Public Health England

Protecting and improving the nation's health

PHE South East Educational Settings Working Group

COVID-19 Resource Pack for Educational Settings

Version04.00

12th January 2021

Intended audience:

- Early years settings (including nurseries and childminders)
- Schools
- Special Schools
- Residential (boarding) schools
- FE colleges

Please note:

- As COVID-19 is a rapidly evolving situation, guidance may change at short notice.
- Please check the date and version of this guidance on the footer
- We advise that you refer to **Education and Childcare guidance** in addition to this document, further updates from PHE and your local authority.
- Please also see the PHE SE COVID-19 Flowcharts (See Appendix E document, enclosed), for managing confirmed COVID-19 cases) for: Primary schools and Early Years Setting; and Secondary Schools, that should be sent out with this pack.
- For ease of accessibility, this pack comes with three supplementary documents which are also enclosed as appendices in this pack:
    - The PHE SE Schools Referral Form
    - The Primary Schools and Early Years Guideline Flowchart
    - The Secondary Schools Guideline Flowchart

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1. Introduction, key principles for obtaining advice and contacts

Since students have returned to schools and other educational settings in the South East, the Department for Education (DfE) and local Health Protection Teams (HPTs) have been supporting schools with their response to COVID-19 cases and situations.

The last few weeks have been very challenging for everyone and it is likely that the pandemic will continue well into the New Year.

The Educational Settings Resource Pack and Flowcharts

Public Health England (SE), together with your local authorities and other partners, provided you with a COVID resource pack and flow charts earlier this year. **This new pack and flowchart have replaced the old pack now.**

As the number of COVID-19 cases and educational settings affected has increased, we recognise that schools, and other settings, have become more proficient and experienced in managing COVID-19 in their own settings. We therefore want to ensure that you have the right resources to continue doing this safely whilst also ensuring we make ourselves available to assist you in managing the most complex issues too.

Over the last few months where schools have had small clusters of COVID-19 (say 2 or 3 cases over 2 weeks) we have found that:

- There is usually no evidence to suggest spread within the school,
- Where good COVID secure practice is followed, most commonly the numbers of cases do not continue to escalate in bubbles/year groups, and
- The principles of risk assessment, and management of cases and close contacts are the same as for single cases.

With this in mind, and after a successful Pilot in London, in this new pack and flowchart we are encouraging schools to conduct their own on-site risk assessments to manage cases of COVID-19 in their own setting, whilst also specifying escalation criteria (see below), where the situation is getting worse or where the setting is generally more complex, and where you should seek advice from your local Health Protection Team (HPT).

The new pack and flowchart build on previous ones and a lot of the Q&As and hyperlinks to national guidance remain the same whilst reflecting a few organisational changes in the way advice is now offered to support settings in their management of COVID-19 cases and situations.

There is a lot of information in this pack to enable you to manage COVID related situations in your setting safely (and hyperlinks to all the relevant web based national guidance) and to help you ensure a safe environment for children and young people.

This pack has been put together by the HPTs and local authorities to simplify this process, by giving you the information and resources you need to:

- Carry out on-site risk assessments
- Know when to approach the Department for Education or HPT for advice
- Send communications to parents and staff
- Seek advice from other resources

This way of working has been introduced successfully over the last several weeks in London HPTs who have found that this approach has been welcomed by many of the schools they have been working with.

Our intention is to pilot this approach now in the South East (in particular, assessing the helpfulness of the new escalation criteria) over the next 6 weeks. Any feedback you might like to provide us with on this pilot can be sent to: SECOVID.Education@phe.gov.uk

The HPTs will of course be happy to continue helping you in any ways they can with your management of COVID-19 and other health protection threats and challenges you have.

Please note, the information in this pack is accurate at the time of its publication but is subject to change, and users should also check for updates on a regular basis by using embedded hyperlinks and the Government website. The advice within should be used in conjunction with guidance from other sources, such as:

- Your Local Authority public health, social care and education teams
- The Department for Education (DfE) guidance for schools and helpline

Contacting the DfE COVID-19 Helpline

The DfE COVID-19 helpline was introduced to relieve the strain on the local Health Protection Teams (HPTs). Schools and other settings should call this helpline if they require advice about single or multiple cases of COVD-19 for assistance with undertaking risk assessments. However, if an education setting is comfortable managing their own cases and feel that they do not need to call the helpline for support then it is not mandatory to do so.

Email: dfe.coronavirushelpline@education.gov.uk

Telephone: 0800 046 8687 (choose option 1 to notify of a case)

Helpline opening hours: Monday to Friday from 8am to 6pm (plus Saturday-Sunday 10am-6pm for advice about cases or other COVID-19 related issues)

The DfE helpline has an escalation process with the PHE Health Protection Teams and will notify them of any complex cases and issues which might require their input.

Contacting your local HPT

There is no routine requirement to report COVID 19 cases, or COVID 19 related situations, to your local HPT (indeed the DfE helpline will inform us about any complex outbreak situations where our input may be required). However, in the following circumstances (please refer to the Escalation Criteria) we would advise you to please contact us so we can help with your risk assessments and give you further advice. Some of these circumstances might also require a multiagency response, where we will sometimes establish an Incident Management Team (IMT) to work closely with your local authority, and other local organisations and partners, to support you.

Reporting COVID-19 cases and situations to your local authority

You should continue to report all COVID-19 cases and situations to your Local Authority as per arrangements agreed in your locality.

Escalation Criteria where we would advise schools to please contact the HPT using the HPZone reference number you may have been given:

Primary Schools and Early Years Settings:

- 10% (or more) of a bubble is affected within 14 days – for example, if there are 3 or more confirmed cases of COVID-19 in a bubble of 30 people
- 10% (or more) of staff are affected within 14 days – for example, if there are 6 or more confirmed cases of COVID-19 in a staff of 60
- 3 (or more) bubbles within your school/setting contain at least one confirmed case
- There have been any admissions to hospital in your students or staff members due to COVID-19
- If your school is for children and young people with special educational needs and disability (SEND)
- If your school is a boarding school and you have 2 or more cases in staff/pupils who are boarders

Secondary Schools:

- 5 or more students are affected in a single school year within 14 days i.e. 5 or more confirmed cases
- 10% (or more) of staff are affected within 14 days – for example, if there are 6 or more confirmed cases of COVID-19 in a staff of 60
- 3 (or more) bubbles within your school contain at least one confirmed case
- There have been any admissions to hospital in your students or staff members due to COVID-19
- If your school is for children and young people with special educational needs and disability (SEND)
- If your school is a boarding school and you have 2 or more cases in staff/pupils who are boarders

Contacting the HPT by email

You can often receive a quicker response from your local HPT by emailing them, with the completed form in Appendix E, at the following addresses:

Thames Valley HPT	ICC.TVPHEC@phe.gov.uk
Hampshire & Isle of Wight HPT	ICC.HIOW@phe.gov.uk
Surrey & Sussex HPT	ICC.SurreySussex@phe.gov.uk
Kent HPT	ICC.Kent@phe.gov.uk

Contacting the HPT by phone

All COVID enquiry calls to your local HPT should be made via the main South East PHE Centre number (0344 225 3861) and are being diverted to a new national COVID call handling service. This service is providing initial advice and support for all COVID 19 related calls. Schools should be calling DfE helpline in the first instance for advice regarding COVID cases/situations and (DfE will inform the HPT if their input may be required).

2. National guidance and resources

Up-to-date national guidance for educational settings can be found here. This includes links to guidance on pupil safety and wellbeing.

Links to key national guidance documents for infection prevention and control that were used to put this pack together are displayed here for reference. These are accurate as of 1st September; however, please be aware that guidance can change at short notice.

Social distancing for different groups

- Stay at home: guidance for households with possible or confirmed 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
- Coronavirus (COVID-19): safer travel guidance for passengers

Testing

- NHS: Testing for coronavirus

Guidance for contacts

- Guidance for contacts of people with confirmed coronavirus (COVID-19) infection who do not live with the person

Specific guidance for educational settings

- Guidance for full opening: schools
- Actions for early years and childcare providers during the coronavirus (COVID-19) outbreak
- Further education (FE) autumn term guidance
- Supporting children and young people with SEND as schools and colleges prepare for wider opening
- Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE)

- Transport to school and other places of education: autumn term 2020
- COVID-19: cleaning of non-healthcare settings outside the home
- Face coverings in education
- Coronavirus (COVID-19): test kits for schools and FE providers
- How schools can plan for tier 2 local restrictions

Out of School and residential settings

- Protective measures for out-of-school settings during the coronavirus (COVID-19) outbreak
- Coronavirus (COVID-19): guidance on isolation for residential educational settings
- Coronavirus (COVID-19): guidance for residential educational settings with international students under the age of 18

Guidance for parents and carers

- What parents and carers need to know about early years providers, schools and colleges in the autumn term
- Guidance for parents and carers of children attending out-of-school settings during the coronavirus (COVID-19) outbreak

Infection prevention and control resources

- E-bug Information about the Coronavirus (COVID-19)
- E-bug hand hygiene teaching pack and poster links
- Catch it. Bin it. Kill it. Poster
- Coronavirus Resource Centre posters
- Coronavirus resources education action cards (please note that the PHE South East Region Flowchart that has been circulated with this pack provides a similar local resource to these action cards)

3. Key facts about COVID-19

Symptoms of COVID-19

The most important symptoms of coronavirus (COVID-19) are recent onset of any of the following:

- a new continuous cough
- a high temperature
- a loss of, or change in, your normal sense of taste or smell

For most people, coronavirus (COVID-19) will be a mild illness. However, if you have any of the symptoms above you must stay at home and arrange to have a test to see if you have COVID-19 www.nhs.uk/conditions/coronavirus-covid19/testing-and-tracing

Anyone who lives with a person who has developed any of the symptoms above must stay at home and not leave the house for 10 days. Stay at home guidance can be found here: https://www.gov.uk/government/publications/covid19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid19-infection

When is a person infectious with coronavirus (COVID-19)?

A person with coronavirus (COVID-19) is thought to be infectious 2 days before symptoms appear, and up to 10 days after they start displaying symptoms. If someone without symptoms tests positive then we estimate their period of infectiousness from 2 days before the positive test till 10 days after the test result.

How to stop COVID-19 spreading

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.

These are the most important things you can do to protect yourself and others from coronavirus (COVID-19):

Do:

- follow the government's rules on social distancing
- 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 and before you eat
- 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

Don't:

- do not touch your eyes, nose or mouth if your hands are not clean

Face coverings

If you can, wear something that covers your nose and mouth in places where it's hard to stay away from other people.

There are some places where you must wear a face covering, such as:

- on public transport
- in shops
- when you go to hospital appointments or visit someone in hospital

Important: Some people should not wear face coverings, such as children under 3 and people with breathing difficulties.

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. Recent analysis by Public Health England suggests that COVID-19 transmission in educational settings is rare.

Further Information is available at: www.nhs.uk/conditions/coronavirus-covid19/

Testing for COVID-19

Two types of test are currently being used to detect if someone has COVID-19:

- Polymerase Chain Reaction (PCR) tests
- Lateral Flow Device (LFD) tests

PCR tests detect the RNA (ribonucleic acid, the genetic material) of a virus. PCR tests are the most reliable COVID-19 tests. It takes some time to get the results because they are usually processed in a laboratory.

LFD tests detect proteins in the coronavirus and work in a similar way to a pregnancy test. They are simple and quick to use. LFD tests are not as accurate as PCR tests and are mainly used in people who do NOT have symptoms of COVID-19. Anyone who has a positive LFD test should have a PCR test to confirm the result within 48 hours.

2.31 What do the results mean?

A person and their household should be self-isolating as soon as they have any of the three main symptoms of COVID-19 and whilst they are awaiting the results of the test.

- **A positive PCR test result** means they and their household must complete a 10-day isolation period. The isolation period starts immediately from when one of the three main symptoms started, or, if they did not have any symptoms, from when the first test

was taken, whether this was a LFD or a PCR test. This means that if, for example, the symptoms started at any time on the 15th of the month (or if they did not have symptoms but the first positive COVID-19 test was taken on the 15th), the isolation period ends at 23:59 hrs on the 25th.

- **A positive LFD test result** also means that the person and their household must complete 10 days isolation, unless this is followed by a PCR test and the result is negative. If someone has a PCR test following a positive LFD test, and the result is negative, they and their household can stop isolating.
- Close contacts outside the case's household should only isolate after the case has had a confirmed PCR test (not after a positive LFD test alone).

Tests in schools

From January, rapid-result LFD tests will be provided to schools and colleges, starting with secondary schools and FE colleges, including special schools and alternative provision:

- for the school and college workforce to conduct weekly testing - this will help identify those who are carrying the virus without displaying symptoms, reducing the risk of transmission
- for students and pupils as well as the school and college workforce to conduct daily testing for those identified as close contacts of workforce colleagues, students or pupils that have tested positive - this ensures that they do not need to isolate and are able to continue to benefit from high quality, face to face education

See Coronavirus (COVID-19) asymptomatic testing in schools and colleges - GOV.UK (www.gov.uk)

4. Infection prevention and control principles in educational settings: The System of Controls

In all education, childcare and children's social care settings, preventing the spread of coronavirus (COVID-19) involves preventing direct transmission (e.g. when in close contact with those sneezing and coughing) and indirect transmission (e.g. touching contaminated surfaces). The following system of controls – detailed in national guidance – is designed to substantially reduce risk of transmission of COVID-19, and when implemented creates an inherently safer system:

System of controls

This is the set of actions schools must take. They are grouped into 'prevention' and 'response to any infection'.

Prevention:

1) minimise 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 school

2) Where recommended, use of face coverings in schools.

3) clean hands thoroughly more often than usual

4) ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach

5) introduce enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach

6) minimise contact between individuals and maintain social distancing wherever possible

7) where necessary, wear appropriate personal protective equipment (PPE)

Numbers 1 to 5 must be in place in all schools, all the time.

Number 6 must be properly considered and schools must put in place measures that suit their particular circumstances.

Number 7 applies in specific circumstances.

Response to any infection:

8) engage with the NHS Test and Trace process

9) manage confirmed cases of coronavirus (COVID-19) amongst the school community

10) contain any outbreak by following local health protection team advice

Numbers 8 to 10 must be followed in every case where they are relevant.

5. Definitions of cases, contacts and outbreaks

Suspected cases

Someone who has symptoms of COVID-19 but has not yet had a coronavirus test. The most important symptoms of coronavirus (COVID-19) are recent onset of any of the following:

- a new continuous cough
- a high temperature
- a loss of, or change in, your normal sense of taste or smell

Confirmed Case

Someone who has tested positive for COVID-19 with or without symptoms.

Contact

A contact is a person who has had close contact with a confirmed case of COVID-19 during their infectious period (2 days before to 10 days after onset of symptoms, or test if asymptomatic). This includes:

- a person who has had face-to-face contact (within 1 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 (either as a one-off contact, or added up together over one day)
- 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)
- anyone who lives in the same household as someone with COVID-19 symptoms or who has tested positive for COVID-19

Please see the following page for questions that will be considered when identifying contacts that meet this definition – as part of a joint risk assessment undertaken by the DfE Helpline/health protection team together with the educational setting.

Outbreak

Two or more confirmed cases of COVID-19 among students or staff who are direct close contacts, proximity contacts or in the same cohort or ‘bubble’ in the school/college within 14 days. A cohort or ‘bubble’ might be a class, year group or other defined group within the school/college.

Questions to assist in identifying contacts

The following information may be helpful in identifying potential contacts in your setting who will be asked to self-isolate, on the basis that they meet the contact definitions on the previous page. Educational settings with previous experience of COVID-19 cases or situations may feel confident to carry out their own risk assessments. However, the DfE Helpline will always be happy to provide support for this and will escalate more complex situations to the HPT. It is always useful to have gathered information in advance when phoning for advice (see Appendix B for a checklist of information that you should have to hand when calling the DfE Helpline for advice about confirmed case/s).

IMPORTANT

- We know that students have already missed a lot of teaching time this year and understand that it is important to find the balance between identifying everyone who may be at a genuine risk of developing infection while not asking people to self-isolate unnecessarily.
- The time when people who have tested positive for COVID-19 are infectious to others is from 2 days before the onset of symptoms (or date of test if asymptomatic) to 10 days afterwards.
- Only people who meet standard contact definitions during this time need to be advised to self-isolate.

CHILDMINDERS

- It is assumed that social distancing in this setting is not possible – therefore the childminder and all children who attended during the case's infectious period would usually be considered contacts.

EARLY YEARS FOUNDATION STAGE TO YEAR 2

- Usually children who shared a classroom with the case during their infectious period would be considered contacts, assuming that social distancing cannot be maintained in this environment.
- Check friendship groups. Identify children who are known to have had definite face to face contact with the case during their infectious period.
- Identify staff members who have had close contact with the case during the infectious period.

KEY STAGE 2 (YEAR 3 TO 6)

- If children mix a lot within the classroom then the whole class would usually be defined as contacts.
- If there is a seating plan for all lessons and it is felt that social distancing has been observed in the classroom, then look at seating plans instead. Identify contacts as children who sat within 2 metres of the case during their infectious period in school.
- Check friendship groups. Identify children who are known to have had definite face to face contact with the case during their infectious period
- Identify staff members who have had close contact with the case during the infectious period.
- Establish if there are any other individuals who have had definite face to face contact with the case, e.g. at break times or other group activities such as sport or music lessons
- If the case is a teacher, then social distancing may have been possible. Ask if the teacher can identify all the other members of staff and other children who they had close contact with during their infectious period.

KEY STAGE 3, 4, 5, FURTHER EDUCATION AND ABOVE (YEAR 7 TO 13+)

The default should NOT be to self-isolate the whole class or bubble in a secondary setting or course/department in a further education college.

- Look at the student timetable to identify classes during the infectious period
- Look at seating plans. Identify students who sat within 2 metres of the case during their infectious period in school/FE college
- Check friendship groups. Identify students who are known to have had definite face to face contact with them during their infectious period
- Identify staff members who have had close contact with the case during the infectious period.
- Establish if there are any other individuals who have had definite face to face contact with the case, e.g. at break times or other group activities such as sport or music lessons.
- If the case is a teacher, then social distancing may have been possible. Ask if the teacher can identify all the other members of staff and other children who they had close contact with during their infectious period.

6. Management of possible and confirmed cases

SUMMARY OF HOW TO RESPOND TO CASES OF COVID-19 IN YOUR SCHOOL OR EARLY YEARS SETTING

You will be able to manage many of the situations that arise in your school or early years setting with support from this pack, and with the government guidance for schools and early years settings. You can also refer to other government guidance, including stay at home guidance and guidance for non-household contacts.

The specific actions you need to take will vary depending on how many cases you have and the circumstances of your school.

In general, you will need to take the following steps to manage a suspected or confirmed case of coronavirus in your setting:

1. **Isolate case**: Advise that the symptomatic child or staff member is tested, and that both they and their household isolate whilst awaiting the test result. If the PCR test is positive they must all isolate for a full 10 days from the onset of symptoms and alert the school so that contacts can be identified. If an LFD test is positive, they should have a PCR test to confirm the result within 48 hours.
2. **Identify contacts of PCR positive cases**:
    a. Was the case in the setting in the 2 days before their symptoms started (or 2 days before the test if they were asymptomatic)?
    b. Identify who was in contact with them during that time in the school or Early Years Setting? (Other contacts outside the setting should be followed up by Test and Trace)
3. **Share information with families**: Provide information to parents and staff.
4. **Notifications**
    a. Report to DfE and Ofsted as per mandatory requirements
    b. Report to Local Authority
    c. There is no formal requirement to report to DfE Helpline or HPT. Formal notification under the Infectious Diseases regulations means that cases will be notified by the testing lab, so **schools/early years** d**o not need to notify individual cases to PHE**.
5. **Seek advice**: if you need advice from this pack, national websites, DfE helpline.
6. **Reaching a threshold number of cases in your setting**. When **Escalation Criteria** are met (see page 6), we would encourage you do discuss the situation with your local HPT**.** We recognise that not all transmission can be prevented in school, and the enormous efforts schools have put into reducing transmission, but reaching these thresholds is a moment to take stock of the infection control measures you have put in place and to review prevention measures. Measures to take include:
    a. Continue to contact trace and send home contacts to isolate discussing with the Local Authority if there any operational issues.
    b. Review the general infection control measures and establish if there are any additional measures that can be taken in the setting.
    c. Consider whether there are any areas where the infection has been passed on and how to prevent this in future. For instance, if you think that transmission has happened between students in the lunch queue, look at ways to improve distancing. Or if transmission may have occurred between

staff, consider whether you can reduce contact in the staff room (if you are using one).

Please do email the HPT if you have any specific queries or specific requests for support when reaching the escalation criteria thresholds using the template form provided. If you have previously spoken to us and need to call, then please give the call handler your HPZone number and this will facilitate a response. The HPT will respond in priority order, with SEND and residential settings prioritised. Due to the very high volume of calls experienced, please note that you might not get a response on the same day.

ADDITIONAL INFORMATION FOR POSSIBLE CASES

What do we do if a child or staff member develops COVID-19 symptoms?

When a child, young person or staff member develops symptoms of coronavirus (COVID-19), they should follow stay at home guidance for households.

- They should not attend the setting and their parent/carer or staff member should notify the school of their absence.
- They will have to self-isolate for 10 days and arrange to have a coronavirus test. They can request a test online (or call 119 if they don't have internet access).
- Staff members can apply for a test via https://www.gov.uk/apply-coronavirus-test-essential-workers.
- The suspected case's household and any support bubble members should begin self-isolation for 10 days and monitor for symptoms. Unless the suspected case subsequently tests negative, contacts must self-isolate for the full 10 days, even if the contacts themselves test negative within this period. This is because they can develop COVID-19 up to 10 days after exposure.
- If anyone in the suspected case's household or support bubble develops symptoms they should request a coronavirus test as soon as possible.

You **do not** need to send other children or staff home at this point (unless they are a member of the suspected case's household) – this is only for confirmed cases, so please await testing results.

You **do not** need to contact the DfE Helpline or Health Protection Team (HPT) about possible cases. However, if you have concerns about the risk assessment (e.g. a high rate of absence suspected to be COVID-19 related), please call the DfE Helpline.

You should clean and disinfect rooms/areas the suspected case was using – please follow COVID-19: cleaning of non-healthcare settings outside the home and ensure appropriate PPE (minimum gloves and apron).

If the child or staff member tests positive for COVID-19, you should call the DfE Helpline for advice on 0800 046 8687 (Monday-Friday 8am-6pm and Saturday-Sunday 10am-6pm) and select option 1 (please have date of onset of symptoms to hand).

If the child or staff member tests negative for COVID-19, and 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. Other members of their household can stop self-isolating.

What do we do if a child or staff member develops COVID-19 symptoms whilst at the setting?

If a staff member develops COVID-19 whilst at school, they should avoid contact and go home immediately.

Children who develop symptoms at school and are awaiting collection by parents/carers should be moved, if possible, to a well-ventilated room where they can be isolated behind a closed door. Depending on the child's age and other considerations, this may require adult supervision.

- If supervision is required and 2 metre distance cannot be maintained, a fluid-resistant surgical face mask should be worn by the supervising adult.
- 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.
- If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom must be cleaned and disinfected using standard cleaning products before being used by anyone else.

Any members of staff who have helped someone with symptoms and any pupils who have been in close contact with them do not need to go home to self-isolate unless they develop symptoms themselves (in which case, they should arrange a test) or if the symptomatic person subsequently tests positive (see below) or they have been requested to do so by NHS Test and Trace.

Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. The area around the person with symptoms must be cleaned with normal household bleach after they have left to reduce the risk of passing the infection on to other people. See the COVID-19: cleaning of non-healthcare settings guidance.

ADDITIONAL INFORMATION FOR CONFIRMED CASES

What do we do if a child or staff member tests positive for COVID-19?

- For single confirmed cases, you should carry out a risk assessment as soon as possible, and contact the DfE Helpline if you need advice on 0800 046 8687 (option 1). The line is open Monday-Friday 8am-6pm and Saturday-Sunday 10am-6pm. Please see Appendix B for a checklist of the information that you should have to hand when you call.
- If your setting is a boarding school, Special Education Needs school, or special post-16 provider, please contact the DfE Helpline for assistance and they will refer your situation to the HPT if appropriate.
- A trained call handler specialising in confirmed cases in educational settings will run through a detailed risk assessment with you and help you to identify the contacts of the positive case in your setting during their infectious period (2 days before they were unwell to 10 days after).
- If the DfE call handler identifies a complex or potential outbreak situation, this will be referred to the HPT for further consideration.

- Ensure that the child/staff member does not attend the setting. They should follow stay at home advice and isolate at home for 10 days from when symptoms started.
- The case's household contacts will need to self-isolate for 10 days, even if within this time an asymptomatic contact themselves tests negative. This is because they can develop COVID-19 up to 10 days after exposure.
- You should clean and disinfect rooms/areas the suspected case was using – please follow COVID-19: cleaning of non-healthcare settings outside the home and ensure appropriate PPE (minimum gloves and apron).

Risk assessment and further actions

- Depending on the measures you have put in place to minimise mixing, individual contacts who have had significant contact with the case might be identified and asked to self isolate, or you might need to send home a 'bubble' (see definitions of contacts in section 5).
- All identified contacts in the setting, in addition to the case's own household contacts, will be advised to self-isolate for 10 days. Detailed 'stay at home' guidance for household and non-household contacts is available.
- Please note: further contacts of contacts (e.g. their household) do not need to self-isolate unless the child, young person or staff member they live with subsequently develops symptoms.
- Any contacts that the case had outside of the educational setting will be identified and contacted separately by NHS Test and Trace.
- If you call the DfE Helpline you will be provided with detailed information on actions you need to take together with template letters which you can send to staff, parents and pupils.
- Similarly, if you have discussed the situation with the HPT, you will receive a follow-up email to confirm in writing the advice you have received, along with template letters to send to identified contacts and to the wider setting.
- You should also inform your Local Authority education team about the positive cases in your setting.

OUTBREAKS

- If you have two or more confirmed cases in the setting within 14 days, or an overall rise in sickness absence where coronavirus (COVID-19) is suspected, you may have an outbreak. The DfE Helpline will be able to provide you with advice about your risk assessment and will refer your situation to the local HPT who will contact you thereafter if necessary.
- Please see Appendix B for a checklist of information to have to hand when calling the DfE helpline.
- As with single cases, a thorough risk assessment will need to be undertaken which the DfE helpline will help you with if required.
- Following your conversation with the DfE (or HPT), you will receive a follow-up email to confirm in writing the advice you have received, along with template letters to send to identified contacts and to the wider setting.
- You should clean and disinfect rooms/areas the suspected case was using – please follow COVID-19: cleaning of non-healthcare settings outside the home and ensure appropriate PPE (minimum gloves and apron).

- If your situation meets one or more of the escalation criteria on page 6 you should contact your local HPT.
- In some circumstances, an incident management team meeting may be convened, or wider swabbing arranged in the setting.
- You should also inform your Local Authority education team about any outbreaks in your setting.

7. Frequently Asked Questions: Schools and colleges

Introduction

This set of FAQs has been put together by a working group of representatives across the South East region from Local Authority departments of Public health and Education, Department for Education and local Health Protection Teams (HPTs) from Public Health England.

The aim of these FAQs is to provide information about implementation of national guidance on COVID-19 in schools and further education colleges (including maintained and non-maintained schools, and those in the independent sector) - where a multidisciplinary perspective and explanation of specific risks can facilitate more informed policy decisions. Thus, it is not intended to replace or simplify national guidance, but to add colour to particular scenarios where implementation is not straightforward. It should not overrule any decisions that a Head, or local authority have already made.

Please be aware that although responses given here are correct at the time of publication, further changes to guidance may be made at a future date.

When developing COVID-19 related policies, educational settings should always refer to national guidance as a first point of call: www.gov.uk/coronavirus/education-and-childcare. This also explains the rationale behind the 'system of controls' and why it is now safe for all children to return to their educational setting.

Please see section 2 of this pack for key guidance documents on which these FAQs are based and section 4 which outlines the 'system of controls' for infection prevention and control in educational settings.

A separate set of FAQs are available for early years settings – please see section 8 of this pack.

Topics covered:

1) Social distancing, mixing and general prevention
2) Face coverings and PPE
3) Transport
4) High risk groups
5) Boarding schools and other residential settings
6) Coronavirus testing
7) Suspected cases
8) Confirmed cases
9) Contacts
10) Communication

1) Social distancing, mixing and general prevention

Question	Response
What should/could a school do if we know that a student is not adhering to social distancing outside school?	Schools are only able to control what happens within the school environment. In terms of social distancing outside educational settings, you may wish to ensure parents have access to appropriate information. Some schools have sent letters to parents reminding them of general social distancing rules (e.g. children should not be having play dates inside each other's homes). National school guidance provides further detail on behaviour expectations and how to manage this in the setting. Please also see Guidance Actions for schools during the coronavirus outbreak
Some of our classes are a distinct group but work in the same room as another class. Is this OK?	When making a risk assessment, settings should always refer back to the system of controls. Minimising contact between groups is number 5 on the list, so there are other steps that should be taken first to create an inherently safer system that are detailed in guidance. The guidance states that in terms of minimising mixing, 'settings must put in place measures that suit their particular circumstances', but also recognises that returning to normal group sizes is based on the fact that the overall risk to children from coronavirus (COVID-19) is low. In order to reduce mixing if only one large room is available, settings could consider partitioning the room with a physical barrier (e.g. furniture), use an outdoor space, and should always make sure the space is well ventilated. Any shared spaces should always be cleaned between groups.
Should twins who attend the same school always be placed in the same class?	This would depend on what has been risk assessed for any individual family, and settings should always discuss this with parents. Parents may wish for their twins to be placed in the same class (in a primary setting), to reduce the number of contacts the family has overall. However, there may be other considerations in terms of the wellbeing and educational needs of individual children, particularly for older children when class-based teaching is not possible.
If we need to move a child or staff member between bubbles, do they need a period of "quarantine" first?	If a setting has chosen to implement a 'bubble' system to minimise mixing between groups, it would be advisable to only move children or staff between bubbles on a permanent basis. To further reduce risk, this should ideally happen after a weekend (or after a 48-hour period when they do not usually attend school). If a child/staff member tests positive, contact tracing would go back 2 days before they became unwell. A gap in attendance would therefore mean that only one bubble would be exposed/need to isolate in the unlikely situation that the child developed symptoms on the first day in their new bubble.
Can teaching or support staff safely work across two or more bubbles?	This would depend on the particular characteristics of the setting and overall risk assessment, taking into account all the measures in the system of controls. If a setting has chosen to implement a bubble system, and where it is not possible for staff to be socially distanced from children, settings should consider the health protection and practical implications of 'cross bubble' working. The aim of small consistent groups is to reduce the spread of infection and enable more effective contact tracing. In a rota system, if a pupil

	in one bubble tests positive for COVID-19, the teacher covering both may have to self-isolate for 10 days, leaving the other bubble with no teacher. If a teacher covering two bubbles becomes positive for COVID-19, there is an infection risk to both bubbles, as well as the practical implications of isolating children who have had significant contact from both bubbles for 10 days. Cross-bubble working may be chosen as a practical solution to offering a full curriculum after alternatives have been considered, particularly where teaching staff *are* able to socially distance from children. In either scenario, settings should always ensure that they are implementing the primary preventative measures in the system of controls, in order to substantially reduce risk of transmission in the setting.
We have staff at school who also work in other settings, including supermarkets and care homes. Can they continue to work in multiple employments?	If possible, working across settings should be avoided due to risk of cross-infection, however we understand that it may be unavoidable in some cases. Head teachers would be responsible for undertaking a risk assessment with the staff member, which should include discussion of: • Role of the individual in both settings • Any PPE requirements • Adherence to social distancing and other protective measures • Working with risk groups • Staff who work in care settings may receive regular testing even if they don't have symptoms, so they will need to let you know if they have a positive test result. 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.
Is the headteacher able to move around the school?	This should be safe as long as they consistently maintain 2 metre social distancing, in addition to good hand hygiene and other primary measures in the system of controls.
Can non-teaching staff, such as lunchtime supervisors, supervise more than one bubble?	This should be risk assessed against the system of controls, with alternatives considered wherever possible. Consistently maintaining 2 metre social distancing will substantially reduce risk, in addition to good hand hygiene and other primary measures. Social distancing will be more challenging in early years settings, where other arrangements may be necessary. Thinking about the contact-tracing implications of any cross-bubble working is helpful for planning purposes and estimating risks involved for any one solution.
Is it OK for us to use our on-site swimming pool?	It is up to the setting to risk assess use of the pool and to implement necessary protective measures. You may find government guidance on leisure facilities a useful resource in this process. If the pool is on school premises, its use will be regulated by the Health and Safety Executive.

We have pupils who have regular sessions in our therapy pool. Is this safe, even if we are unable to maintain social distancing in the pool?	Water in a hydrotherapy pool will be chlorinated, which will denature the virus. However, if social distancing is not possible, there will still be a transmission risk between those who are coming into close contact in the pool. Your risk assessment for this activity should therefore take into account the extent to which the staff member and child/children requiring hydrotherapy are already distancing outside of the pool. If they are in the same 'bubble' and regularly coming into close contact, additional potential risk from hydrotherapy will be low.
Is it safe for us to use school changing rooms?	The changing room itself is unlikely to be inherently more risky than other areas in the school, however like any other space the risk assessment for its use should be guided by the system of controls and any existing measures in place (such as bubbles). Settings might put in place measures to use their facilities safely, for example by using staggered changing in smaller groups to allow social distancing, ensuring good handwashing before and after using the space, cleaning between groups, ensuring that the space is well ventilated, etc. This could also apply to showers/washing facilities, which equally should be cleaned between use.

2) Face coverings and PPE

Guidance on the use of face coverings in educational settings is under constant review. Please see Education and Childcare guidance to ensure you are following up to date advice.

Please note that face coverings are not classified as PPE, which is used in a limited number of settings to protect wearers against hazards and risks. There are a small number of scenarios where PPE is recommended in educational settings.

There is evidence that face coverings offer some protection against transmission, to both the wearer and those around them, in situations where social distancing is not possible. Please see Face coverings: when to wear one and how to make your own.

Question	Response
Why are face coverings compulsory in shops and on transport, but not routinely recommended in educational settings?	The government is not recommending universal use of face coverings in all schools. Based on current evidence and the measures that schools are already putting in place, such as the system of controls and consistent bubbles, Schools and colleges will have the discretion to require face coverings in indoor communal areas where social distancing cannot be safely managed if they believe that it is right in their particular circumstances. In primary schools where social distancing is not possible in indoor areas areas outside of classrooms between members of staff or visitors, for example in staffrooms, headteachers will have the discretion to decide whether to ask staff or visitors to wear or agree to them wearing face coverings in these circumstances. Primary school children will not need to wear a face covering. Schools that teach years 7 and above may decide to recommend the wearing of face coverings for pupils, staff or visitors in communal areas outside the classroom where the layout of the schools makes it difficult to maintain social distancing when staff and pupils are moving around the premises, for example, corridors. In areas where local lockdowns or restrictions are in place, face coverings should be worn by adults and pupils (in years 7 and above) in areas outside classrooms when moving around communal areas where social distancing is difficult to maintain such as corridors. Face coverings will not generally be necessary in the classroom even where social distancing is not possible – this applies to local intervention (lockdown) and other areas. Please be aware that some individuals are exempt from wearing face coverings. Please note that: • The use of face coverings does not replace other measures in the system of controls should already be in place. • It is vital that face coverings, if worn, are used correctly and that clear instructions are provided to staff, children and young people on how to put on, remove, store and dispose of face coverings to avoid inadvertently increasing the risks of transmission. • It is very unlikely that use of a face-covering would change the risk assessment when identifying contacts of a case (i.e. identified contacts who were wearing a face covering would still be asked to self-isolate).

What if teachers/other staff members wish to use face coverings outside of the setting's policy or national guidance?	Please see up to date guidance on the use of face coverings in educational settings. Any use outside of national guidance should be carefully risk assessed by the setting, including individual risk assessments if appropriate. This should always consider the risks of misuse and inadvertent increase in transmission risk, as well as the potential negative effects on communication and thus education. It is vital that face coverings, if worn, are used correctly and that clear instructions are provided to staff, children and young people on how to put on, remove, store and dispose of face coverings to avoid inadvertently increasing the risks of transmission.
Can visors be used in place of face coverings?	Visors are not recommended as an alternative to face coverings. Visors are used in addition to other items of PPE, in clinical settings under particular circumstances where the risks of aerosol transmission are raised. Although there is little evidence around their effectiveness outside of the clinical setting, if used without a face covering, they are unlikely to offer protection to the wearer or those around them from coronavirus transmission.
Should external visitors to school be wearing face coverings?	Social distancing, hand-washing and respiratory hygiene remain the most important measures to prevent the spread of coronavirus (COVID-19), and face coverings do not replace these measures. External visits to schools should only occur when strictly necessary. Social distancing should be easily implementable for visitors such as suppliers and external contractors. Any essential visitors to the school, such as suppliers, should be told that they cannot enter if they are displaying any symptoms of coronavirus (COVID-19) or are known to be a contact of someone who has tested positive. Where social distancing is not possible in areas outside of classrooms between members of staff or visitors, for example in staffrooms, headteachers will have the discretion to decide whether to ask staff or visitors to wear or agree to them wearing face coverings in these circumstances.
Why are NHS staff advised to wear PPE when working with children in our school when it's not recommended for teachers and other staff?	NHS staff will be working to their own organisation's risk assessment, which may or may not recommend use of PPE. NHS staff working in educational settings, for example those providing vaccination programmes, are likely to be working in close contact with a large number of children that they don't usually meet, making this role quite different from that of regular staff in the setting, who should be working to guidelines on minimal mixing, social distancing (where possible) and other measures in the system of controls.

3) Transport

The general public is still being asked to avoid public transport wherever possible, to reduce demand on the system. All children, parents and staff should be strongly encouraged to walk or cycle to school wherever possible, to allow for social distancing, and for the general health benefits of active travel and lower motor traffic pollution. However, we understand that this is not always possible due to the distance from home to school. Detailed guidance is now in place specifically addressing the use of dedicated school transport.

Question	**Response**
Is it OK for children to lift share to get to their educational setting?	Where neither active travel nor dedicated school transport is possible, children may need to travel in a private car to their educational setting. Lift-sharing is not recommended, due to the transmission risks in small vehicles. However, if lift-sharing is necessary, safer travel guidance for passengers in private cars should be followed (this includes information about the use of face coverings). It would be preferable to limit lift-sharing to those who are already in the same school bubble, or support bubble, in order to reduce the number of contacts someone has if they test positive for COVID-19. Please be aware that if someone tests positive for COVID-19 and has travelled in a small vehicle with others whilst infectious (from 48h before onset of symptoms, or test if asymptomatic, to ten days after), all other passengers in the car would be asked to self-isolate for 10 days. This is likely to be the case even if face-coverings were used by all passengers.
Can we use 'walking buses' to 'transport' children in different bubbles between settings, for example to access after school care?	Full school opening guidance is clear that mixing different groups of children should be minimised wherever possible but recognises that mixing into wider groups for wraparound care or to allow other activities may be necessary. For further advice on wraparound care provision, settings are directed to guidance on guidance produced for summer holiday childcare. The outdoor nature of the walking bus makes this a relatively lower risk activity, but mixing should still be minimised and social distancing between groups implemented where possible. Planning should take into account the size of group that need to transfer between schools, as well as supervision requirements. It might be possible for children in the same school group or after school club to walk together, maintaining at least 2m distance with other groups. Bear in mind that if a child or staff member tested positive for COVID-19 and walked in close contact with others not already identified as school/afterschool club contacts, those children/staff members would also have to isolate for 10 days.

4) High risk groups

Question	Response
How can schools identify children at comparatively high risk for coronavirus?	There is no specific system to inform schools which children fit into 'clinically vulnerable' or 'clinically extremely vulnerable' categories, as described here. However we would suggest existing communication with local authorities, parents, school nurses and the child's clinician would mean that it is unlikely that any child would be 'missed'. Extremely clinically vulnerable children should have received a letter of advice relating to their condition and implications for school attendance at the start of the pandemic.
How do we identify which staff need individual risk assessments? Can we get help for this?	Staff should self-identify if they believe themselves to be at increased risk. The individual should be involved with their risk assessment taking advice from their clinician about returning to work safely. See Guidance for full opening: schools and HSE guidance on working safely for further details on risk assessment. You can approach your local authority education department for further advice on individual risk assessments where necessary.

5) Boarding schools and other residential settings

Question	Response
Can a boarding house form a household?	It is up to individual settings as to how they implement guidance on isolation for residential educational settings, since variation between settings precludes any blanket policy. For contact tracing purposes, members of the same household are identified as being more likely to pass the infection between them, since they come into close contact with each other and share the same facilities on a daily basis. The rationale for isolating a household in the event that someone tests positive for COVID-19 is to prevent other household members, who may be incubating the infection, from passing it on to contacts outside the home. When deciding what constitutes a 'household', you should consider: • capacity to limit 'household' size using the resources and facilities available to you • what measures you already have in place (e.g. system of bubbles for teaching in the wider school) • implications for a possible case and confirmed case, including how teaching and care will be delivered in both scenarios In order to limit household size, you may look at how facilities are used by different groups to effectively create smaller 'households' within one building. This might involve designating different showering/toilet facilities to distinct groups,or ensuring cleaning of shared facilities such as kitchens between groups who are not in close contact with one another. Where possible, it would be advisable that a person who has tested positive is isolated as much as possible from other household members during their infectious period (48h before symptom onset to 10 days after). This is particularly true in 'households' that are necessarily very large.
How do we ensure safe 'quarantine' arrangements for international students coming from countries that are not on the travel corridors list?	Guidance on this has recently been published. Please see Coronavirus (COVID-19): guidance for residential educational settings with international students under the age of 18
How does this work if you have different year groups in a boarding house all sharing bathroom facilities etc?	It is up to the school to limit mixing within teaching and residential spaces as much as possible. It is always helpful to think of the contact tracing implications when deciding how to use your facilities, for a good idea of both the infection risks and practical implications of a suspected or confirmed case. In order to reduce the number of contacts that any one staff member or child has, and therefore the number of children and staff who might have to self-isolate, you might consider reorganising boarding facilities so that, wherever possible, boarders are only mixing with others they already do during teaching hours.

At what point do you isolate a household/boarding house?	Isolation guidelines for households in residential educational settings are the same as for households among the general public. See the household self-isolation policy.
What guidance can we give to the House staff living in the boarding house?	Staff who are resident in the boarding house and who share the same facilities as boarders will be regarded as members of the household for contact tracing and isolation purposes. Further guidance on non-resident staff can be found in guidance on isolation for residential educational settings.
If a child develops symptoms, who should take them to a testing centre and how?	If a child or staff member develops coronavirus (COVID-19) symptoms, a test can be requested online (or by calling 119 if you don't have internet access). If you are unable to attend a test centre, it is possible to request a home test kit. All schools should be supplied with a small number of home test kits, for use when an individual becomes symptomatic and you believe they may have barriers to accessing testing elsewhere. See Coronavirus (COVID-19): home test kits for schools and FE providers for further details. If your risk assessment allows a staff member to accompany a child to a drive-in test centre, a pragmatic approach would be for a staff member who is already a close contact to do this. You could further decrease risk by following guidance on safe working in education, childcare and children's social care settings, which recommends one of the following options for transporting a symptomatic child between residential settings: • use a vehicle with a bulkhead or partition that separates the driver and passenger • the driver and passenger should maintain a distance of 2 metres from each other • the driver should use PPE, and the passenger should wear a face mask if they are old enough and able to do so
What is the protocol for a positive case in a boarding environment?	Please see section 6 for management of confirmed cases. For single confirmed cases, boarding schools should call the DfE helpline who will inform the HPT too. This is because these settings, particularly where large numbers of pupils are boarding, are likely to be more complex to manage. Contacts may be identified both in the academic and residential setting. For the residential setting or 'household' of the case, the household self-isolation policy will apply.

6) Coronavirus testing

Question	Response
Should settings consider investing in private COVID-19 testing for our pupils and staff, in order to identify cases quickly?	PHE is not actively discouraging people from having tests done privately. However, all individuals with symptoms can get tested by DHSC's National Testing Service by submitting a request online - here for members of the general public or here for essential workers and their households following employer referral. Those who have problems using the online service can call 119 to request a test. We would always recommend that schools go via the NHS route for testing to be assured of the most accurate results and follow-up. You might find this position statement from PHE useful. If schools are considering private testing then they need to ensure that the kit has a CE mark, that the lab is accredited, and that the lab are reporting the results to PHE (as it is a statutory notifiable disease). Once a case is logged in PHE's Second Generation Surveillance System, it will automatically be pulled into the Track and Trace system, regardless of which lab the test was conducted in. The Medicines & Healthcare products Regulatory Agency has published guidance on COVID-19 tests and testing kits which you might find useful. Schools that have purchased in house point of care testing should register themselves as described here: https://www.gov.uk/guidance/covid-19-and-influenza-point-of-care-testing-results-how-to-report so that results can be fed into the national Test and Trace system.
Lateral Flow Device Testing in Schools	The LFD testing programme is being rolled out by DfE and information resources to support this roll-out are available via the DfE portal: Guidance Coronavirus (COVID-19) asymptomatic testing in schools and colleges and the NHS T&T COVID-19 National Testing Programme: Schools & Colleges handbook You may also use this contact form to report issues relating to delivery and supply of testing kits.
Should settings consider investing in private antibody testing for our pupils and staff, so we know who has already had the infection?	An antibody test is used to tell if a person has previously been infected with coronavirus. Antibodies are produced by the immune system when someone has been infected. Antibody tests are now being used in the NHS by clinicians where appropriate for some patients and can also be bought privately. However, this involves taking a blood sample using a needle and syringe. There is currently no home antibody test (of prior infection) that is approved for sale in the UK. See guidance on Types and uses of coronavirus (COVID-19) tests for more information. At the moment, there is no evidence that prior coronavirus infection prevents future infection. Therefore, regardless of the result of an antibody test, all staff and children would still need to adhere to infection prevention and control measures put in place as a result of the settings risk assessment, in addition

	to recommendations on self-isolation for anyone with symptoms, or contacts of a confirmed case.
How can parents get their child tested for COVID-19 if they don't drive and therefore can't access drive-in testing facilities?	Anyone with symptoms of COVID-19 should arrange to be tested as soon as possible. Tests can be requested online - here for members of the general public or here for essential workers and their households following employer referral. Those who have problems using the online service can call 119 to request a test. If you cannot access a drive-through centre, you can use the same online/phone service to request a home test kit to be posted to you. Educational settings should also have access to a small number of home testing kits that they can give directly to parents/carers collecting a child who has developed symptoms at school, or staff who have developed symptoms at school and you believe they may have barriers to accessing testing elsewhere. See Coronavirus (COVID-19): home test kits for schools and FE providers for further details.
Can under 5 years old get tested for coronavirus?	Children under the age of 5 years with symptoms of coronavirus can access testing through the same route as the general population (see above).
Will settings be informed of any test results directly?	Test results for individuals who attend an educational setting will be sent directly to the individual (or parent/carer) who has taken the test. They should liaise directly with the educational setting so contact tracing can commence.
What should schools do if a parent of a child with symptoms refuses to arrange for them to be tested for COVID-19?	In this scenario the school should do their best to encourage the parents to get the child tested. It might be helpful to find out what the barriers to testing are and try to address some of their concerns (for example if they think it would distress the child or that they don't have a car to access a drive-in service). Parents should also be reminded that in the absence of a test, the child and the household would have to isolate as if they had tested positive (i.e. 10 days for the child and 10 days for the household contacts). Generally speaking, isolation of non-household contacts is not required in the absence of a positive test result, so the setting would not need to take further action at this point. However, you can always call the DfE Helpline for advice if there are any concerns about the risk assessment. Scenarios where further action might be recommended include a symptomatic child who is a known contact of a confirmed case and has attended school within a recommended period of isolation. The local authority education department may offer further support to help settings encourage parents to get their child tested. Please note that any actions that a school plans to take (e.g. to ask additional children to self-isolate should always be discussed with the local education authority.

7) Possible cases

See section 6 of this pack for details of what to do in the event of a suspected case.

Question	Response
What if we have more than one possible case – do we still wait for test results before sending any contacts home?	We would not routinely recommend any isolation of contacts before a positive case is confirmed. However, if there are any concerns about the risk assessment, do contact the DfE Helpline so that they can support you with a thorough risk assessment to make sure the correct course of action is taken. If you are planning to take any public health action, such as isolation of contacts, please always inform your local education authority to discuss. You can also ring the DfE Helpline for general advice in these situations.
What kind of cleaning do we need to do if someone in the setting has been sent home after developing symptoms of COVID-19?	The following is taken from Guidance for Full Opening: Schools, under 'Prevention: 1. Minimise contact with individuals who are unwell': Areas where a symptomatic person has passed through and spent minimal time but which are not visibly contaminated with body fluids, such as corridors, can be cleaned thoroughly as normal. All surfaces that the symptomatic person has come into contact with should be cleaned and disinfected, including all potentially contaminated and frequently touched 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 – think one site, one wipe, in one direction. Use one of the options below: • a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.) • a household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants • if an alternative disinfectant is used within the organisation ensure that it is effective against enveloped viruses For detailed cleaning guidance, please see COVID-19: cleaning of non-healthcare settings.
What should settings do if a pupil develops symptoms of COVID-19 and can't be driven home by their parents?	The following is taken from Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE) In non-residential settings, any child, young person or other learner who starts displaying coronavirus (COVID-19) symptoms while at their setting should, wherever possible, be collected by a member of their family or household. In exceptional circumstances, where this is not possible, and the setting needs to take responsibility for transporting them home, or where a symptomatic

	child or young person needs to be transported between residential settings, you should follow safe working guidance and do one of the following: • use a vehicle with a bulkhead or partition that separates the driver and passenger • the driver and passenger should maintain a distance of 2 metres from each other • the driver should use PPE, and the passenger should wear a face mask if they are old enough and able to do so
If a child/staff member has COVID-19 symptoms, gets tested and tests negative, can they return to school/college even if they still have symptoms?	Following a negative result, the child or staff member can return to school/college, provided that they no longer have a fever and feel well enough to return. 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. Other members of their household can stop self-isolating. An important exception is if they are a known contact of someone who has tested positive, in which case they must stay off school for the 10 day isolation period even if they test negative. This is because they can develop the infection at any point up to day 10 (the incubation period for COVID-19).
Can a school/college refuse to receive a child who has had COVID-19 symptoms back before the 10-day isolation period is complete if they are not provided with evidence of a negative test result?	Test results are usually delivered by email or text message and parents will probably be keen to share this if they want their child to return to school. However, Guidance for Full Opening: Schools states that schools should not request evidence of negative test results or other medical evidence before admitting children or welcoming them back after a period of self-isolation.
We have been informed that a child/staff member has a clinical diagnosis of COVID-19 but has tested negative. Do we still not need to send any other children/staff members home?	In this scenario, a clinical diagnosis would trump a negative test and the person would be treated as a confirmed case for contact tracing purposes.
Can children with cold symptoms (e.g. snotty nose), sore throats or tummy aches still attend school?	Yes, as long as they don't have a new persistent cough, fever or loss of/change in sense of taste and smell, and if they are well enough to attend. Additionally, they should not attend school if they are completing a recommended period of isolation after testing positive for coronavirus, or as a known contact of a confirmed case. This guidance from the Royal College of Paediatrics and Child Health (RCPCH) might be helpful.

8) Confirmed cases

See section 6 of this pack for details of what to do in the event of a confirmed case.

Question	Response
How might we hear about a staff member or child who has tested positive?	Settings might hear about a confirmed case via the person themselves, or their parent or guardian, after they receive their positive test results.
Are there any circumstances where a school should close completely?	It is unlikely that a school would need to close completely, although this may rarely be necessary: 1. If the school is unable to operate safely due to the requirement of key staff to self-isolate, or 2. On the guidance of the Health Protection Team and Local Authority Education department, for example in a situation where there are multiple cases across different bubbles or year groups. Evidence to date suggests a low risk of school-based transmission. Schools are being asked to closely adhere to a system of controls or primary measures, including handwashing, enhanced cleaning and minimal mixing, so we are not expecting large outbreaks across different year groups.
Can a child who has tested positive (or who was symptomatic of COVID-19) return to school after 10-day period of isolation, even if they still have a cough?	If a child or staff member has had symptoms of coronavirus (COVID-19) and/or has tested positive, then they may end their self-isolation after 10 days and return to school, as long as they do not have symptoms other than cough or loss of sense of smell/taste. This is because a cough or anosmia can last for several weeks once the infection has gone. If they still have a high temperature, they need to keep self-isolating until their temperature returns to normal. More information can be found here.
A child/staff member recently tested positive for COVID-19 and returned to the setting after completing 10 days of isolation. However, they have just tested positive again. What does this mean?	If that person has **not** developed new symptoms of COVID-19 and has tested positive within 90 days of a previous positive test, they do not need to self-isolate again. This is because although we are confident that people only remain infectious for a period of 10 days from symptom onset, the test can pick up fragments of DNA for many weeks after this. However, if the person previously recovered, then developed new symptoms and tested positive, this will be treated as a new infection. This is because we still lack evidence that previous infection offers any long-term immunity to coronavirus.

9) Contacts

Please see section 5 of this pack for a full definition of contacts, as used by the DfE Helpline or health protection team when undertaking contact tracing.

Question	Response
If a child/staff member tests positive, which contacts do we need to advise?	If the positive case attended their educational setting in the 2 days prior to developing symptoms, their close contacts in the setting should be advised to self-isolate. The DfE Helpline can provide help in carrying out this risk assessment if required and would support the setting to communicate with staff parents and pupils. See below for a detailed description of 'contacts'. The case's household contacts and any additional non-household contacts would be traced by the NHS test and trace programme and advised to self-isolate.
Who is considered a contact in an educational setting?	A contact is defined as a person who has had close contact with a confirmed case of COVID-19 during their infectious period (2 days before to 10 days after onset of symptoms, or test if asymptomatic). Please see section 6 of this pack for a full definition for contact tracing purposes. Identification of contacts in an educational setting will depend on the arrangements the setting has in place to minimise mixing. In a primary school, this is likely to include the class teacher and other students in the bubble/class. Identifying contacts in a secondary school setting may be more complicated, given any necessary wider group mixing to allow for a full curriculum. If social distancing is in place this will reduce the number of contacts identified.
For the purposes of contact tracing, 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 (for example if a child's parents are separated). It also includes anyone in their 'support bubble'.
If a staff member has cared for a symptomatic child who subsequently tests positive, but was wearing PPE in line with guidance, do they still have to self-isolate for 10 days?	PPE may be required for adults supervising a child who has developed symptoms whilst at the setting, where 2m social distancing cannot be maintained (see Suspected Cases, above). For contact tracing purposes, only medically trained staff who have been trained in donning and doffing of medical grade PPE are currently not required to self-isolate, after close contact with a confirmed case (according to definitions above). For this reason, we would advise schools to provide care to symptomatic pupils at more than 2m distance wherever possible. Hopefully, instances where closer contact is necessary will be rare. In addition to PPE, measures to further lower infection risk include use of an outdoor or well-ventilated space and good hand hygiene.
Should a child/staff member come to school if a member of their household has COVID-19 symptoms?	No. If a member of the child's household is unwell with COVID-19 symptoms then the child/staff member should isolate for 10 days starting from the day the household member(s) became ill and follow then stay at home guidance.

	If the child subsequently develops symptoms they should isolate for 10 days from the date they developed symptoms. Their parent/carer should organise for them to be tested.
If a child lives with someone who is self-isolating as a contact of a confirmed case (e.g. a sibling of another child in school whose bubble has been sent home), can the child attend school?	If someone is a contact of a confirmed case, only they need to isolate, not their household contacts. If they become symptomatic however, they should get tested and their household contacts should isolate for 10 days. In the example given – the child whose bubble has been advised to isolate for 10 days should do so, but their parents and siblings do not need to isolate, as long as the isolating child remains well during that period. The sibling could continue to attend school.
What should we do if we know/suspect that a child is a contact of a case outside school, but their parents are still bringing them to school?	Contacts of confirmed cases are required to self-isolate as instructed by NHS test and trace. If this situation occurs, you might wish to remind parents of stay at home guidance for household and non-household settings. If you have concerns, please contact your local authority education team for advice.
If a contact tests negative within their recommended isolation period, can they return to setting?	No. They must stay off school for the full 10 day isolation period, even if they test negative. This is because they can develop the infection at any point during their isolation period.
How will school pickups and drop offs be dealt with if one child is meant to stay at home and one is meant to be at school?	If one child is isolating as they have been in contact with a confirmed case, they need to stay at home. They should not be accompanying the other child to school drop off. Parents should explore their options for transporting the child who is not isolating to school.
If we have a confirmed case of COVID-19 at school/nursery, must we give the details of that child/staff member to DfE Helpline, even if the parents do not want this information shared?	Because COVID-19 is a statutory notifiable disease, details of any confirmed cases (and suspected cases if requested) need to be provided by the laboratory to PHE (or to case managers handling single confirmed cases through the DfE Helpline). 'Notification of infectious diseases' is the term used to refer to the statutory duties for reporting notifiable diseases in the Public Health (Control of Disease) Act 1984 and the Health Protection (Notification) Regulations 2010. Details of all people who have had a positive test for COVID-19 will also be provided to PHE by the testing laboratory. When an educational setting reports a positive case to the DfE Helpline they will ask the setting to report the numbers of children and staff who have been exposed to that person. Depending on the complexity of the situation, they may need personal details of contacts as well as numbers. All personally identifiable information will be handled in line with the obligations set on us by the General Data Protection Regulations (GDPR).

	Schools may wish to consider whether they have discussed with parents how they will communicate prior to the event; schools may choose to change their GDPR policies to reflect the above advice.
Are we required to provide the DfE Helpline with details of all contacts of a positive case in the setting?	Following notification of a positive case, DfE Helpline will work with you to identify contacts who will be asked to self-isolate. Individual names will not usually be required, since the setting will be asked to contact these children/staff members directly (you will be provided with a template letter with appropriate advice). However, if the situation is more complicated, or there is a need to arrange wider swabbing, the HPT may need individual details of contacts. This would always be discussed with the setting.

10) Communication

Question	**Response**
Do we need to inform parents of a confirmed case (or cases) in school/college?	When a case has been confirmed within the school/college, the DfE Helpline (or health protection team if the situation has been escalated or in a complex outbreak situation) will provide you with letters to send to all parents to inform them. It is important to keep the specific details of the case/cases confidential so no further details about the person/s should be provided. They will also provide specific letters for children and staff who have been identified as being a contact of the case, providing further details on isolation requirements. If there have been several cases over a shorter period, they may provide you with further correspondence for parents. If you have any concerns around communication or receive any press enquiries, contact your local authority education team who will be able to support you.
Do we need to inform parents of possible cases in school/college?	We do not routinely advise that educational settings inform parents of a possible case. However, you may still choose to do so based on your local knowledge of your parent body. Situations when you may decide it is helpful to inform parents of a possible case may include when there are high levels of concern or discussion amongst the parent body, if there is media interest or if there are any other complicated factors at play. The local authority education team are happy to advise you in this situation and can provide communications support. You should take care not to reveal personal details of the possible case to other parents. It is not necessary for any contacts of the possible case to self-isolate. Only the possible case's household contacts should isolate until a test result is available. If contact with parents is deemed necessary, you may wish to use the template letter in Appendix D of this pack. This should be sent from the school or headteacher (Not PHE).
Should we tell Ofsted if we have a confirmed case or outbreak?	Schools aren't expected to notify Ofsted about possible or confirmed cases of COVID-19. Ofsted's role in relation to schools is as an inspectorate (but not regulator, unlike in EY), and it doesn't have a specific role in relation to cases at schools.

8. Frequently Asked Questions: Early years settings

Who is this document for?

Since 1 June 2020, early years settings (EYS) have been able to welcome back children of all ages. EYS teams have provided essential support to many families throughout the pandemic so far, and we are very grateful for your work and care at this very difficult time.

These FAQs have been put together by a group of representatives from the South East region including Local Authority Public Health and Education teams, Department for Education and local health protection teams from Public Health England. They are intended for use by all those working with children from birth to 5 years old, in nursery/pre-school settings in maintained and non-maintained schools, independent schools, and all providers on the early years register, or those registered with an early years childminder agency. They do not apply to nannies or au pairs, as they work in the child's/children's family home.

For FAQs relating to schools or further education colleges, please see section 8 of this pack.

How should you use this document?

We hope this document will help those working in EYS to support and protect children and staff. The aim is to provide information about implementation of national guidance on COVID-19 in EYS - where a multidisciplinary perspective and explanation of specific risks can facilitate more informed policy decisions. Thus, it is not intended to replace or simplify national guidance, but to add colour to particular scenarios where implementation is not straightforward. It should not overrule any decisions that the setting or local authority have already made.

Please be aware that although responses given here are correct at the time of publication, further changes to guidance may be made at a future date.

When developing COVID-19 related policies, educational settings should always refer to national guidance as a first point of call: www.gov.uk/coronavirus/education-and-childcare. This also explains the rationale behind the 'system of controls' and why it is now safe for all children to return to their educational setting.

Please see section 2 of this pack for key guidance documents on which these FAQs are based and section 4 which outlines the 'system of controls' for infection prevention and control in educational settings.

Topics covered:

1) Social distancing and mixing
2) Wraparound / Holiday Care
3) Infection prevention and control, cleaning and Personal Protective Equipment (PPE)
4) Coronavirus testing
5) Suspected cases
6) Confirmed cases
7) Contacts
8) Communications
9) General questions

1) Social Distancing and mixing

Question	Response
Which guidance should I refer to if I have both younger children and those older than 5 years old in my setting?	Since 20 July 2020, EYS have no longer been required to keep children in small, consistent groups but can return to normal group sizes. Settings should refer to early years guidance and consider how they can minimise mixing within settings, for example where they use different rooms for different age groups, keeping those groups apart as much as possible. This change does not extend to cover provision for children over the age of 5. Where EYS are also caring for children over the age of 5, they should ensure they are also following guidance on Protective measures for out-of-school settings during the coronavirus (COVID-19) outbreak which includes guidance on group sizes. Providers that care for children both under the age of 5 and over the age of 5 separately, where it is possible to do so, may choose to apply the measures outlined in this guidance to those children under the age of 5, and the measures outlined in the protective measures guidance for out-of-school settings to those over the age of 5. Where providers have mixed age groups together they will need to, as far as possible, keep all children irrespective of age in small consistent groups of no more than 15 with at least one staff member, or with more staff members to meet relevant ratio requirements.
What should/could EYS do if we know that a child and their parents are not adhering to social distancing outside our setting? Can we refuse care to that child?	You are only able to control what happens within your setting. In terms of social distancing outside the setting, you may wish to ensure parents have access to appropriate information. Some schools have sent letters to parents reminding them of general social distancing rules, e.g. children should not be having play dates inside each other's homes (see Appendix C of this pack for an example). If you have good reason to believe that a child has had COVID-19 symptoms within the last 10 days, or that the child is a known contact of a confirmed case, the child should not be attending the EYS until the recommended period of isolation is complete.
If there is an outdoor space for nursery children and a setting has 50 children in that year, can children play outside together or we need to stagger the children's time outside? This goes against the free flow element for the very young children.	Where children are organised into small groups and it is possible to timetable the outdoor access this should be considered in order to limit the spread of infection. When this is not possible, shared resources should be cleaned between sessions and during sessions if necessary. If you have a large outdoor space, you might also consider partitioning the outdoor space to allow free flow for different groups.
Can a child attend two different settings over a week?	Early years guidance says: *'Parents and carers should be encouraged to limit the number of settings their child attends, ideally ensuring their child only attends the same setting consistently.'*

	Your risk assessment should include this element, whereby parents are reminded that children should attend one provider where possible. However this may not be possible in some circumstances and it is permissible for a child to attend more than one setting.
We have staff who also work in other settings, including supermarkets and care homes. Can they continue to work in multiple employments?	If possible, working across settings should be avoided due to risk of cross-infection, however we understand that it may be unavoidable in some cases. The setting's management would be responsible for undertaking a risk assessment with the staff member, which should include discussion of: • Role of the individual in both settings • Any PPE requirements • Adherence to social distancing and other protective measures • Working with risk groups • Staff who work in care settings may receive regular testing even if they don't have symptoms, so they will need to let you know if they have a positive test result. 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.
I am a childminder and have a large number of children on roll over different days of the week . Should I be looking to create bubbles in my home if facilities allow it?	Although EYS are no longer required to arrange children and staff in small, consistent groups, settings should still consider how they can minimise mixing. If possible, and adequate staff to children ratios can be adhered to, it is a good idea to create 'bubbles' for children in childminding settings. This will reduce transmission risk and will reduce the number of children and staff members that are asked to self-isolate in the event of a confirmed case of coronavirus (COVID-19).
If a child is permanently changing childcare settings, is it necessary to have a 2 week 'quarantine' period between the two settings?	If a move between settings is necessary, this should ideally happen after a weekend (or after a 48-hour period when they do not usually attend the setting). If a child tests positive, contact tracing would go back 2 days before they became unwell. A gap in attendance would therefore mean that children/other staff in only one of the two settings would be exposed/need to isolate in the unlikely situation that the child developed symptoms on the first day in their new setting.
I have a group of 8 children and I work with another childminder with a group of 8 children. Can we still meet for activities?	The advice is to try to minimise the mixing of groups and also for children to attend one setting where possible. If you do choose to continue to work together the groups of children should stay as consistent as possible and should be kept at a 2-metre distance if possible+.

I am a childminder. Can I take the children I care for to the park?	Early years providers, including childminders, may take small groups of children to outdoor public spaces, for example parks, provided that a risk assessment demonstrates that they can stay 2 metres away from other people wherever possible. This should be restricted to small groups and should be done in line with wider government guidelines on the number of people who can meet in outdoor public places. Providers should not groups of more than 15 children (with at least one staff member) to public outdoor spaces at one time (please see Protective measures for out-of-school settings during the coronavirus (COVID-19) outbreak).
In a childcare setting, whilst some children come for the whole week, others attend for just part. Is this a problem?	No, this is not a problem.
If my own children attend a different childcare setting (e.g. holiday sports club), should they avoid mixing with the children I look after as a childminder?	The advice is to minimise contact between individuals as much as possible. It would be advisable to consider whether your children can avoid contact <2 metres if possible, as part of your risk assessment.
I pick up children from multiple year groups, but some are siblings so are mixing at home anyway. Is this OK?	Childminders and other settings should consider how they can work with parents and carers to reduce the need for a provider to travel with groups of children. If it is necessary for a childminder to pick up or drop off a child at school, walking is preferable. If this is not practicable, then a private vehicle is preferable to public transport. If these children are from the same household then this is preferable.

2) Wraparound/holiday care

Question	**Response**
Can I provide wraparound care to children who attend different holiday clubs and are therefore mixing with other	From the 4th July 2020, wraparound care providers operating from other (as well as school) premises have been able to open. These providers should follow protective measures outlined in Protective measures for out-of-school settings during the coronavirus (COVID-19) outbreak. Childminders and other settings should consider how they can work with parents to agree how best to manage any necessary journeys, for example

children?	pick-ups and drop-offs at schools/clubs, to reduce the need for a provider to travel with groups of children. Early years guidance says: *'Parents and carers should be encouraged to limit the number of settings their child attends, ideally ensuring their child only attends the same setting consistently.'* Your risk assessment should include this element, whereby parents are reminded that children should attend one provider where possible. However, this may not be possible in some circumstances and it is permissible for a child to attend more than one setting.

3) Infection prevention and control, cleaning and Personal Protective Equipment (PPE)

Question	**Response**
What should I do if I have problems sourcing PPE items such as gloves and aprons?	Most staff in EYS will not require PPE beyond what they would normally need for their work. PPE is only needed in a small number of cases, including: • where an individual child becomes ill with coronavirus (COVID-19) symptoms while at a setting, and only then if a distance of 2 metres cannot be maintained • 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 Please see Safe working in education, childcare and children's social care for more information. Education, childcare and children's social care settings and providers are responsible for sourcing their own PPE. If education or childcare settings are still unable to obtain the PPE that they need they can approach their Local Authority Education Team for further support.
If the same staff and children make up a bubble throughout the week, do all toys need to be cleaned every day or can it be done at the end of the week?	To help maintain cleanliness, we would suggest you remove from use all soft toys and toys with intricate parts that are hard to clean. Where practicable, remove soft furnishings, for example pillows, bean bags and rugs. All commonly touched surfaces, including toys, should be regularly cleaned on a daily basis to prevent transmission of COVID-19, even if the children and staff are in the same bubble.

As childminders, we are not allowed to use alcohol wipes with children. Where does that stand with the amount of alcohol gel we are using on their hands at the moment?	Coronavirus (COVID-19) is an easy virus to kill when it is on the skin. This can be done with soap and running water, and this should be the main form of hand cleansing in all settings. However, sometimes it is not possible to use running water at all times and in this instance, settings should use hand sanitiser. Points to consider and implement: • Ensure the setting has enough hand washing or hand sanitiser 'stations' available so that all children and staff can clean their hands regularly • Supervise use of hand sanitiser, given risks around ingestion. Small children and those with complex needs should continue to be helped to clean their hands properly. Skin friendly skin cleaning wipes can be used as an alternative. Build these routines into setting culture and ensure younger children and those with complex needs understand the need to follow them. • You can use 70% alcohol but ensure you have done an appropriate risk assessment to ensure the risk of ingestion is as low as possible.
Is it OK to use shared resources that can't be washed between uses, such as sand, playdough, etc?	Guidance recommends that resources used within a class/bubble, such as books and games, should be cleaned regularly. Resources shared between groups should be cleaned frequently and meticulously between uses or rotated to allow them to be left unused and out of reach for a period of 48 hours (72 hours for plastics). Although not explicitly mentioned in the guidance, it would be advisable not to use resources that cannot be cleaned between uses, such as sand and playdough. If you do decide to use these resources, based on the risk assessment in your particular circumstances, you might consider limiting any one 'set' for use within a single bubble/class, and/or adopt a 'quarantine' approach as mentioned above, between uses.
Are children in nursery classes expected to have their own resources, i.e. pens, paper, Lego etc., or is it acceptable that they share the class resources?	In this situation, the children will be in a bubble and so it is expected that they will be sharing a classroom including resources. Regardless, staff should ensure regular hand and respiratory hygiene, and staff should thoroughly clean the classroom after sessions and during sessions, if possible.

4) Coronavirus testing

Question	Response
How can parents get their child tested for COVID-19 if they don't drive and therefore can't access drive-in testing facilities?	Anyone with symptoms of COVID-19 should arrange to be tested as soon as possible. Tests can be requested online - here for members of the general public or here for essential workers and their households following employer referral. Those who have problems using the online service can call 119 to request a test. If you cannot access a drive-through centre, you can use the same online/phone service to request a home test kit to be posted to you, which would then be returned via courier. Educational settings should also have access to home testing kits that they can give directly to parents/carers collecting a child who has developed symptoms at school, or staff who have developed symptoms at school, if they believe they may have barriers to accessing testing elsewhere. See Coronavirus (COVID-19): home test kits for schools and FE providers for further details.
Can under 5 years old get tested for coronavirus?	Children under the age of 5 years with symptoms of coronavirus can access testing through the same route as the general population (see above).
Will settings be informed of any test results directly?	Settings will often hear from the individual who has tested positive (or their parent/guardian). In this instance they should call the DfE Helpline if they require assistance with their risk assessment. Settings 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.
What should schools do if a parent of a child with symptoms refuses to arrange for them to be tested for COVID-19?	In this scenario the school should do their best to encourage the parents to get the child tested. It might be helpful to find out what the barriers to testing are and try to address some of their concerns (for example if they think it would distress the child or that they don't have a car to access a drive-in service). Parents should also be reminded that in the absence of a test, the child and the household would have to isolate as if they had tested positive (i.e. 10 days for the child and 10 days for the household). Generally speaking, isolation of non-household contacts is not required in the absence of a positive test result, so the setting would not need to take further action at this point. However, you can always call the DfE Helpline if there are any concerns about the risk assessment. Scenarios where further action might be recommended include a symptomatic child who is a known contact of a confirmed case and has attended school within a recommended period of isolation. The local authority education team can also offer further support to help settings encourage parents to get their child tested. Please note that any actions that a school plans to take (such as asking additional children to self isolate) should always be discussed with the local education authority.
A parent has told us their child had a	Some providers have raised concerns about families using privately arranged testing to see if they have COVID-19 or not. Only NHS tests should be used

negative result from a private testing lab. Can we accept this?	where there is a suspected case. This is because we cannot be sure of the validity of other tests and because only NHS tests will be used in the Track and Trace system. It is crucial that all positive COVID-19 tests are followed up through Track and Trace to reduce the impact of any potential onward transmission. We recommend that you communicate to families that children will need to stay at home for 10 days from when they are first symptomatic unless they have a negative test result from an NHS test, in line with government guidance.

5) Possible cases

See section 7 of this pack for more details of what to do with a possible case.

Question	Response
What if we have more than one possible case – do we still wait for test results before sending any other staff/children home?	We would not routinely recommend any isolation of contacts (apart from household contacts) before a possible case is confirmed. However, if there are any concerns about the risk assessment, the DfE Helpline can support you with a risk assessment to make sure the correct course of action is taken. If you are planning to take any public health action, such as sending a bubble home, please always call your local authority education team first to discuss.
Do young children who develop a fever after having routine vaccinations still have to self-isolate (along with their household)?	PHE and NHS England guidance states that routine childhood vaccines *'may cause a fever which usually resolves within 48 hours (or 6 to 11 days following MMR). This is a common, expected reaction and isolation is not required, unless COVID-19 is suspected.'*
What should settings do if a child develops symptoms of COVID-19 and can't be driven home by their parents?	The following is taken from Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE) In non-residential settings, any child, young person or other learner who starts displaying coronavirus (COVID-19) symptoms while at their setting should, wherever possible, be collected by a member of their family or household. In exceptional circumstances, where this is not possible, and the setting needs to take responsibility for transporting them home, or where a symptomatic child or young person needs to be transported between residential settings, you should follow safe working guidance and do one of the following: • use a vehicle with a bulkhead or partition that separates the driver and passenger • the driver and passenger should maintain a distance of 2 metres from each other • the driver should use PPE, and the passenger should wear a face mask if they are old enough and able to do so
If a child/staff member has COVID-19 symptoms, gets tested	Following a negative result, the child or staff member can return to the setting, provided that they no longer have a fever and feel well enough to return. They could still have another virus, such as a cold or flu – in which case it is still best

and tests negative, can they return to the EYS even if they still have symptoms?	to avoid contact with other people until they are better. Other members of their household can stop self-isolating. An important exception is if they are a known contact of someone who has tested positive, in which case they must stay off school for the 10-day isolation period even if they test negative. This is because they can develop the infection at any point during their isolation period.
Can an EYS refuse to receive a child who has had COVID-19 symptoms back before completing 10 days of isolation, if a negative test result is not provided?	Test results are usually delivered by email and parents will probably be keen to share this if they want their child to return to the setting. If the parent(s) of a child who is a suspected case are unwilling to arrange testing or provide evidence of a negative result, and want that child to return to the setting, EYS should offer a clear explanation of why this is needed, and seek support from the local authority education team if necessary. Even if a child tests negative, they should not return to nursery if they are still unwell.
What should EYS do if a parent of a child with symptoms refuses to arrange for them to be tested for COVID-19?	In this scenario the setting should do their best to encourage the parents to get the child tested. It might be helpful to find out what the barriers to testing are and try to address some of their concerns (for example if they think it would distress the child or that they don't have a car to access a drive-in service). Parents should also be reminded that in the absence of a test, the child and the household would have to isolate as if they had tested positive (i.e. 10 days for the child and 10 days for the household). Generally speaking, isolation of non-household contacts is not required in the absence of a positive test result, so the setting would not need to take further action at this point. However, you can always call the DfE Helpline for assistance if there are any concerns about the risk assessment. Scenarios where further action might be recommended include a symptomatic child who is a known contact of a confirmed case and has attended school within a recommended period of isolation. Local authority education teams may also offer further support to help settings encourage parents to get their child tested.

We have been informed that a child/staff member has a clinical diagnosis of COVID-19 but has tested negative. Do we still not need to send any other children/staff members home?	In this scenario, a clinical diagnosis would trump a negative test and the person would be treated as a confirmed case for contact tracing purposes. Please do contact the DfE Helpline for assistance with the risk assessment if needed.

6) Confirmed cases

See section 6 of this pack for details of what to do in the event of a confirmed case.

Question	Response
Are there any circumstances where an EYS should close completely?	It is unlikely that an EYS would need to close completely, although this may rarely be necessary: 1. If the EYS is unable to operate safely due to the requirement of key staff to self-isolate, or 2. On the guidance of the Health Protection Team and Local Authority Education department, for example in a situation where there are multiple cases across different groups of children/staff. 3. Please contact your local authority education team if you are considering closing your setting.
Can a child who has tested positive (or who was symptomatic of COVID-19) return to EYS after 10 day period of isolation, even if they still have a cough?	If a child or staff member has had symptoms of coronavirus (COVID-19) and/or has tested positive, then they may end their self-isolation after 10 days and return to school, as long as they do not have symptoms other than cough or loss of sense of smell/taste. This is because a cough or anosmia can last for several weeks once the infection has gone. If they still have a high temperature, they need to keep self-isolating until their temperature returns to normal. More information can be found here.
A child/staff member recently tested positive for COVID-19 and returned to the setting after completing 10 days of isolation. However, they have just tested positive again. What does this mean?	If that person has not developed new symptoms of COVID-19 and has tested positive within three months of a previous positive test, they do not need to self-isolate again. This is because although we are confident that people only remain infectious for a period of 10 days from symptom onset, the test can pick up fragments of DNA for many weeks after this. However, if the person previously recovered, then developed new symptoms and tested positive, this will be treated as a new infection. This is because we still lack evidence that previous infection offers any long-term immunity to coronavirus.

7) Contacts

Please see section 5 of this pack for a full definition of contacts, as used by the health protection team when undertaking contact tracing.

Question	Response
What is the advice to childminders who run their childminding businesses from their home when another person in the household is isolating as a contact of someone who has tested positive for COVID-19?	Contacts of a confirmed case of COVID-19 are advised to isolate for 10 days from the last point of contact. In this circumstance it would be extremely difficult for the childminder to function unless they had a separate building from which to run their business. They would have to be absolutely sure there was no contact with or shared facilities with the person who is isolating. They should also inform the parents, and discuss with the local authority education team and Ofsted.
What should a childminder do if a member of their household displays symptoms?	At the current time, Childminders should generally try to ensure the other members of their household do not have close contact with the children being cared for. For example, they should not be allowed in the same room as the children, or to socialise or play with them in order to reduce the number of contacts that the children have. If a member of a childminder's household displays symptoms then the childminder will have to follow Stay at Home guidance and isolate for 10 days as they are a household contact of a suspected case. The children should not attend childcare. The person with symptoms should organise to have a test as soon as possible. If the test is negative, then the household contacts can return to their normal activities and the children can return to the setting.
Are there any actions that I need to take if I look after children in a setting outside my home (e.g. a church hall) and am informed that someone who uses that setting at a different time has tested positive?	Since 1 June 2020, community centres, village halls and places of worship have been able to open for providers on the early years register which usually use those premises. Providers should ensure they are acting in line with the safe working guidance and the planning guide for early years and childcare settings. They should also ensure they are managing risks related to other users of the premises. No action would need to be taken if there was no direct contact between the confirmed case and other people attending the setting at a different time.
What if I am informed that someone who lives with a child in my care, has symptoms of COVID-19?	In this scenario, the child would be a household contact of a person with coronavirus symptoms, and should follow Stay at Home guidance. They should not attend the EYS unless the person with symptoms subsequently tests negative (tests should be performed within 5 days of onset of symptoms), OR the child has completed 10 days of isolation along with the rest of the household.

8) Communication

Question	Response
Do we need to inform parents of a confirmed case in an EYS?	When a case has been confirmed in an EYS, the DfE Helpline (or health protection team if the situation has been escalated or in an outbreak situation) will provide you with letters to send to all parents to inform them. It is important to keep the specific details of the case/cases confidential so no further details about the person/s should be provided. We will also provide specific letters for children and staff who have been identified as being a contact of the case, providing further details on isolation requirements. If there have been several cases over a shorter period, we may provide you with further correspondence for parents. If you have any concerns around communication or receive any press enquiries, contact your local educational team who will be able to support you.
Do we need to inform parents of possible case/s in an EYS?	We do not routinely advise that settings inform parents of a possible case. However, you may still choose to do so based on your local knowledge of your parent body. Situations when you may decide it is helpful to inform parents of a possible case may include when there are high levels of concern or discussion amongst the parent body, if there is media interest or if there are any other complicated factors at play. The local authority education team are happy to advise you in this situation and can provide communications support. You should take care not to reveal personal details of the possible case to other parents. It is not necessary for any contacts of the suspected case to isolate. Only the possible case's household contacts should isolate until a test result is available. If contact with parents is deemed necessary, you may wish to use the template letter in Appendix C of this pack. This should be sent from the setting management (not from PHE).
Do I need to tell parents if I am informed that a child or staff member has been identified as a contact of someone with confirmed case of is COVID-19?	If a child or staff member who attends your setting has been in contact with a confirmed case of COVID-19, they should not attend until they have completed a 10 day isolation period, as recommended in Stay at Home guidance. You do not have to inform other parents at this stage. However, if you choose to do so, should take care not to reveal personal details of the child.
Do we need to tell OFSTED if one of the children we look after is a confirmed/suspected case?	Any confirmed cases of coronavirus (Covid-19) in the setting (either child or staff member), and/or if the setting is advised to close as a result, should be swiftly reported to Ofsted through the usual notification channels.

9) General Questions

Question	Response
Is there isolation guidance relating to UK holiday makers returning from specific countries?	All staff and children returning from a country where quarantine is required will be expected to do so. Once their quarantine period is completed you can accept them back to your setting. Note, only the people who are returning from abroad need to isolate, not the whole household. The requirement to isolate depends on the published guidance at the time the person re-enters the UK.
How can I publicise my setting safely?	Many settings are making excellent use of virtual tours, the internet and social media, to reassure prospective parents of the safety measures introduced and to share information about the benefits of their setting for children's care and learning. Some settings are considering appointments for visits out of hours and at weekends, when no children are present, and where social distancing can be used to ensure safety.
How can parents settle new children in?	Your risk assessment should include how this may be done safely, such as using an outdoor space or garden. Many settings are using virtual ways of introducing children to settings and practitioners/ key people via video calls, virtual tours and photos. If parents are in attendance, social distancing between parents and staff should be encouraged.
Can external professionals visit my setting?	Wherever possible, settings are encouraged to avoid visitors entering their premises. This should be included in their risk assessment. However, settings should allow essential professionals such as social workers, speech and language therapists or counsellors, or professionals to attend the setting as required. If they need to attend in person, they should closely follow the protective measures in the setting, and the number of attendances should be kept to a minimum. Where possible to do so, social distancing should be maintained.

9) Mental health and wellbeing support available for children and young people in England

Children and young people may be experiencing a variety of feelings in response to the COVID-19 pandemic such as anxiety, stress or low mood. It is important to understand that these are normal responses to an abnormal situation.

Where children are facing more serious issues, it's crucial that they can access the mental health support they need. NHS children and young people's mental health services remain open and are adapting to best support families and children, including through digital tools.

During the pandemic NHS England's Chief Executive has written to Mental Health Trusts asking them to:

- provide 24/7 all-age, open access telephone lines for urgent NHS mental health support, advice and triage and promote them locally (most helplines are now operational)
- prioritise children and young people's mental health and raise awareness of referral routes amongst local agencies and
- proactively contact and support those already known to mental health services.

We are working in partnership across education, health, the voluntary sector and local authorities to ensure that children and young people, parents and carers, and the professionals supporting them:

- can access good-quality resources
- are confident in supporting children and young people's mental health and wellbeing (as well as their own) and
- ensure access to specialist services when they're needed.

In June 2020, DfE and DHSC announced **further support for children and teachers** on mental health and wellbeing in response to coronavirus. This included training for teachers, £750k to three organisations extending support and advice to schools on tackling bullying, and grants to the Education Support Partnership and Timewise to support teachers' mental health and flexible working. They have also hosted two webinars highlighting the emerging and potential mental health and wellbeing needs of CYP in light of COVID-19; in July 2020 and published a RSHE **mental wellbeing teacher training module.**

Supporting student's mental health and wellbeing when they to return to schools

The return to school = is part of supporting the mental health and wellbeing of pupils as attendance enables social interaction with peers, carers and teachers. We expect that schools will want to focus on pastoral support and activities to re-engage and re-establish relationships with pupils alongside starting academic work.

Last year the Department for Education and Department of Health and Social Care supported by Public Health England and Health Education launched **Wellbeing for Education Return** which seeks to better equip education settings to support children and young people's wellbeing, resilience and recovery in the context of Covid-19 and associated measures. This is support offer has two parts:

- a nationally developed training package which will provide guidance and resources for education staff on responding to the impact of Covid-19 on the wellbeing of their students and pupils.
- funding for local authorities to appoint one or more local experts to work with local partners to adapt this training to your local context, deliver it to nominated staff in education settings, and provide ongoing advice and support until March 2021

The use of the funding will be determined locally, reflecting local needs, contexts and networks and led by your upper tier local authority. Please contact your local authority for more information about local plans and timelines.

Alongside this work, Public Health England launched a public-facing campaign in 2020, in partnership with key mental health charities, to encourage and support young people and their families to take positive steps to look after their mental health.

The **Every Mind Matters Campaign** is directly targeting young people aged 13-18 and parents/carers of children and young people from 5-18, with additional engagement provided via school resources. The campaigns aims are:

- Equip parents/carers and young people to take action to protect and improve children and young people's mental wellbeing
- Build mental resilience to navigate the Covid-19 outbreak and evolving mental health challenges
- Provide support for those children at greater risk of worsening mental health.

These resources were launched on **https://www.nhs.uk/oneyou/every-mind-matters/** last year as an important companion piece to DFE's safe return to school campaign. The campaign will run on radio, various social media platforms and through public relations and will drive awareness of existing resources and services available from the Government and the VCS sector to support CYP mental health. Tips for teachers to support their pupils' mental health and a refreshed lesson plan on dealing with change will be available on the **PHE School Zone**.

Supportive resources and content for children young people, families and schools

- The Government's **guidance** for schools and colleges on keeping children and young people safe during the coronavirus (COVID-19) pandemic.
- **MindEd** - a free educational resource from Health Education England on children and young people's mental health. Now includes a **Coronavirus Staff Resilience Hub** with materials on peer support, stress, fear and trauma and bereavement. Pre-existing, bitesize content includes **death and loss** (for parents and carers), **loss and grief** (for professionals including teachers) and **trauma and coping** (for parents and carers).
- **Good Thinking** digital mental wellbeing resource for London, which breaks down advice for children and young people by specific groups.
- **Rise Above for Schools** - a free website for teachers which hosts a range of mental health lesson plans suitable for Year 6, KS3 & KS4. Content is written by teachers and is accredited by the PSHE Association.
- **Anna Freud Centre** particularly their **Mentally Healthy Schools** resources and their **Schools in Mind** network on supporting young people's mental health during periods

of disruption. The Anna Freud Centre also offer Mental Health Awareness Training for school staff.

- **Place 2 Be** on improving children's mental health.
- **The Childhood Bereavement Network** includes **content** specific to COVID-19. The organisation also has a **hub for professionals** supporting bereaved children, with membership currently free until September.
- PHE has an **e-learning module** for Psychological First Aid during emergencies. This is not specific to children and young people, but school staff may still find the core principles of social and emotional wellbeing useful.
- **PHE guidance** on a whole school and college approach to promoting children and young people's mental health and wellbeing.
- If staff are unsure when it is appropriate to refer to a local NHS service, they can view their **local NHS CYMHS website** which will have more information about access and referrals, including phone numbers so you can get in touch directly for detailed advice.

Further resources to signpost to parents and carers:

- **PHE's guidance** on supporting children and young people's mental health and wellbeing
- **Every Mind Matters** includes an online tool and email journey which aims to support everyone to feel more confident in taking action to look after their mental health and wellbeing. It also includes a section for parents and carers on looking after children and young people during the outbreak.
- NHS England has published **advice** for children and young people who may be feeling overwhelmed, and **advice for parents, guardians and carers** on how to help and support a child or young person with mental ill health.
- The **British Psychological Society's advice** for parents and carers on dealing with school closures and talking to children about COVID-19.
- The Government's **online educational resources** for home education with a section on mental wellbeing.
- Virtual **Oak National Academy** for reception – Year 10 pupils, which offers daily online lessons, a weekly assembly with a pastoral focus and extra-curricular activities to help families maintain a routine at home (intended to complement, not replace, existing schools' online learning offers)**.**
- BBC Education **online learning content**, for reception to Year 10 pupils, to support home learning, with weekly wellbeing tips provided via their social media pages.
- The **Starline** parent helpline for home learning.

Local support offers for schools:

- Most **council websites** have great information about COVID-19 mental wellbeing support, including community and neighbourhood support. This includes more information about children and young people's mental health **local transformation plans** and local **health and wellbeing partnerships**.
- Local **Directors of Public Health** and their teams will be useful points of contact for helping schools to understand and access the range of local sources of support

available to help promote and protect the mental health and wellbeing of the school-age population

- Schools should also be aware of their local voluntary and community sector services. For example, the Government-backed **Place 2 Be** programme offers one to one and group counselling with children and young people as well as training to school staff to develop mentally healthy schools.

Support for children and young people:

- There is a large amount of mental health support available for children and young people, detailed in the table below. This ranges from low level emotional support to support for those in crisis.
- Schools are reminded that **NHS children and young people's mental health services (CYPMHS) remain open throughout the COVID-19 outbreak** and they are encouraged to continue referring to their local CYPMHS.

Provider	**Support available**
Children's Commissioner	A **downloadable guide** for children and young people about the coronavirus, including proactive advice to support mental wellbeing.
PHE	**Rise Above** is a website co-created and produced by young people. It aims to build resilience and support good mental health in young people aged 10 to 16. The content has been adapted to COVID-19 and includes new mental health content based on insights from young people remote schooling.
NHS	**NHS website** NHS.UK mental health information section signposting to Every Mind Matters and a range of helplines hosted by voluntary community organisations.
NHS	**NHS Apps library** helps people find apps and online tools to help manage their health and wellbeing. We are working closely with NHSX to rapidly review apps for children and young people's mental health and make them available via this apps library. For example, **Think Ninja** is an app specifically designed to educate 10-18 year olds about mental health, emotional wellbeing and to provide skills young people can use to build resilience and stay well. It has been adapted to COVID-19 to bring self-help knowledge and skills to children and young people (10-18 years old) who may be experiencing increased anxiety and stress during the crisis.
NHS	**NHS mental health providers,** including children and young people's mental health services (CYPMHS), are **continuing to operate** and many have already transitioned to delivering elements of care digitally to help maintain continuity of care and make best use of resources. For NHS mental health support, children and young people or their parents or carers can contact their GP or refer to NHS 111 online. Local CYPMH services will also have information on access on their websites. Self-referral options are commonly available and many services offer single points of access. This means there is a single set of

	contact information through which all queries and referrals are channelled through. Find out more about children and young people's mental health services **here.**
NHS	For those in **mental health crisis**, most parts of England have a helpline to access support. You can find out the number to ring for your local area at nhs.uk.
NHS	Children and young people who are caring for someone with a mental illness can self-refer to the **NHS Volunteer Responders** programme using this **link** if they are having issues shopping for food or picking up prescriptions.
Voluntary and Community Sector	Children and young people can access **free confidential support** anytime from **Government-backed voluntary and community sector organisations** by texting **SHOUT to 85258**, calling **Childline on 0800 1111** or **the Mix on 0808 808 4994**. For support with an eating disorder, children and young people can ring **Beat's Youthline on 08088010711**. Children and young people can also find online information on COVID-19 and mental health on the **Young Minds website**.
Schools	**School nurses** continue to have and maintain contact with children and young people, focussing on key public health issues such as mental health and supporting vulnerable groups including young carers. Mental health and wellbeing is also a core part of the new **RSHE curriculum**. Some schools will offer additional support from counsellors, an NHS Mental Health Support Team or a voluntary and community sector organisation such as Place 2 Be.
Local support	Most **council websites** have great information about COVID-19 mental wellbeing support, including community and neighbourhood support.

Appendix A. Checklist of information to gather before calling the DfE Helpline about a case/cases

Information required when phoning DfE Helpline about a case/s

Your name, position and contact details (phone and email)	
Name of education setting, address and postcode	
Details of which year groups attend the setting	
Local Authority	
Local Health Protection Team	
Date of onset of symptoms (or test date if asymptomatic)	
Dates in educational setting while infectious	
Year group/course of pupil who has tested positive OR role of staff member who has tested positive	
List of potential contacts in the setting (please see section 5 for contact definitions and description of who is likely to meet these in an educational setting). Please be aware that the entire pupil 'journey' or school day during the infectious period (2 days before date of symptom onset to 10 days after) should be considered – including school transport, breakfast or afterschool clubs, classes attended, break and lunchtime arrangements, etc.	

Appendix B. Social distancing reminder letter

The following is a template/example letter that can be used or adapted by settings to remind parents/carers of social distancing rules. This should come from the setting, and not from PHE or the local authority.

Date:

Dear Parent/Carer,

Firstly, I want to thank you for adhering to the government stay at home guidance, which remains a key factor in allowing schools to fully open this Autumn.

I am writing to remind you of the important role **you** play in helping schools to remain open. It is vitally important that you and your family continue to follow Guidance on social distancing for everyone in the UK as this enables the measures that the school have put in place to be as effective as possible in addressing the challenges presented by coronavirus.

We can all help to control coronavirus if we all stay alert, this means:

- stay at home as much as possible
- limit contact with other people
- keep your distance if you go out (2 metres apart where possible)
- wash your hands regularly

Unfortunately, despite recent relaxation of social distancing measures, this still means that some traditional child activities, such as sleepovers should be avoided. I acknowledge that this is really hard for children but is an important part of your role in reducing transmission.

It is also important that people should avoid sharing a private vehicle with members of another household as you will not be able to keep strict social distancing guidelines. Please consider walking, cycling or using your own vehicle if you can and follow Coronavirus (COVID-19): safer travel guidance for passengers if using public transport or a private vehicle.

You should try not to share a vehicle with those outside your household or support bubble. If you need to do this, try to:

- share the transport with the same people each time
- keep to small groups of people at any one time
- open windows for ventilation
- travel side by side or behind other people, rather than facing them, where seating arrangements allow
- face away from each other
- consider seating arrangements to maximise distance between people in the vehicle
- clean your car between journeys using standard cleaning products - make sure you clean door handles and other areas that people may touch
- ask the driver and passengers to wear a face covering

Yours sincerely,

Appendix C. Template letters for parents following possible or confirmed case/s

The following are template/example letters that can be used or adapted by settings to inform parents/carers of a possible or confirmed case. This should come from the setting, and not from PHE or the local authority.

Template letter to all parents following a possible case in setting

Dear Parent/carer,

I am writing to let you know that a staff member / child at the school / nursery is currently self-isolating with symptoms of coronavirus (COVID19). This child/member of staff will now need to be tested.

In line with Public Health England (PHE) Guidance, at present there is no need for us to advise anyone else at school / nursery to stay at home. We are assured that health protection advice offered to us is based on the best available evidence and considers a range of COVID19 and non-COVID19 related risks. Symptoms of COVID19 can be caused by a range of infections that are particularly common among school aged children. As such, closure of bubbles or similar actions are usually only necessary when someone at school has tested positive.

If the test result does come back positive, we will of course be in touch at the earliest opportunity to explain what further action we are advised to take.

In the meantime, the school / nursery is reinforcing the recommended advice to reduce the spread of COVID19 infection. This includes encouraging children to wash their hands, more frequent cleaning, and following the Government's guidance for social distancing in schools / nurseries.

Please continue to be vigilant for any symptoms, as is recommended for all members of the public. If your child or another person in your household develops COVID19 symptoms, your child should not come into school and they should get tested as soon as possible. Please see further information at the end of this letter.

Yours sincerely

Headteacher

Symptoms of COVID19

The most important symptoms of coronavirus (COVID19) are recent onset of any of the following:

- a new continuous cough
- a high temperature
- a loss of, or change in, your normal sense of taste or smell

For most people, coronavirus (COVID19) will be a mild illness. However, if you have any of the symptoms above you must stay at home and arrange to have a test to see if you have COVID19 www.nhs.uk/conditions/coronavirus-covid19/testing-and-tracing

Anyone who lives with a person who has developed any of the symptoms above must stay at home and not leave the house for 10 days. Stay at home guidance can be found here:

https://www.gov.uk/government/publications/covid19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid19-infection

How to stop COVID19 spreading

These are the most important things you can do to protect yourself and others from coronavirus:

Do:

- follow the government's rules on social distancing
- 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

Don't

- do not touch your eyes, nose or mouth if your hands are not clean

Face coverings

If you can, wear something that covers your nose and mouth in places where it's hard to stay away from other people.

There are some places where you must wear a face covering, such as:

- on public transport
- in shops
- when you go to hospital appointments or visit someone in hospital

Important: Some people should not wear face coverings, such as children under 3 and people with breathing difficulties.

Further Information is available at: www.nhs.uk/conditions/coronavirus-covid19/

Sample letter to parents following a confirmed case/s

Dear Parents,

We have been advised by Public Health England that there has been a confirmed case of COVID-19 within the school.

We know that you may find this concerning, but 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 close contact with the individual who has tested positive for coronavirus (COVID-19) have received a letter informing them that their child must stay at home for 10 days.

The school remains open and your child should continue to attend as normal if they remain 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 10 days. This includes anyone in your 'Support Bubble'.

Further information 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 10-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 10 days will greatly reduce the overall amount of infection the household could pass on to others in the community

If you are able, 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

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

- a new continuous cough
- a high temperature
- a loss of, or change in, your 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 the nhs.uk website at https://www.nhs.uk/conditions/coronavirus-covid-19/check-if-you-have-coronavirus-symptoms/. If you are concerned about your child's symptoms, or they are worsening you can seek advice from NHS 111 at https://111.nhs.uk/ 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 D. Email template for contacting your local HPT for advice/support with COVID-19

You can often receive a quicker response from your local HPT by emailing them, with the completed form in this Appendix, to the following addresses:

Thames Valley HPT ICC.TVPHEC@phe.gov.uk

Hampshire & Isle of Wight HPT ICC.HIOW@phe.gov.uk

Surrey & Sussex HPT ICC.SurreySussex@phe.gov.uk

Kent HPT ICC.Kent@phe.gov.uk

Please include as much of this information as possible to inform our risk assessment and advice to you.

You are welcome to add any further details but **please do not include any information that could potentially be used to identify individuals**, including name, date of birth, or address. Any such information must be sent securely or provided over the phone.

Fields marked with a star* are always required

Basic Information		
Date		
Name of educational setting*		
Your main reason for contacting the local HPT	For information ☐	
	SEND school ☐	
	Large number of cases in setting reaching threshold ☐	
	Specific query- please specify ☐	
What question/s would you like us to answer?*		
Have you contacted the local HPT before? If so, please give your reference number (HPZone reference)*		
Type of educational setting (please mark all that apply)	Early years / nursery	
	Primary school	
	Secondary school	
	SEND school	
	Further education college	
	Boarding school	

Address		
Post code*		
Total number of staff in school		
Total number of students in School		
Contact details		
Main contact person* - name		
Main contact person – role		
Contact telephone number* (if including a mobile number please let us know what times are ok to call, as we work past The end of the school day)		
Email address for our reply*		
Other point of contact and contact details		
Situation information		
Total number of students with a positive test result in the previous 14 days		
<u>For boarding schools only</u>: Please specify case numbers for boarding and/or day pupils	**No. of cases in boarding pupils**	**No. of cases in in day pupils**
Which years/classes are these students in? Please let us know how many confirmed Cases in each.		
How many households are affected? (Are there any Siblings amongst the confirmed cases)		
Total number of staff with a positive test result in the previous 14 days		
Staff and children identified as close contacts and advised to self isolate		
Early years settings- How many individual children or bubbles have been excluded? For each bubble, please give the approx. number of students and staff excluded		

Primary schools – how many bubbles have been excluded? For each bubble, please give the number of students with a Positive test	
Secondary schools – how many students have been excluded as contacts? Please give this by year if several years are affected	
Hospital admissions	
Have any students or staff been admitted to hospital?	
Have there been any admissions to intensive care or deaths?	
Actions taken	
Have you had any support already from DfE helpline/local public health- please specify	
Please tell us what actions you have already taken	

Appendix E. School Guideline Flowcharts

Public Health England

PHE SE COVID-19 Flowchart for Primary Schools and Early Years Settings

What happens if there is a confirmed case(s) of COVID-19 in our Primary or Early Years setting?

Did the positive student/staff member attend school during the infectious period: 2 days before symptom onset (or test date if asymptomatic) to 10 days after?

✓ NO – no further action required by school beyond supporting student(s) as necessary during self-isolation

✗ YES – school carries out an on-site risk assessment using checklist

South East HPT email:

Thames Valley HPT
ICC.TVPHEC@phe.gov.uk

Hampshire & IOW HPT
ICC.HIOW@phe.gov.uk

Surrey & Sussex HPT
ICC.SurreySussex@phe.gov.uk

Kent HPT
ICC.Kent@phe.gov.uk

- Case should already be isolating at home.
- They should remain in isolation until 10 days have passed from symptom onset.
- The case's household (including siblings that attend other schools should isolate for **10 days**

Who is a direct contact?

Direct close contacts:
- Direct face-to-face e.g. being coughed on or spoken to contact for any length of time OR within <1 metre for ≥ 1 minute.

Proximity contacts:
- <2 m for 15 minutes.

Travel contacts:
- Shared a small vehicle

The school carries out on-site risk assessment to identify potential contacts during this period at:

- Large/small group sessions
- Additional on-site/ academic activities e.g. clubs/societies
- Events and trips

If any of the following criteria are met, contact the **SE HPT**
- ≥ 10% of a bubble is cases within 14 days
- ≥ 10% of staff are cases within 14 days
- ≥ 3 bubbles are cases
- There have been any hospitalisations
- Your school is a SEND school
- 2 or more boarders/staff in a residential school

To identify contacts, use the risk **assessment checklists**, and:

- Attendance records, Seating plans and charts (if available).
- Speak to student (as necessary)

- Contacts are informed to self-isolate for **10 days** from date of last contact with template letters from parents and staff.
- The **wider school** is sent an inform and advise letter
- Inform your **Local Authority** of situation

If you need advice or support you can access **the government schools guidance online** or contact the DfE helpline on **0800 046 8687**

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Public Health England

PHE SE COVID-19 Flowchart for Secondary School Settings

What happens if there is a confirmed case(s) of COVID-19 in our Secondary School setting?

Did the positive student/staff member attend school during the infectious period: 2 days before symptom onset (or test date if asymptomatic) to 10 days after?

✓ NO – no further action required by school beyond supporting student(s) as necessary during self-isolation

✗ YES – school carries out an on-site risk assessment using checklist.

South East HPT email:

Thames Valley HPT
ICC.TVPHEC@phe.gov.uk

Hampshire & IOW HPT
ICC.HIOW@phe.gov.uk

Surrey & Sussex HPT
ICC.SurreySussex@phe.gov.uk

Kent HPT
ICC.Kent@phe.gov.uk

- Case should already be isolating at home
- They should remain in isolation until 10 days have passed from symptom onset
- The case's household (including siblings that attend other schools should isolate for **10 days**

Who is a direct contact?

Direct close contacts:
- Direct face-to-face e.g. being coughed on or spoken to contact for any length of time OR within <1 metre for ≥ 1 minute.

Proximity contacts:
- <2 m for 15 minutes.

Travel contacts:
- Shared a small vehicle

The school carries out on-site risk assessment to identify potential contacts during this period at:

- Large/small group sessions
- Additional on-site/ academic activities e.g. clubs/societies
- Events and trips

If any of the following criteria are met, contact the **SE HPT**
- ≥ 5 students are cases in one school year within 14 days
- ≥ 10% of staff are affected within 14 days
- ≥ 3 bubbles are affected
- There have been any hospitalisations
- Your school is a SEND school
- 2 or more boarders/staff in a residential school

To identify contacts, use the risk **assessment checklist**, and:

- Attendance records, Seating plans and charts (if available).
- Speak to student (as necessary)

- Contacts are informed to self-isolate for **10 days** from date of last contact with template letters from parents and staff.
- The **wider school** is sent an inform and advise letter
- Inform your **Local Authority** of situation

If you need advice or support you can access **the government schools guidance online** or contact the DfE helpline on **0800 046 8687**

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