringent social distancing cannot be adhered to, we do not expect those individuals to attend. They should be supported to learn or work at home. Given the potential risk, if at all possible, schools should support children / young people who have a family member in the shielding group to continue to learn from home

Staff

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

Currently, only people who are symptomatic can access a test via [NHS UK](#) or ringing 119

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

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

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

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

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

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

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

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

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

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

Why are staff and children not advised to wear PPE?

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

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

Cleaning

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

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

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.

- Wear disposable or washing-up gloves and aprons for cleaning.
- 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.
- Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.
- All the disposable materials should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished.
- Wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning.

Do toilets need to be cleaned after every use?

Toilets are frequently touched surfaces, so they need to be cleaned frequently throughout the day, but not after every use (except if used by a symptomatic person whilst waiting to go home).

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

- before setting/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 (unless the toilet has been used by a confirmed/symptomatic case as outlined above).

Section 7: National Guidance Documents

Social distancing for different groups

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

Guidance for contacts

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

Specific guidance for educational settings

- [Guidance for schools and other educational settings](#)
- [Opening schools and educational settings to more pupils: guidance for parents and carers](#)
- [COVID-19: implementing protective measures in education and child-care settings](#)
- [Safe working in education, childcare and childrens social care settings including the use of PPE](#)
- [Guidance on isolation for residential educational settings](#)

Testing

- [NHS: Testing for coronavirus](#)

Infection prevention and control

- [Safe working in education, childcare and childrens social care settings including the use of PPE](#)
- [5 moments for hand hygiene: with how to hand rub and how to handwash.](#)
Posters
- [Catch it. Bin it. Kill it.](#) Poster
- Coronavirus Resource Centre posters

Section 8: Appendices

Suggested Datasets/Records

APPENDIX 1 – Template to record school absences

In the event of a COVID-19 outbreak, the table will ensure that important information is recorded in one place and is easily accessible

Date	Name	DOB	Class/Bubble	Reason for absence*	Date of onset of symptoms	Symptoms **	Has the child/staff been assessed by GP, NHS 111 etc? Y/N/NK	Has the child/staff been tested? Y/N/NK	Is the child/staff reporting a positive test result? Y/N/NK	Is the child/staff in hospital? Y/N/NK

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

Symptoms * T = Temp (≥ 37.8 C), C = Cough, D = Diarrhoea, V = Vomiting, ST = Sore Throat, H = Headache, N = Nausea, LST = Loss of smell/taste, Other

APPENDIX 2 – Template to record illness at school

In the event of a COVID-19 outbreak, the table will ensure that important information is recorded in one place and is easily accessible

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

Symptoms * T = Temp (≥ 37.8 C), C = Cough, D = Diarrhoea, V = Vomiting, ST = Sore Throat, H = Headache, N = Nausea, LST = Loss of smell/taste, Other

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