



Public Health  
England

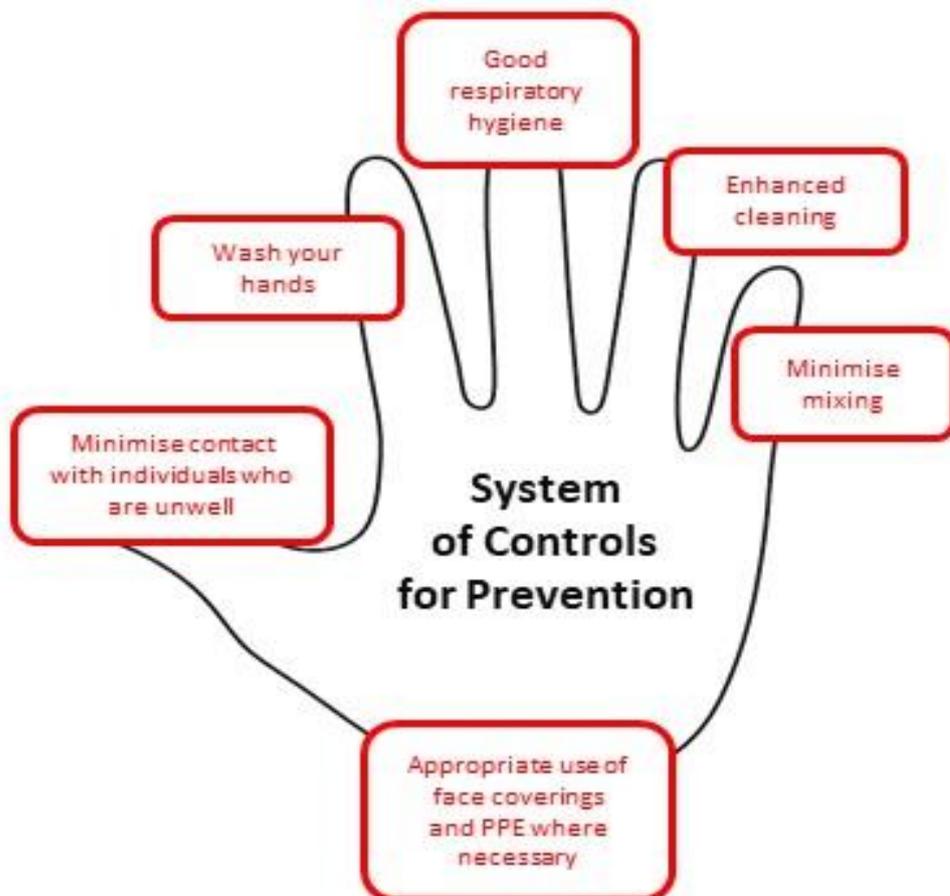


Protecting and improving the nation's health

# PHE South East Educational Settings Working Group COVID-19 Resource Pack for Educational Settings

Version 02.00

24<sup>th</sup> September 2020



## 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 Page 1.**
- **We advise that you refer to [Education and Childcare guidance](#) in addition to this document, and updates from PHE and your local authority.**
- **Please also see *Managing Suspected and Confirmed COVID-19 cases in Childcare and Educational Settings* (FLOWCHART) that should be sent out with this pack.**
- **Key local contacts are given on page 4.**

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## 1) Key contacts

### **Surrey and Sussex Health Protection Team**

During working hours (9am-5pm Monday to Friday): 03442253861

Out of hours advice: 0844 967 0069

Email: [SSHPU@phe.gov.uk](mailto:SSHPU@phe.gov.uk)

### **DfE Coronavirus Helpline**

Contact the DfE Coronavirus Helpline to notify of a single confirmed case.

You can also call the Helpline if you have a general query about coronavirus (COVID-19) relating to schools and other educational establishments, and children's social care.

Email: [dfecoronavirushelpline@education.gov.uk](mailto:dfecoronavirushelpline@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-4pm for single case notification)

### **Local Authority Public Health Department**

Phone: 0208 541 7976

Email: [healthprotection@surreycc.gov.uk](mailto:healthprotection@surreycc.gov.uk)

### **Local Authority Education Department**

Email: [school.relationships@surreycc.gov.uk](mailto:school.relationships@surreycc.gov.uk)

## 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 1<sup>st</sup> 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 in the PHE South East region the Flowchart that has been circulated with this pack provides a similar local resource to these action cards)

### 3) Key messages

#### 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](http://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 14 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/](http://www.nhs.uk/conditions/coronavirus-covid19/)

## 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
- a person who has travelled in a small vehicle *with* someone who has tested positive for coronavirus (COVID-19) or in a large vehicle *near* someone who has tested positive for coronavirus (COVID-19)
- people who spend significant time in the same household as a person who has tested positive for coronavirus (COVID-19)

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 the setting who will be asked to self-isolate, on the basis that they meet the contact definitions on the previous page. Please be aware that this is for information only – you will always be guided through the risk assessment when you call the DfE Helpline or health protection team and will not be expected to make independent decisions regarding isolation of contacts. However, it is always useful to have considered this in advance (see Appendix B for a checklist of information that you should have to hand when reporting a confirmed case/s).

<b>IMPORTANT</b>
<ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li><li>• Only people who meet standard contact definitions during this time need to be advised to self-isolate.</li></ul>
<b>CHILDMINDERS</b>
<ul style="list-style-type: none"><li>• 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.</li></ul>
<b>EARLY YEARS FOUNDATION STAGE TO YEAR 2</b>
<ul style="list-style-type: none"><li>• Usually children who shared a classroom with the case during their infectious period would be considered contacts, on the basis that social distancing is assumed not possible.</li><li>• Check friendship groups. Identify contacts as children who are known to have had definite face to face contact with them during their infectious period.</li><li>• Check for staff members who have had close contact with the case during the infectious period.</li></ul>
<b>KEY STAGE 2 (YEAR 3 TO 6)</b>
<ul style="list-style-type: none"><li>• If children mix a lot within the classroom then the whole class would usually be defined as contacts.</li><li>• 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.</li><li>• Check friendship groups. Identify contacts as children who are known to have had definite face to face contact with them during their infectious period</li><li>• Check for staff members who have had close contact with the case during the infectious period.</li><li>• Check for other identifiable 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</li><li>• 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.</li></ul>

**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 contacts as students who sat within 2 metres of the case during their infectious period in school/FE college
- Check friendship groups. Identify contacts as students who are known to have had definite face to face contact with them during their infectious period
- Check for staff members who have had close contact with the case during the infectious period.
- Check for other identifiable 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 suspected and confirmed cases

*PLEASE REFER TO THE FLOWCHART SENT OUT WITH THIS PACK: Managing Suspected and Confirmed COVID-19 cases in Childcare and Educational Settings*

### SUSPECTED 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 14 days and monitor for symptoms. Unless the suspected case subsequently tests negative, these contacts must self-isolate for the full 14 days, even if the contacts themselves test negative within this period. This is because they can develop COVID-19 up to 14 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 suspected 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 HPT.

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](#) on 0800 046 8687 (Monday-Friday 8am-6pm and Saturday-Sunday 10am-4pm) and select option 1 (please have date of onset of symptoms to hand).

**If the child or staff member tests negative** for COVID-19, 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 a distance of 2 metres 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](#).

## CONFIRMED CASES

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

- For single confirmed cases, you should contact the [DfE Helpline](#) on 0800 046 8687 (option 1) as soon as possible. The line is open Monday-Friday 8am-6pm and Saturday-Sunday 10am-4pm. 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 HPT rather than the DfE Helpline. This is because these settings are likely to be more complex and would be escalated to the HPT from the Helpline team.
- 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 call handler identifies a complex or potential outbreak situation, this will be referred to the HPT for further management.
- 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 14 days, even if within this time an asymptomatic contact themselves tests negative. This is because they can develop COVID-19 up to 14 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, or you might be asked 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 14 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.
- You will be provided with detailed information on actions you need to take.
- Following your conversation 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 case at the 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. Please call your local HPT at the earliest opportunity. You can find their contact details in section 1, or by clicking [here](#).
- Please see Appendix B for a checklist of information to have to hand when calling the HPT.
- As with single cases, a thorough risk assessment will be undertaken and you will be offered detailed information on actions you need to take and offered communications support.
- Following your conversation 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 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).
- In some circumstances, an outbreak control team meeting may be convened, or wider swabbing arranged in the setting.
- You should contact the HPT again if:
  - The situation worsens
  - There are any hospitalisations or complex cases
  - There is any media interest
  - There are any other concerns you need support with

## 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](http://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
<p>What should/could a school do if we know that a student is not adhering to social distancing outside school?</p>	<p>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 schools guidance provides further detail on behaviour expectations and how to manage this in the setting.</p>
<p>Some of our classes are a distinct group but work in the same room as another class. Is this OK?</p>	<p>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.</p> <p>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.</p>
<p>Should twins who attend the same school always be placed in the same class?</p>	<p>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.</p>
<p>If we need to move a child or staff member between bubbles, do they need a period of "quarantine" first?</p>	<p>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.</p>
<p>Can teaching or support staff safely work across two or more bubbles?</p>	<p>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.</p> <p>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</p>

	<p>may have to isolate for 14 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 14 days.</p> <p>Cross-bubble working may be chosen as a practical solution to offering a full curriculum after alternatives have been considered, particularly where teaching staff <i>are</i> able to socially distance from children.</p> <p>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.</p>
<p>We have staff at school who also work in other settings, including supermarkets and care homes. Can they continue to work in multiple employments?</p>	<p>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:</p> <ul style="list-style-type: none"> <li>• Role of the individual in both settings</li> <li>• Any PPE requirements</li> <li>• Adherence to social distancing and other protective measures</li> <li>• Working with risk groups</li> <li>• 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.</li> </ul> <p>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.</p>
<p>Is the headteacher able to move around the school?</p>	<p>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.</p>
<p>Can non-teaching staff, such as lunchtime supervisors, supervise more than one bubble?</p>	<p>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.</p>
<p>Is it OK for us to use our on-site swimming pool?</p>	<p>It is up to the setting to risk assess use of the pool and to implement necessary protective measures. You may find <a href="#">government guidance on leisure facilities</a> a useful resource in this process. If the pool is on school premises, its use will be regulated by the Health and Safety Executive.</p>

<p>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?</p>	<p>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 of 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.</p>
<p>Is it safe for us to use school changing rooms?</p>	<p>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.</p>
<p>Will we be allowed to hold events at school in the autumn term, for example fundraising events, school shows or religious celebrations?</p>	<p>If planning an indoor or outdoor face-to-face performance in front of a live audience, schools should follow the latest advice in the DCMS <a href="#">performing arts</a> guidance, implementing events in the lowest risk order as described. If planning an outdoor performance they should also give particular consideration to the guidance on delivering <a href="#">outdoor events</a>.</p> <p>If settings are planning events for the autumn term that would involve external visitors to school, it may be worth bearing in mind the general public guidance on <a href="#">Staying Alert and Safe (social distancing)</a></p> <p>At present, the public is advised to only socialise indoors with members of up to two households, or outdoors in a group of up to six people from different households, or in larger groups if everyone is exclusively from one or two households.</p>

## 2) Face coverings and PPE

Guidance on the use of face coverings in educational settings is under constant review and was being updated at the time of writing these FAQs. 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 now 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
<p>Why are face coverings compulsory in shops and on transport, but not routinely recommended in educational settings?</p>	<p>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, face coverings will not be necessary in the classroom, even where social distancing is not possible. Face coverings would have a negative impact on teaching and their use in the classroom should be avoided.</p> <p>In primary schools 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. Primary school children will not need to wear a face covering.</p> <p>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.</p> <p>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 <a href="#">exempt from wearing face coverings</a>.</p> <p>Please note that:</p> <ul style="list-style-type: none"> <li>• The use of face coverings does not replace other measures in the system of controls should already be in place.</li> <li>• It is vital that face coverings, if worn, are used correctly and that clear instructions are provided to staff, children and young people on <a href="#">how to put on, remove, store and dispose of face coverings</a> to avoid inadvertently increasing the risks of transmission.</li> <li>• 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).</li> </ul>

<p>What if teachers/other staff members wish to use face coverings outside of the setting's policy or national guidance?</p>	<p>Please see <a href="#">up to date guidance</a> on the use of face coverings in educational settings.</p> <p>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.</p> <p>It is vital that face coverings, if worn, are used correctly and that clear instructions are provided to staff, children and young people on <a href="#">how to put on, remove, store and dispose of face coverings</a> to avoid inadvertently increasing the risks of transmission.</p>
<p>Can visors be used in place of face coverings?</p>	<p>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.</p>
<p>Should external visitors to school be wearing face coverings?</p>	<p>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.</p> <p>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.</p> <p>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.</p>
<p>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?</p>	<p>NHS staff will be working to their own organisation's risk assessment, which may or may not recommend use of PPE.</p> <p>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.</p>

### 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?	<p>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, <a href="#">safer travel guidance for passengers in private cars</a> should be followed (this includes information about the use of face coverings).</p> <p>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.</p> <p>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 14 days. This is likely to be the case even if face-coverings were used by all passengers.</p>
If we are planning to take children on school trips using our own, or a privately hired vehicle, should teachers and pupils have to wear face coverings?	<p>In the autumn term, schools can resume non-overnight domestic educational visits (see Full Opening guidance for more information). When completing a risk assessment for such visits, settings should refer to school transport guidance, which would also apply to such trips.</p> <p>According to this guidance, those travelling on dedicated school transport aged 11 and above are recommended to wear face coverings (note that exemptions apply).</p>
Can we use 'walking buses' to 'transport' children in different bubbles between settings, for example to access after school care?	<p>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 <a href="#">on guidance produced for summer holiday childcare</a>.</p> <p>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.</p>

	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 14 days.
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#### 4) High risk groups

Question	Response
How can schools identify children at comparatively high risk for coronavirus?	<p>There is no specific system to inform schools which children fit into 'clinically vulnerable' or 'clinically extremely vulnerable' categories, as described <a href="#">here</a>.</p> <p>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.</p> <p>From 1 August 2020, the vast majority of children and young people who have been previously identified as 'clinically extremely vulnerable' will no longer need to shield and will be able to attend school. However, there will be a small number of children and young people who will still be shielding because they are following clinical advice after consultation with their specialist health professional. Note that advice may change in the event of an increase in coronavirus cases locally or where <a href="#">local restrictions apply</a>. You can find more advice from the Royal College of Paediatrics and Child Health at <a href="#">COVID-19 - 'shielding' guidance for children and young people</a>.</p>
How do we identify which staff need individual risk assessments? Can we get help for this?	<p>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 <a href="#">Guidance for full opening: schools</a> and <a href="#">HSE guidance on working safely</a> for further details on risk assessment. You can approach your local authority education department for further advice on individual risk assessments where necessary.</p>

## 5) Boarding schools and other residential settings

Question	Response
<p>Can a boarding house form a household?</p>	<p>It is up to individual settings as to how they implement <a href="#">guidance on isolation for residential educational settings</a>, since variation between settings precludes any blanket policy.</p> <p>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.</p> <p>When deciding what constitutes a 'household', you should consider:</p> <ul style="list-style-type: none"> <li>• capacity to limit 'household' size using the resources and facilities available to you</li> <li>• what measures you already have in place (e.g. system of bubbles for teaching in the wider school)</li> <li>• implications for a suspected case and confirmed case, including how teaching and care will be delivered in both scenarios</li> </ul> <p>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.</p>
<p>How do we ensure safe 'quarantine' arrangements for international students coming from countries that are not on the travel corridors list?</p>	<p>Guidance on this has recently been published. Please see <a href="#">Coronavirus (COVID-19): guidance for residential educational settings with international students under the age of 18</a></p>
<p>How does this work if you have different year groups in a boarding house all sharing bathroom facilities etc?</p>	<p>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.</p>

<p>At what point do you isolate a household/boarding house?</p>	<p>Isolation guidelines for households in residential educational settings are the same as for households among the general public. See <a href="#">the household self-isolation policy</a>.</p>
<p>What guidance can we give to the House staff living in the boarding house?</p>	<p>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 <a href="#">guidance on isolation for residential educational settings</a>.</p>
<p>If a child develops symptoms, who should take them to a testing centre and how?</p>	<p>If a child or staff member develops coronavirus (COVID-19) symptoms, a test can be <a href="#">requested online</a> (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 <a href="#">Coronavirus (COVID-19): home test kits for schools and FE providers</a> for further details.</p> <p>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 <a href="#">guidance on safe working in education, childcare and children's social care settings</a>, which recommends one of the following options for transporting a symptomatic child between residential settings:</p> <ul style="list-style-type: none"> <li>• use a vehicle with a bulkhead or partition that separates the driver and passenger</li> <li>• the driver and passenger should maintain a distance of 2 metres from each other</li> <li>• the driver should use PPE, and the passenger should wear a face mask if they are old enough and able to do so</li> </ul>
<p>What is the protocol for a positive case in a boarding environment?</p>	<p>Please see section 6 for management of confirmed cases. For single confirmed cases, boarding schools should call the health protection team, rather than the DfE helpline. This is because these settings are likely to be more complex. Contacts may be identified both in the academic and residential setting. For the residential setting or 'household' of the case, <a href="#">the household self-isolation policy</a> will apply.</p>

## 6) Coronavirus testing

Question	Response
<p>Should settings consider investing in private COVID-19 testing for our pupils and staff, in order to identify cases quickly?</p>	<p>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 - <a href="#">here</a> for members of the general public or <a href="#">here</a> for essential workers and their households following employer referral. Those who have problems using the online service can call 119 to request a test.</p> <p>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 <a href="#">position statement</a> from PHE useful.</p> <p>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 &amp; Healthcare products Regulatory Agency has published <a href="#">guidance on COVID-19 tests and testing kits</a> which you might find useful.</p>
<p>Should settings consider investing in private antibody testing for our pupils and staff, so we know who has already had the infection?</p>	<p>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.</p> <p>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 <a href="#">guidance on Types and uses of coronavirus (COVID-19) tests</a> for more information.</p> <p>At the moment, there is no evidence that prior coronavirus infection does not prevent 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.</p>
<p>How can parents get their child tested for COVID-19 if they don't drive and therefore can't access drive-in testing facilities?</p>	<p>Anyone with symptoms of COVID-19 should arrange to be tested as soon as possible. Tests can be requested online - <a href="#">here</a> for members of the general public or <a href="#">here</a> for essential workers and their households following employer referral. Those who have problems using the online service can call 119 to request a test.</p> <p>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.</p> <p>Educational settings should also have access to home testing kits that they can give directly to parents/carers collecting a child who has developed</p>

	<p>symptoms at school, or staff who have developed symptoms at school and you believe they may have barriers to accessing testing elsewhere. See <a href="#">Coronavirus (COVID-19): home test kits for schools and FE providers</a> for further details.</p>
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?	<p>Positive test results among individuals who attend an educational setting are escalated to the health protection team via the NHS Test and Trace system. However, settings will often hear from the individual who has tested positive (or their parent/guardian) before they are called by the health protection team. In this instance they should call the health protection team as soon as possible.</p> <p>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.</p>
What should schools do if a parent of a child with symptoms refuses to arrange for them to be tested for COVID-19?	<p>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 particular 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 14 days for the household).</p> <p>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 your local health protection team 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. Health protection teams may also offer further support to help settings encourage parents to get their child tested.</p> <p>Please note that any actions that a school plans to take that have not been advised by PHE should always be discussed with the local education authority.</p>

## 7) Suspected cases

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

Question	Response
<p>What if we have more than one suspected case – do we still wait for test results before sending any contacts home?</p>	<p>The health protection team 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 your local health protection team so that they can support you with a thorough risk assessment to make sure the correct course of action is taken. You should always call the health protection team if you have an overall rise in sickness absence where coronavirus (COVID-19) is suspected.</p> <p>If you are planning to take any public health action, such as isolation of contacts, please always call your health protection team first to discuss. You will be able to speak to a health protection practitioner between 8am and 10pm, 7 days a week (although there is someone on call 24 hours a day if needs be).</p>
<p>What kind of cleaning do we need to do if someone in the setting has been sent home after developing symptoms of COVID-19?</p>	<p>The following is taken from <a href="#">Guidance for Full Opening: Schools</a>, under 'Prevention':</p> <p>1. Minimise contact with individuals who are unwell':</p> <p>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.</p> <p>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</p> <p>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.</p> <p>Use one of the options below:</p> <ul style="list-style-type: none"> <li>• a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.)</li> <li>• 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</li> <li>• if an alternative disinfectant is used within the organisation ensure that it is effective against enveloped viruses</li> </ul> <p>For detailed cleaning guidance, please see <a href="#">COVID-19: cleaning of non-healthcare settings</a>.</p>
<p>What should settings do if a pupil develops symptoms of COVID-19 and can't be driven home by their parents?</p>	<p>The following is taken from <a href="#">Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE)</a></p>

	<p>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 <a href="#">safe working guidance</a> and do one of the following:</p> <ul style="list-style-type: none"> <li>• use a vehicle with a bulkhead or partition that separates the driver and passenger</li> <li>• the driver and passenger should maintain a distance of 2 metres from each other</li> <li>• the driver should use PPE, and the passenger should wear a face mask if they are old enough and able to do so</li> </ul>
<p>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?</p>	<p>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.</p> <p>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 14 day isolation period even if they test negative. This is because they can develop the infection at any point up to day 14 (the incubation period for COVID-19).</p>
<p>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?</p>	<p>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, <a href="#">Guidance for Full Opening: Schools</a> 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. For individual cases and risk assessments, settings should seek advice from their local health protection team or local authority education department.</p>
<p>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?</p>	<p>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 your local health protection team at the earliest possible opportunity to discuss the risk assessment.</p>
<p>Can children with cold symptoms (e.g. snotty nose), sore throats or tummy aches still attend school?</p>	<p>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 <a href="#">guidance from the Royal College of Paediatrics and Child Health (RCPCH)</a> might be helpful.</p>

## 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. Alternatively, settings might receive a call from their local health protection team. This is because the NHS Test and Trace system automatically escalates all positive results for people who attend 'complex settings' (such as schools, colleges, care homes, prisons, etc.). Whereas individuals are generally advised by call handlers using a script, complex settings will always be managed by health protection experts.
Are there any circumstances where a school should close completely?	<p>It is unlikely that a school would need to close completely, although this may rarely be necessary:</p> <ol style="list-style-type: none"> <li>1. If the school is unable to operate safely due to the requirement of key staff to self-isolate, or</li> <li>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.</li> </ol> <p>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.</p>
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 <a href="#">here</a> .
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?	<p>If that person has <b>not</b> developed new symptoms of COVID-19 and has tested positive within six weeks 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.</p> <p>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.</p>

## 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?	<p>If the positive case attended their educational setting in the 2 days prior to developing symptoms, their close contacts in the setting will be advised to self-isolate. The health protection team will help the setting identify these contacts and would support the setting to communicate with them. See below for a detailed description of 'contacts'.</p> <p>The case's household contacts and any additional non-household contacts would be traced by the NHS test and trace programme and advised accordingly.</p>
Who is considered a contact in an educational setting?	<p>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 5 of this pack for a full definition for contact tracing purposes.</p> <p>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.</p>
For the purposes of contact tracing, what is a household?	<p>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 <a href="#">'support bubble'</a>.</p>
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 14 days?	<p>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).</p> <p>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).</p> <p>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.</p>
Should a child/staff member come to school if a member of their household has COVID-19 symptoms?	<p>No. If a member of the child's household is unwell with COVID-19 symptoms then the child/staff member should isolate for 14 days starting from the day the household member(s) became ill and follow then <a href="#">stay at home guidance</a>.</p>

	<p>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.</p>
<p>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?</p>	<p>If someone is a contact of a confirmed case, only they need to isolate, not their household contacts.</p> <p>If they become symptomatic however, they should get tested and their household contacts should isolate for 14 days.</p> <p>In the example given – the child whose bubble has been advised to isolate for 14 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.</p>
<p>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?</p>	<p>Contacts of confirmed cases are required to self-isolate as instructed by NHS test and trace.</p> <p>If this situation occurs, you might wish to remind parents of stay at home guidance for <a href="#">household</a> and <a href="#">non-household</a> settings. If you have concerns, please contact your local health protection team and local authority education team for advice.</p>
<p>If a contact tests negative within their recommended isolation period, can they return to setting?</p>	<p>No. They must stay off school for the full 14 day isolation period, even if they test negative. This is because they can develop the infection at any point up to day 14 (the incubation period for COVID-19).</p>
<p>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?</p>	<p>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.</p>
<p>If we have a confirmed case of COVID-19 at school/nursery, must we give the details of that child/staff member to PHE, even if the parents do not want this information shared?</p>	<p>Because COVID-19 is a <a href="#">statutory notifiable disease</a>, details of any confirmed cases (and suspected cases if requested) need to be provided 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 <a href="#">Public Health (Control of Disease) Act 1984</a> and the <a href="#">Health Protection (Notification) Regulations 2010</a>.</p> <p>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 us, we will ask the setting to report to us the numbers of children and staff who have been exposed to that person. Depending on the complexity of the situation, we 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).</p>

	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 health protection team with details of all contacts of a positive case in the setting?	<p>Following notification of a positive case, your local health protection team will work with you to identify contacts who will be asked to self-isolate. Generally speaking, 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).</p> <p>However, if the situation is more complicated, or there is a need to arrange wider swabbing, we may need individual details of contacts. This would always be discussed with the setting.</p>

### 10) Communication

Question	Response
Do we need to inform parents of a confirmed case in school/college?	<p>When a case has been confirmed within the school/college, the health protection team will provide you with letters to send to all parents to inform them. It is important to keep the specific details of the case confidential so no further details about the person 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.</p> <p>If there have been several cases over a shorter period, we may provide you with further correspondence for parents.</p> <p>If you have any concerns around communication or receive any press enquiries, contact your local health protection team and your local educational team who will be able to support you.</p>
Do we need to inform parents of suspected case in school/college?	<p>We do not routinely advise that educational settings inform parents of a suspected 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 suspected 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.</p> <p>The health protection team and local 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 suspected case to other parents. It is not necessary for any contacts of the suspected case to isolate. Only the suspected 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 from PHE).</p>
Should we tell Ofsted if we have a confirmed case or outbreak?	Schools aren't expected to notify Ofsted about suspected 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, 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 7 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](http://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
<p>Which guidance should I refer to if I have both younger children and those older than 5 years old in my setting?</p>	<p>Since 20 July, EYS have no longer been required to keep children in small, consistent groups but can return to normal group sizes. Settings should refer to <a href="#">early years guidance</a> 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.</p> <p>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 <a href="#">Protective measures for out-of-school settings during the coronavirus (COVID-19) outbreak</a> which includes guidance on group sizes.</p> <p>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.</p>
<p>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?</p>	<p>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 <a href="#">appropriate information</a>. 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).</p> <p>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.</p>
<p>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.</p>	<p>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.</p>
<p>Can a child attend two different settings over a week?</p>	<p><a href="#">Early years guidance</a> says: <i>'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.'</i></p>

	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?	<p>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:</p> <ul style="list-style-type: none"> <li>• Role of the individual in both settings</li> <li>• Any PPE requirements</li> <li>• Adherence to social distancing and other protective measures</li> <li>• Working with risk groups</li> <li>• 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.</li> </ul> <p>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.</p>
I am a childminder and have a large number of children on roll over different days of the week and am expecting them all back in September. 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 at all 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 <a href="#">Protective measures for out-of-school settings during the coronavirus (COVID-19) outbreak</a> ).
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 children?	From the 4 <sup>th</sup> July, wraparound care providers operating from other (as well as school) premises have been able to open. These providers should follow protective measures outlined in <a href="#">Protective measures for out-of-school settings during the coronavirus (COVID-19) outbreak</a> .  Childminders and other settings should consider how they can work with parents to agree how best to manage any necessary journeys, for example

	<p>pick-ups and drop-offs at schools/clubs, to reduce the need for a provider to travel with groups of children.</p> <p><a href="#">Early years guidance says</a>: ‘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.’</p> <p>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.</p>
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**3) Infection prevention and control, cleaning and Personal Protective Equipment (PPE)**

Question	Response
<p>What should I do if I have problems sourcing PPE items such as gloves and aprons?</p>	<p>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:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> </ul> <p>Please see <a href="#">Safe working in education, childcare and children’s social care</a> for more information.</p> <p>Education, childcare and children’s social care settings and providers are responsible for sourcing their own <a href="#">PPE</a>. 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.</p>
<p>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?</p>	<p>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.</p> <p>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.</p>

<p>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?</p>	<p>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.</p> <p>Points to consider and implement:</p> <ul style="list-style-type: none"> <li>• Ensure the setting has enough hand washing or hand sanitiser 'stations' available so that all children and staff can clean their hands regularly</li> <li>• 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.</li> <li>• 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.</li> </ul>
<p>Is it OK to use shared resources that can't be washed between uses, such as sand, playdough, etc?</p>	<p>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).</p> <p>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.</p>
<p>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?</p>	<p>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.</p>

#### 4) Coronavirus testing

Question	Response
<p>How can parents get their child tested for COVID-19 if they don't drive and therefore can't access drive-in testing facilities?</p>	<p>Anyone with symptoms of COVID-19 should arrange to be tested as soon as possible. Tests can be requested online - <a href="#">here</a> for members of the general public or <a href="#">here</a> for essential workers and their households following employer referral. Those who have problems using the online service can call 119 to request a test.</p> <p>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.</p> <p>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 <a href="#">Coronavirus (COVID-19): home test kits for schools and FE providers</a> for further details.</p>
<p>Can under 5 years old get tested for coronavirus?</p>	<p>Children under the age of 5 years with symptoms of coronavirus can access testing through the same route as the general population (see above).</p>
<p>Will settings be informed of any test results directly?</p>	<p>As part of NHS Test and Trace, educational settings should be contacted by the local Health Protection Team if a child or staff member tests positive, and they have been in attendance at school during the infectious period (from 48h before onset of symptoms to 10 days after). 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.</p> <p>Settings will often hear from the individual who has tested positive (or their parent/guardian) before they are called by the health protection team. In this instance they should call the health protection team as soon as possible.</p>
<p>What should schools do if a parent of a child with symptoms refuses to arrange for them to be tested for COVID-19?</p>	<p>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 particular 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 14 days for the household).</p> <p>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 your local health protection team 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. Health protection teams may also offer further support to help settings encourage parents to get their child tested.</p>

	Please note that any actions that a school plans to take that have not been advised by PHE should always be discussed with the local education authority.
A parent has told us their child had a negative result from a private testing lab. Can we accept this?	<p>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 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.</p> <p>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.</p>

### 5) Suspected 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 suspected case – do we still wait for test results before sending any other staff/children home?	<p>The health protection team 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 your local health protection team so that they can support you with a thorough risk assessment to make sure the correct course of action is taken. You should always call the health protection team if you have an overall rise in sickness absence where coronavirus (COVID-19) is suspected.</p> <p>If you are planning to take any public health action, such as sending a bubble home, please always call your health protection team first to discuss. You will be able to speak to a health protection practitioner between 8am and 10pm, 7 days a week (although there is someone on call 24 hours a day if needs be).</p>
Do young children who develop a fever after having routine vaccinations still have to self-isolate (along with their household)?	<a href="#">PHE and NHS England guidance</a> states that routine childhood vaccines <i>'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.'</i>
What should settings do if a child develops symptoms of COVID-19 and can't be driven home by their parents?	<p>The following is taken from <a href="#">Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE)</a></p> <p>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</p>

	<p>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 <a href="#">safe working guidance</a> and do one of the following:</p> <ul style="list-style-type: none"> <li>• use a vehicle with a bulkhead or partition that separates the driver and passenger</li> <li>• the driver and passenger should maintain a distance of 2 metres from each other</li> <li>• the driver should use PPE, and the passenger should wear a face mask if they are old enough and able to do so</li> </ul>
<p>If a child/staff member has COVID-19 symptoms, gets tested and tests negative, can they return to the EYS even if they still have symptoms?</p>	<p>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 to avoid contact with other people until they are better. Other members of their household can stop self-isolating.</p> <p>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 14 day isolation period even if they test negative. This is because they can develop the infection at any point up to day 14 (the incubation period for COVID-19).</p>
<p>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?</p>	<p>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.</p> <p>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.</p>
<p>What should EYS do if a parent of a child with symptoms refuses to arrange for them to be tested for COVID-19?</p>	<p>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 particular 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 <a href="#">isolate as if they had tested positive</a> (i.e. 10 days for the child and 14 days for the household).</p> <p>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 your local health protection team 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. Health protection teams may also offer further support to help settings encourage parents to get their child tested.</p>

<p>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?</p>	<p>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 your local health protection team at the earliest possible opportunity to discuss the risk assessment.</p>
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## 6) Confirmed cases

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

Question	Response
<p>Are there any circumstances where an EYS should close completely?</p>	<p>It is unlikely that an EYS would need to close completely, although this may rarely be necessary:</p> <ol style="list-style-type: none"> <li>1. If the EYS is unable to operate safely due to the requirement of key staff to self-isolate, or</li> <li>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.</li> <li>3. Please contact your local Health Protection Team if you are considering closing your setting.</li> </ol>
<p>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?</p>	<p>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 <a href="#">here</a>.</p>
<p>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?</p>	<p>If that person has not developed new symptoms of COVID-19 and has tested positive within six weeks 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.</p> <p>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.</p>

## 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
<p>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?</p>	<p><a href="#">Contacts of a confirmed case of COVID-19</a> are advised to isolate for 14 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 health protection team, local authority education team and Ofsted.</p>
<p>What should a childminder do if a member of their household displays symptoms?</p>	<p>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.</p> <p>If a member of a childminder’s household displays symptoms then the childminder will have to follow <a href="#">Stay at Home guidance</a> and isolate for 14 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.</p>
<p>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?</p>	<p>Since 1 June, 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 <a href="#">safe working guidance</a> and the <a href="#">planning guide for early years and childcare settings</a>. 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.</p>
<p>What if I am informed that someone who lives with a child in my care, has symptoms of COVID-19?</p>	<p>In this scenario, the child would be a household contact of a person with coronavirus symptoms, and should follow <a href="#">Stay at Home guidance</a>. 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 14 days of isolation along with the rest of the household.</p>

## 8) Communications

Question	Response
<p>Do we need to inform parents of a confirmed case in an EYS?</p>	<p>If a case is confirmed in an EYS, and has attended the setting during the infectious period, the health protection team will provide you with letters to send to all parents to inform them. It is important to keep the specific details of the case confidential so no further details about the person 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.</p> <p>If there have been several cases over a shorter period, we may provide you with further correspondence for parents.</p> <p>If you have any concerns around communication or receive any press enquiries, contact your local health protection team and your local educational team who will be able to support you.</p>
<p>Do we need to inform parents of suspected case in an EYS?</p>	<p>We do not routinely advise that settings inform parents of a suspected 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 suspected 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.</p> <p>The health protection team and local 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 suspected case to other parents. It is not necessary for any contacts of the suspected case to isolate. Only the suspected 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).</p>
<p>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?</p>	<p>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 14 day isolation period, as recommended in <a href="#">Stay at Home guidance</a>. 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.</p>
<p>Do we need to tell OFSTED if one of the children we look after is a confirmed/suspected case?</p>	<p>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.</p>

## 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 <a href="#">quarantine is required</a> 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.
Will children under 5 and/or nursery practitioners (not school-based nurseries) be included in the extended flu vaccination programme this winter?	<p>More people than ever before are now eligible for a free flu vaccine. Full details can be found <a href="#">here</a>.</p> <p>This year children aged 2 and 3 years will be eligible for flu vaccination via their GP. All school age children will be offered the flu vaccination in school settings. EYS staff may not be eligible for a free flu vaccine via the NHS programme, but they may be eligible via their local authority, or private providers may also choose to provide flu vaccinations for their staff.</p>
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?	<p>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.</p> <p>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.</p>

## 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, 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 and published a [RSHE mental wellbeing teacher training module](#).

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

The return to school in September 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.

Over the summer the Department for Education and Department of Health and Social Care supported by Public Health England and Health Education have 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 a **NEW** support offer with two parts:

- a new, 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 will also launch a public-facing campaign in September, 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](#) will be 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 campaign aims to:

- 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 will be launched on [www.nhs.uk/EveryMindMatters](http://www.nhs.uk/EveryMindMatters) in time for the start of the new school 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 <a href="#">downloadable guide</a> for children and young people about the coronavirus, including proactive advice to support mental wellbeing.
PHE	<a href="#">Rise Above</a> 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	<b><u>NHS website</u></b> NHS.UK mental health information section signposting to Every Mind Matters and a range of helplines hosted by voluntary community organisations.
NHS	<b><u>NHS Apps library</u></b> 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, <a href="#">Think Ninja</a> 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	<b>NHS mental health providers</b> , including children and young people’s mental health services (CYPMHS), are <b>continuing to operate</b> 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

	<p>contact information through which all queries and referrals are channelled through. Find out more about children and young people’s mental health services <a href="#">here</a>.</p>
NHS	<p>For those in <b>mental health crisis</b>, most parts of England have a helpline to access support. You can find out the number to ring for your local area at <a href="#">nhs.uk</a>.</p>
NHS	<p>Children and young people who are caring for someone with a mental illness can self-refer to the <b>NHS Volunteer Responders</b> programme using this <a href="#">link</a> if they are having issues shopping for food or picking up prescriptions.</p>
Voluntary and Community Sector	<p>Children and young people can access <b>free confidential support</b> anytime from <b>Government-backed voluntary and community sector organisations</b> by texting <b>SHOUT to 85258</b>, calling <b>Childline on 0800 1111</b> or <b>the Mix on 0808 808 4994</b>. For support with an eating disorder, children and young people can ring <b>Beat’s Youthline on 08088010711</b>.</p> <p>Children and young people can also find online information on COVID-19 and mental health on the <b>Young Minds <a href="#">website</a></b>.</p>
Schools	<p><b>School nurses</b> 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.</p> <p>Mental health and wellbeing is also a core part of the new <b>RSHE curriculum</b>.</p> <p>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.</p>
Local support	<p>Most <b>council websites</b> have great information about COVID-19 mental wellbeing support, including community and neighbourhood support.</p>

## **Appendix A. COVID-19 Information leaflet for parents and carers**

Please feel free to use the leaflet on the next page to inform parents and carers about their responsibilities during the COVID-19 pandemic, to keep educational settings safe and limit the spread of the virus. This has been adapted from a leaflet distributed to parents and carers by Burgess Hill Girls School, who kindly agreed to share with PHE South East.

We are aware that individual local authorities or settings may have produced their own leaflets to this effect, so this does not replace those already in existence.



# COVID-19 INFORMATION FOR PARENTS AND CARERS

**DO NOT SEND YOUR CHILD TO NURSERY/SCHOOL/COLLEGE IF THEY HAVE COVID-19 SYMPTOMS**

Visit: [www.gov.uk/get-coronavirus-test](http://www.gov.uk/get-coronavirus-test) to book a test online, or call 119 if you don't have internet access

**YOU SHOULD BOOK A TEST FOR YOUR CHILD IF THEY HAVE ANY OF:**



**A HIGH TEMPERATURE**

This means they feel hot to touch on the chest or back (you do not need to measure their temperature)



**A NEW CONTINUOUS COUGH**

This means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if they usually have a cough, it may be worse than usual)



**A LOSS OR CHANGE TO THEIR SENSE OF SMELL OR TASTE**

This means they've noticed they cannot smell or taste anything, or things smell or taste different to normal

IF YOUR CHILD DOES NOT HAVE SYMPTOMS OF COVID-19 BUT HAS OTHER COLD-LIKE SYMPTOMS, SUCH AS A RUNNY NOSE OR SORE THROAT, THEY DO NOT NEED TO BE TESTED. THEY AND THE REST OF THEIR HOUSEHOLD DO NOT NEED TO SELF-ISOLATE (UNLESS SOMEONE ELSE IN THE HOUSEHOLD HAS SYMPTOMS OR HAS TESTED POSITIVE, OR YOU HAVE OTHERWISE BEEN ADVISED BY NHS TEST AND TRACE).

**YOUR CHILD CAN ATTEND NURSERY/SCHOOL/COLLEGE IF THEY ARE WELL ENOUGH TO DO SO.**

## WHAT TO DO IF...

<p><b>YOUR CHILD HAS COVID-19 SYMPTOMS</b></p> <ul style="list-style-type: none"> <li>▶ DO NOT SEND YOUR CHILD TO NURSERY/SCHOOL/COLLEGE</li> <li>▶ Whole household begins self-isolation (10 days for a person with symptoms and 14 days for household contacts)</li> <li>▶ Book a COVID-19 test</li> <li>▶ Inform nursery/school/college immediately about test results</li> </ul> <p><i>WHEN CAN MY CHILD RETURN?</i></p> <p>They can return if the test is negative – providing they are well enough, have not had a fever for 48 hours, and haven't been advised to self-isolate by NHS Test and Trace.</p>	<p><b>YOUR CHILD TESTS POSITIVE FOR COVID-19</b></p> <ul style="list-style-type: none"> <li>▶ DO NOT SEND YOUR CHILD TO NURSERY/SCHOOL/COLLEGE</li> <li>▶ Inform nursery/school/college immediately about test result</li> <li>▶ Your child and all household/support bubble members should self-isolate as advised by NHS Test and Trace (anyone with symptoms should book a test)</li> </ul> <p><i>WHEN CAN MY CHILD RETURN?</i></p> <p>They can return after 10 days of isolation, even if they still have a cough/loss of smell or taste. These symptoms can last several weeks.</p>	<p><b>SOMEBODY IN YOUR CHILD'S HOUSEHOLD HAS COVID-19 SYMPTOMS</b></p> <ul style="list-style-type: none"> <li>▶ DO NOT SEND YOUR CHILD TO NURSERY/SCHOOL/COLLEGE</li> <li>▶ The household member should book a COVID-19 test</li> <li>▶ Whole household begins self-isolation (10 days for a person with symptoms and 14 days for household contacts)</li> <li>▶ Inform school immediately about test results.</li> </ul> <p><i>WHEN CAN MY CHILD RETURN?</i></p> <p>They can return if the symptomatic household member's test is negative and your child hasn't been advised to self-isolate by NHS Test and Trace.</p>	<p><b>SOMEBODY IN YOUR CHILD'S HOUSEHOLD TESTS POSITIVE FOR COVID-19</b></p> <ul style="list-style-type: none"> <li>▶ DO NOT SEND YOUR CHILD TO NURSERY/SCHOOL/COLLEGE</li> <li>▶ Inform school immediately about test results</li> <li>▶ Your child and all household/support bubble members should self-isolate as advised by NHS Test and Trace (anyone with symptoms should book a test)</li> </ul> <p><i>WHEN CAN MY CHILD RETURN?</i></p> <p>They can return when they have completed 14 days of self-isolation without any symptoms*.</p>
<p><b>CONTACT TRACING HAS IDENTIFIED YOUR CHILD AS A CLOSE CONTACT</b></p> <ul style="list-style-type: none"> <li>▶ DO NOT SEND YOUR CHILD TO NURSERY/SCHOOL/COLLEGE</li> <li>▶ Your child should self-isolate for at least 14 days, as advised either by NHS Track and Trace or by Public Health England (via their educational setting)</li> </ul> <p><i>WHEN CAN MY CHILD RETURN?</i></p> <p>They can return to school when they have completed 14 days of self-isolation without any symptoms.</p>	<p><b>YOUR CHILD HAS BEEN IN CONTACT WITH SOMEONE WHO HAS BEEN IDENTIFIED AS A CLOSE CONTACT</b></p> <ul style="list-style-type: none"> <li>▶ Attend nursery/school/college as normal</li> <li>▶ If your child does not have any COVID-19 symptoms they should carry on with normal activities</li> </ul>	<p><b>YOUR CHILD HAS TRAVELLED ABROAD AND HAS TO SELF-ISOLATE</b></p> <ul style="list-style-type: none"> <li>▶ DO NOT SEND YOUR CHILD TO NURSERY/SCHOOL/COLLEGE</li> <li>▶ Self-isolate for at least 14 days in line with quarantine advice</li> </ul> <p><i>WHEN CAN MY CHILD RETURN?</i></p> <p>They can return to school when they have completed 14 days of self-isolation without any symptoms.</p>	<p><i>* If your child has been identified as a close contact of a case of COVID-19, or has returned from travel abroad and is self-isolating, they must self-isolate for 14 days – even if they have a negative COVID-19 test result.</i></p>

For further information on COVID-19 in educational settings (including a guide for parents and carers) see: [www.gov.uk/coronavirus/education-and-childcare](http://www.gov.uk/coronavirus/education-and-childcare)

## **Appendix B. Checklist of information to gather before reporting a case/cases**

### **Information required when reporting a single confirmed case to the DfE Helpline**

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.	

### **Information required when reporting 2 or more cases within 14 days to the health protection team**

Your name, position and contact details (phone and email)	
Name of education setting, address and postcode	
Setup/layout of the setting and details of which year groups attend	
Local Authority	
Local Health Protection Team	
Number of confirmed/possible cases	
Date of onset of symptoms of the first and subsequent cases (or test date if asymptomatic)	
Year group/course of pupils who have tested positive OR role(s) of any staff members who have tested positive	
Dates in educational setting while infectious	
Total number of staff and children/numbers in the affected class(es)/bubble(s)	
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) for cases should be considered – including school transport, breakfast or afterschool clubs, classes attended, break and lunchtime arrangements, etc.	
Infection prevention and control/social distancing measures already in place and any recent changes	
Any public health actions already taken	
Vulnerable children/staff and any safeguarding issues	
Any children or staff in hospital	
Operational impact on the school	
Any communications already issued to parents or staff	

## Appendix C. 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 D. Suspected case letter

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

Date:

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

## 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](http://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 14 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/](http://www.nhs.uk/conditions/coronavirus-covid19/)