



# **Public Health Supplementary Guidance for Schools during the Covid-19 Pandemic - Autumn Term**

**Please read in conjunction with  
PHE NW COVID-19 Template Resource  
Pack for Schools**

**Version 4**

**20 August 2020**



**This document is for schools to help identify and implement day to day operational measures to reduce transmission of COVID-19 and highlight key messages to be communicated to parents and carers. It provides guidance to help schools record and take the appropriate action when a staff or child member has COVID-19 symptoms and if someone who has been in the school has tested positive for COVID-19 (confirmed case).**

**This is not an outbreak plan. In the event of an outbreak, schools will be guided by Public Health England and the local Environmental Health Team.**

**This document draws on the following guidance:**

[Collection - Guidance for schools and other educational settings](#)

[Guidance - cleaning of non-healthcare settings](#)

[Staying safe outside your home](#)

[Stay at home guidance for households with possible coronavirus \(COVID-19\) infection.](#)

[Coronavirus \(COVID-19\): safer travel guidance for passengers](#)

[COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](#)

[Guidance for contacts of people with possible or confirmed coronavirus \(COVID-19\) infection who do not live with the person](#)

[Safe working in education, childcare and children's social care settings, including the use of personal protective equipment \(PPE\)](#)

Standard Operating Procedure for COVID-19 Tier 1 Test, Trace, Contain and Enable in North West England – COVID-19 Acute Response Centre. Public Health England. Issued 28 May 2020

Public Health England, North West COVID-19 Template Resource Pack for Schools, V1 Issued 3 June. Updated version to follow when available.

**As COVID-19 is a rapidly evolving situation, guidance may change with little notice. Therefore we advise that, in addition to familiarising yourself with the content of this document, you refer to the relevant National Guidance as listed above.**

## Version control

Version	Date	Author(s)	Comments
2	1/7/20	Knowsley Public Health Team / Halton Public Health Team	Updated to reflect latest guidance. Amended flowchart – section 6. Added COVID-19 Information factsheet – Appendix 4. Added suspected case actions checklist - Appendix 5. Changed Health Protection Team to Environmental Health Team throughout.
3	3/7/20	Knowsley Public Health Team and Halton Public Health Team	Added to Section 10, Appendix 6 - protocol for responding to media. Added to Section 3 - consider use of colour-coded bubbles; for staff management and pupils. Added to Section 1 - Human Resources contact details.
4	20/8/20	Knowsley Public Health Team and Halton Public Health Team	Updated to reflect national guidance issued 7 August 2020: References to 7 day isolation changed to 10 days throughout document. Changes in following sections: <b>Section 1:</b> Added School Health Service contact details. <b>Section 3:</b> -School management -Key points to consider and implement to minimise contact -Shielded and clinically vulnerable staff and pupils -Travel to and from school for staff, pupils and parents Added guidance on music and extra-curricular provision <b>Section 4:</b> -Frequent cleaning of areas used by different groups. <b>Section 5:</b> -Drop off and pick up routines -School uniform -Use of face masks/coverings -Shielded and clinically vulnerable pupils -Removal of link to track and trace app. <b>Section 8:</b> -How to get a COVID test <b>Section 11:</b> Added link to use of PPE and aerosol generating procedures and link to added appendix 7 – specific steps to be taken for children with complex medical needs

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## Overview

This supplementary document provides additional information on infection prevention and control measures along with flow diagrams to help schools during the COVID-19 pandemic.

It is to be read in conjunction with Public Health England North West COVID-19 Template Resource Pack for Schools, please read this document for key messages and outbreak management. Updated version to follow when available.

## Section 1 - Key Contacts

**For COVID-19 health protection queries including further advice on what to do if someone has symptoms, testing information, confirmed case or to escalate outbreak concern e.g. if there are multiple pupils or staff with symptoms.**

Local Authority Environmental Health Team

0151 443 4712

Email: [COVID19.SPOC@knowsley.gov.uk](mailto:COVID19.SPOC@knowsley.gov.uk)

**To notify suspected outbreaks Public Health England (PHE)  
North West Health Protection Team**

**Monday to Friday 9 am to 5 pm**

0344 225 0562

**Out of Hours PHE Contact:**

PHE on call via the Contact People

0151 434 4819

**For schools advice, including any potential staffing issues in relation to illness and or isolation**

**Education:** [penelope.france@knowsley.gov.uk](mailto:penelope.france@knowsley.gov.uk)

07973 949469

**Education (SEND):** [joanne.knight@knowsley.gov.uk](mailto:joanne.knight@knowsley.gov.uk)

07973 741736

**For staffing issues contact Human Resources:**

[helen.blow@knowsley.gov.uk](mailto:helen.blow@knowsley.gov.uk)

07775 221954

[caroline.wood@knowsley.gov.uk](mailto:caroline.wood@knowsley.gov.uk)

07775 221952

**School health service will support school attendance and student wellbeing**

**North West Boroughs Healthcare NHS Foundation Trust**

0151 244 3501

[donna.wilson@nwbh.nhs.uk](mailto:donna.wilson@nwbh.nhs.uk)

## Section 2 - COVID-19 Symptoms

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

- New continuous cough
- A high temperature (over 37.8 degrees)
- A loss of, or change in, your normal sense of taste or smell

Children may also display gastrointestinal symptoms.

**Anyone who is self-isolating for any of the following reasons should NOT be allowed to enter the educational setting;**

- They have symptoms of COVID-19 or have tested positive
- They live with someone who has symptoms of COVID or someone who has tested positive
- They have been advised to self-isolate by NHS Test and Trace because they have been in close contact with someone who has tested positive for COVID-19

**This includes; pupils, parents, carers, staff, visitors and suppliers.**

**They must be sent home and advised to follow the guidance below.**

**This is also the case if anyone becomes unwell on site.**

[COVID-19: guidance for households with possible coronavirus infection guidance](#)

(The unwell person should remain in isolation for at least 10 days and the rest of their household in isolation for 14 days)

## Section 3 - School management, staffing & implementing protective measures and prevention messages

**There are important actions and protective measures (system of controls) schools can take during the coronavirus outbreak, to help prevent the spread of the virus.**

These are detailed in the latest Government guidance and are summarised in the sections below:

[Government guidance for schools](#)

[COVID-19: cleaning of non-healthcare settings](#)

## Risk Assessments

Each school should have its own individual risk assessment detailing the control measures that are in place to reduce the risk of infection from COVID-19. Risk assessments are dynamic documents and should be re-visited to capture any new or emerging risks and mitigating actions. Advice on risk assessments is available through your local authority Health and Safety team.

## School Management

**Changes in the day to day running of the school will be needed to implement the measures identified in the schools risk assessment. This includes:**

- Suspend answer machine systems to receive information in relation to absence. This is to ensure you can have a conversation with the reporting adult and establish key information quickly. If the absence is COVID-19 related please complete record of absence in [Appendix 1](#) and provide testing and isolation advice, see [Section 6](#) and [Section 8](#).
- Monitor the information collated in the school's record of absence, please contact the Local Authority Environmental Health Team (EHT) if there are high numbers of pupil's absence with COVID-19 symptoms within a bubble or across the school for additional advice.
- Designate a staff member(s) (depending on size of the school) to be the named contact who receives and cascades information as appropriate on any staff or pupil member absent due to confirmed COVID-19 or symptoms. This person would also liaise with Public Health England and the Local Authority Environmental Health Team as required during any outbreak investigation and management.
- Have a named contact to receive updates on COVID-19 including any changes in advice for prevention measures, symptoms or testing advice. Have in place a system to cascade this information to parents or carers and staff as appropriate.
- Ensure logs are taken which note staff and pupil attendance, including if pupils move to different areas for example at lunchtime. Logs should record how schools are being managed according to groups/bubbles to reduce the number of contacts pupils and staff have on a daily basis. These logs will be key in helping to identify any contacts who may be advised to self-isolate if someone in the school develops symptoms of COVID-19 and has a positive test result.
- Note within class and lunchtime / break time logs any incidents in school where there has been a reduction in social distancing as this might help to highlight where outbreaks develop or may influence actions if an individual develops symptoms of COVID-19 and tests positive.
- All teachers and other staff can operate across different classes and year groups in order to deliver the school timetable. Where staff need to move between classes and year groups, they should try and keep their distance from pupils and other staff as much as they can, ideally 2 metres from other adults.
- School kitchens can continue to operate, but must comply with [guidance for food businesses on coronavirus \(COVID-19\)](#).
- It is recommended that pupils limit the amount of equipment they bring into school each day, to essentials such as lunch boxes, hats, coats, books, stationery and mobile phones (if allowed by school policy). Bags are allowed.

- Ensuring the school has enough provision for hand washing or hand sanitiser stations available so that all staff and pupils can clean their hands regularly. Taking into consideration the supervision of hand sanitiser use and given risks around ingestion. Small children and pupils with complex needs may need assistance with this. Skin friendly wipes can be used as an alternative.
- Ensuring the school encourage pupils and staff to follow the 'Catch it, Bin it, Kill it' approach and provide access to tissues and bins to support this. Taking into account children with complex needs may need additional assistance.
- Considering staggered start times to enable journeys to school to take place outside of peak hours to assist with capacity within the public transport system.
- Supply teachers, peripatetic teachers and/or other temporary staff can move between schools, however, those individuals will be expected to comply with the school's arrangements for managing and minimising risk, for example; maintaining distance from other staff and pupils. Specialists, therapists, clinicians and other support staff for pupils with SEND should provide interventions as usual.
- Schools should engage with their local immunisation providers to provide immunisation programmes on site, ensuring these are delivered in keeping with the school's protective measures. These programmes are essential for children's health and wellbeing and can also provide benefits for staff.

## **Key points to consider and implement to minimise contact between individuals and maintain social distancing**

### **School groups/bubbles**

Maintaining consistent groups remains important, however schools may need to change the emphasis on bubbles within their implementation of protective measures and increase the size of these groups.

Some schools may keep pupils in their class groups for the majority of classroom time, but also allow mixing into wider groups for specialist teaching, wraparound care or transport. This approach will still offer public health benefits.

Schools with the capability to do so should take steps to limit interaction, sharing of rooms and social spaces between groups as much as possible. When using larger groups other protective measures become even more important, to minimise transmission risks and to minimise the numbers of pupils and staff who may need to self-isolate.

### **Advice for Primary Schools - groups**

- It is recommended where staffing and space allows to implement smaller groups than the size of a full class and these groups/bubbles should be kept separate from others. Consider the use of colour-coding to assist with this.
- Younger children will not be able to maintain social distancing and it is acceptable for them not to distance within their group.



### **Advice for Secondary Schools – groups**

- Groups are likely to need to be the size of a year group to enable schools to deliver the full range of curriculum subjects and for students to receive specialist teaching. If this can be achieved with small groups, they are recommended.
- Older children should be encouraged to keep their distance within their group.

### **Advice for Special Schools - groups**

- Settings should assess their circumstances and look to implement 'bubbles' of an appropriate size, to achieve the greatest reduction in contact and mixing, without unduly limiting the quality or breadth of teaching, or access for support and specialist staff and therapists.
- Groups should be kept apart and where possible pupils that are able should be encouraged to keep their distance within groups.
- Younger children and those with complex needs will not be able to maintain social distancing and it is acceptable for them not to distance within their group.

Read: [Guidance for full opening: special schools and other specialist settings](#)

### **Minimise contacts and reduce mixing within education setting by:**

- Considering one-way circulation or place a divider down the middle of the corridor to keep groups apart as they move through the setting where spaces are accessed by corridors.
- Considering staggered start and finish times to keep groups apart as they arrive and leave school.
- Consider staggering breaks and lunchtimes.
- Pupils should clean their hands before breaks and lunch time.
- Groups should be kept apart as much as possible during lunchtimes and dinner tables cleaned between each group using them. If such measures are not possible the alternative is pupils having a packed lunch which is eaten in their classroom.
- Restricting use of cloakrooms to single groups and where possible have an area within classroom where the same group can store their coats and bags.
- Ensuring toilet facilities do not become crowded by limiting the number of pupils who use the toilet facilities at any one time.
- Where it is possible allocate toilet blocks to a specific group or groups, however it is recognised that this will not be feasible in many schools.
- Avoiding large gatherings such as assemblies or worship with more than one group.

### **Within the classrooms:**

- Depending on the size and the layout of individual settings, consider how floor space, rooms and outdoor space can be organised to ensure social distancing between staff and between groups/bubbles of pupils.
- Classrooms should be arranged with pupils seated side-by-side and forward facing desks.

- Prop doors open (not fire doors), where safe to do so (bearing in mind safeguarding), to limit use of door handles and aid ventilation.
- Keep windows open to aid ventilation.

### **Use of outside space:**

- Physical education, sport and physical activity can be provided whilst following the identified protective measures. Pupils should be kept in consistent groups, sports equipment thoroughly cleaned between each use by different groups, and contact sports avoided.
- Outdoor sports should be prioritised where possible, and large indoor spaces used where it is not, maximising distancing between pupils and paying scrupulous attention to cleaning and hygiene. This is particularly important in a sports setting because of the way in which people breathe during exercise.

Read: [guidance on the phased return of sport and recreation](#)

### **For shared rooms:**

- Use of staff rooms should be minimised, although staff must still have a break of a reasonable length during the day. Plan for how shared staff spaces are set up and used to help staff socially distance from each other. For example; stagger the use of staff rooms, remove seats to limit occupancy.

### **Shared resources/equipment:**

- For frequently used items such as pens and pencils, it is recommended that staff and pupils should have their own items and these are not shared with others.
- Pupils and teachers can take books and other shared resources home as necessary (including books for marking purposes). Advice on hand hygiene (before and after handling the items) should apply.
- Items such as books and games can be used and shared within the group/bubble, however these should be cleaned regularly, along with all frequently touched surfaces.
- Shared resources such as sports, art and science equipment should be cleaned frequently between bubbles/groups or rotated to allow them to be left unused and out of reach for a period of 48 hours (72 hours for plastics) between use by different groups/bubbles.
- Playground equipment should be more frequently cleaned. This also applies to resources used inside and outside by wraparound care providers.

### **Meetings**

- When holding any staff, collaborative, parent / carer or partnership meetings please consider how this can be done to reduce risk.
- Alternative methods such telephone meetings or via Microsoft Teams should be considered first. Where this is not possible or the circumstances require face to face, it is key that social distancing of 2 metres is maintained and all participants follow good hand hygiene.

- For any meetings within the school ensure attendance is recorded in case this is required for contact tracing purposes.
- Ensure that hand sanitiser is available for visitors to use as they enter the school.

## Music

- There may be an additional risk of infection in environments where you or others are singing, chanting, playing wind or brass instruments or shouting. This applies even if individuals are at a distance.
- Consider how to reduce the risk, for example, physical distancing and playing outside wherever possible.
- Limit group sizes to no more than 15, positioning pupils back-to-back or side-to-side, avoiding sharing of instruments, and ensuring good ventilation and cleaning regimes.
- Singing, wind and brass playing should not take place in larger groups such as school choirs and ensembles, or school assemblies.

## Extra-curricular provision

Schools may wish to consider resuming breakfast and after-school provision where possible from the start of the autumn term. Taking into account how such provision could work alongside protective measures of keeping children within their groups/bubbles. If this is not possible the use of small consistent groups is recommended. Read: [Protective measures for out-of-school settings during the coronavirus \(COVID-19\) outbreak](#)

## Shielded and clinically vulnerable staff and pupils

Refer to - PHE NW COVID-19 Template Resource Pack for Schools:

Additional detail below:

- Shielding advice for all adults and children paused on 1 August 2020 due to a continued decline in the rates of community transmission of coronavirus (COVID-19). This means that both staff and pupils who are in this group can return to school, as can those who have family members who are shielding.
- Schools should outline in their risk assessment how protective measures will be implemented for both staff and pupils.
- Staff who were considered to be clinically extremely vulnerable (shielding) should return to work and follow the same guidance as the clinically vulnerable population; taking particular care to observe good hand and respiratory hygiene, cleaning of frequently touched areas in their home and/or workspace and minimising contact and maintaining social distancing.
  - Adults should maintain 2 metre distance from others, and where this is not possible avoid close face to face contact and minimise time spent within 1 metre of others. While the risk of transmission between young children and

adults is likely to be low, adults should continue to take care to socially distance from other adults including older children/adolescents.

- Pregnant women are in the 'clinically vulnerable' category, and are generally advised to follow the above advice. Read: The Royal College of Obstetrics and Gynecology [occupational health advice for employers and pregnant women](#).
- Some pupils who are no longer required to shield but who generally remain under the care of a specialist health professional may need to discuss their care with their health professional before returning to school. [COVID-19 - 'shielding' guidance for children and young people](#).

## Travel to and from school for staff, parents and pupils

Staff, parents and pupils should be encouraged to walk or cycle to school where possible.

### Dedicated school transport (if available)

- Consider how pupils are grouped together on transport, where possible this should reflect the bubbles that are adopted within school
- The use of hand sanitiser upon boarding and/or disembarking
- Additional cleaning of vehicles
- Organised queuing and boarding where possible
- Distancing within vehicles wherever possible
- The use of face coverings for children over the age of 11, where appropriate, for example, if they are likely to come into very close contact with people outside of their group or who they do not normally meet

### Wider public transport

- **Pupils (aged over 11) and staff who travel to school by public transport must wear a face covering.** Exemptions to this rule include; children under the age of 11 and for people with a physical or mental illness or impairment, or a disability that means you cannot put on, wear or remove a face covering.
  - Schools should also have a clear process in place for removing face coverings when pupils who use them arrive at school. Pupils must be instructed not to touch the front of their face covering during use or when removing them. They must wash their hands immediately on arrival (as is the case for all pupils), dispose of temporary face coverings in a covered bin or place reusable face coverings in a plastic bag that the wearer has brought with them in order to take it home. The wearer must then wash their hands or use sanitiser.
- Those using public transport should refer to the [safer travel guidance for passengers](#).

## Prevention messages

Unlike older children and adults, early years and primary age children and some children with complex needs cannot be expected to remain 2 metres apart from each other and staff. Therefore, schools should focus on the following prevention measures outlined in this document and detailed in national guidance.



## Handwashing and hand care

Frequent handwashing is vital to prevent the spread of coronavirus. Everyone (including pupils) should:

- Clean their hands regularly, including when they arrive at school, when they return from breaks, when they change rooms and before and after eating.
- Hands should be washed with soap and water for 20 seconds and dried thoroughly. The best way to wash your hands is shown in [this poster](#) and [this video](#)
- If soap and water are not available, use hand sanitiser and follow the steps in [this poster](#)
- To protect your hands from dry skin; rinse and dry them thoroughly and apply a generous layer of moisturiser before you go to bed.

## Resources for schools

- A range of learning resources and posters on hand washing and respiratory hygiene are available on [e-Bug](#) website for Key stages 1, 2 and 3. You may also wish to consider sharing these with parents and carers.

## Section 4 – Cleaning

**A thorough cleaning of the all rooms used in the schools must take place either before school or at the end of each day.**

Follow the COVID-19 - cleaning of non-healthcare settings

Refer to - PHE NW COVID-19 Template Resource Pack for Schools, Additional information below:

Cleaning should be delivered in accordance with the school's risk assessment, following safe systems of work including wearing of appropriate clothing/personal protective equipment depending on the tasks that are being undertaken.

All building cleaning activities associated with contact surfaces should be carried out using general purpose type detergents, cloths (colour coded as required for example cloakrooms/lavatories/medical rooms), hand sprays, vacuums and specialist floor cleaning equipment e.g. buffers, scrubber dryers.

**Currently emphasis should be placed on hand contact points that includes, but is not limited to:**

<ul style="list-style-type: none"> <li>• Door handles and door opening buttons</li> <li>• Light switches (carefully)</li> <li>• Floors in toilets</li> <li>• Toilet seats</li> <li>• Toilet flush handles</li> <li>• Toilet roll holders</li> <li>• Toilet door handles</li> <li>• Toilet bowls</li> <li>• Wash hand basin taps</li> <li>• Hand contact surfaces i.e. hand rails, door handles including undersides</li> </ul>	<ul style="list-style-type: none"> <li>• Wash hand basins</li> <li>• Liquid soap dispensers</li> <li>• Wash hand basin tiled splash-backs</li> <li>• Floors in corridors</li> <li>• Chairs, Desks and tables in classrooms</li> <li>• Staff drink making areas</li> <li>• Computer monitors, keyboards and mice</li> <li>• Telephones</li> <li>• Photocopier</li> </ul>
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It is usual that cleaning takes place in schools once a day (early morning or at the end of the school day). However, during the COVID-19 pandemic schools may want to consider more frequent cleaning with a focus on the areas / items that are regularly touched, as listed above and also shared areas that are used by different groups. Frequency and focus of cleaning should be part your risk assessment. This will depend on a number of variables including how many pupils are present, how the school is being operated, how lunch is being served and movement of pupils throughout the day.

**It is important to note that all communal drinking fountains/vessels must be deactivated during these times.**



## **Cleaning of rooms where someone has been ill with COVID-19 symptoms**

If someone becomes ill on site they should be isolated behind a closed door until they can be collected to go home. Once they have left this room, the door should remain shut, windows opened (if possible) and any air conditioning switched off until the room has been cleaned with detergent and disinfectant. Once this process has been completed, the area can be put back into use immediately.

- Routine work clothing and personal protective equipment should be worn (issued uniform; safety shoes/footwear; apron; gloves).
- Before entering the area, staff must perform hand hygiene then put on PPE (as listed above) – [see Section 11](#) for putting on and taking off PPE procedures.

**On entering the area to undertake cleaning and disinfection, staff must; keep the door closed with windows open to improve airflow and ventilation whilst using detergent and disinfection products.**

All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected as soon as is practically possible. This would include:

- Objects which are visibly contaminated with body fluids.
- The immediate teaching area where the individual has been e.g. desk, chair and toilet if used.

Public areas where a symptomatic individual has passed through and spent minimal time (for example corridors) but are not visibly contaminated with body fluids do not need to be specially cleaned and disinfected over and above the usual practice.

**Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below:**

- Use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine.
  - A household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants.
  - If an alternative disinfectant is used within the organisation, this should be checked to ensure that it is effective against enveloped viruses.
- 
- Avoid creating splashes and spray when cleaning.
  - Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below.
  - When items cannot be cleaned using detergents or laundered, for example; upholstered seating, steam cleaning should be used.

## **Disposal of waste (including tissues) where there is a suspected case of COVID-19**

- Discard detergent or disinfectant solutions safely at the agreed disposal point.
- Dispose of any waste collected during the cleaning process (including disposable cloths and tissues) in a plastic rubbish bag and tie it.
- Place the plastic bag in a second rubbish bag which should also be tied.
- Put it in a suitable and secure place within the school marked for storage until test results are known as to whether COVID-19 was present.
- If the individual tests negative, this can be put in the normal waste.
- Should the individual test positive, then store it for at least 72 hours and then put in with the normal waste
- If storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by your local waste collection authority if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.
- Perform hand hygiene.

## **Laundry**

- Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.
- Wash items in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. Dirty laundry that has been in contact with an unwell person can be washed with other people's items.
- Do not shake dirty laundry, this minimises the possibility of dispersing the virus through the air.
- Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above.



## Section 5 - Key messages to give to parents and carers

**Schools should communicate any changes to reflect new rules and routines to pupils, parents and carers ahead of opening. Messages need to be easy to read and understand.**

### Reporting sickness / self-isolation and staying off school

If the pupil or anyone else living in the house develops any of the following symptoms of COVID-19 they must self-isolate and **not** attend school.

#### Symptoms are:

- New continuous cough
- High temperature (over 37.8 degrees)
- A loss of, or change in, your normal sense of taste or smell

The pupil should also self-isolate and **not** attend school if they are told to by the NHS Test and Trace Service because they have been in contact with someone with coronavirus.

**Parents and carers should be given a single contact to inform the school if their child needs to self-isolate.** Schools are advised to suspend answer machine systems to ensure they can collect relevant information from parents / carers and provide advice.

### Drop off and pick up routines

To reduce the number of people on the school site advise pupils, parents and carers of the time and entrance and exit location for their group/bubble. Parents and carers should be asked to ensure social distancing and not gather in the playground, at the school gates or to enter the school without an appointment.

### School uniform

There is no need for anything other than normal personal hygiene and washing of clothes following a day in a school. Schools should consider how pupil non-compliance is managed, taking a considerate approach in relation to parents who may be experiencing financial pressures.

### The use of face masks and face coverings

The use of face masks or face coverings is not required during the school day as pupils and staff are mixing in consistent groups, and because misuse may inadvertently increase the risk of transmission. There may also be negative effects on communication and thus education.

For pupils (aged over 11) who travel to school by public transport must wear a face covering. Exemptions to this rule include; children under the age of 11 and for people with a physical or mental illness or impairment, or a disability that means you cannot put on, wear or remove a face covering.

Pupils must be instructed not to touch the front of their face covering during use or when removing them. They must wash their hands immediately on arrival (as is the case for all pupils), dispose of temporary face coverings in a covered bin or place reusable face coverings in a plastic bag that the wearer has brought with them in order to take it home. The wearer must then wash their hands or use sanitiser.

Read [Safe working in education, childcare and children's social care](#)

Read [Coronavirus \(COVID-19\): safer travel guidance for passengers](#)

**Remind parents and carers of the need to follow the latest national advice on social distancing, hand hygiene and the COVID-19 symptoms to look out for and to seek further advice from [NHS 111](#)**

### **Shielded and clinically vulnerable pupils**

Please see [Section 3](#) of this document and also refer to PHE NW COVID-19 Template Resources Pack for Schools

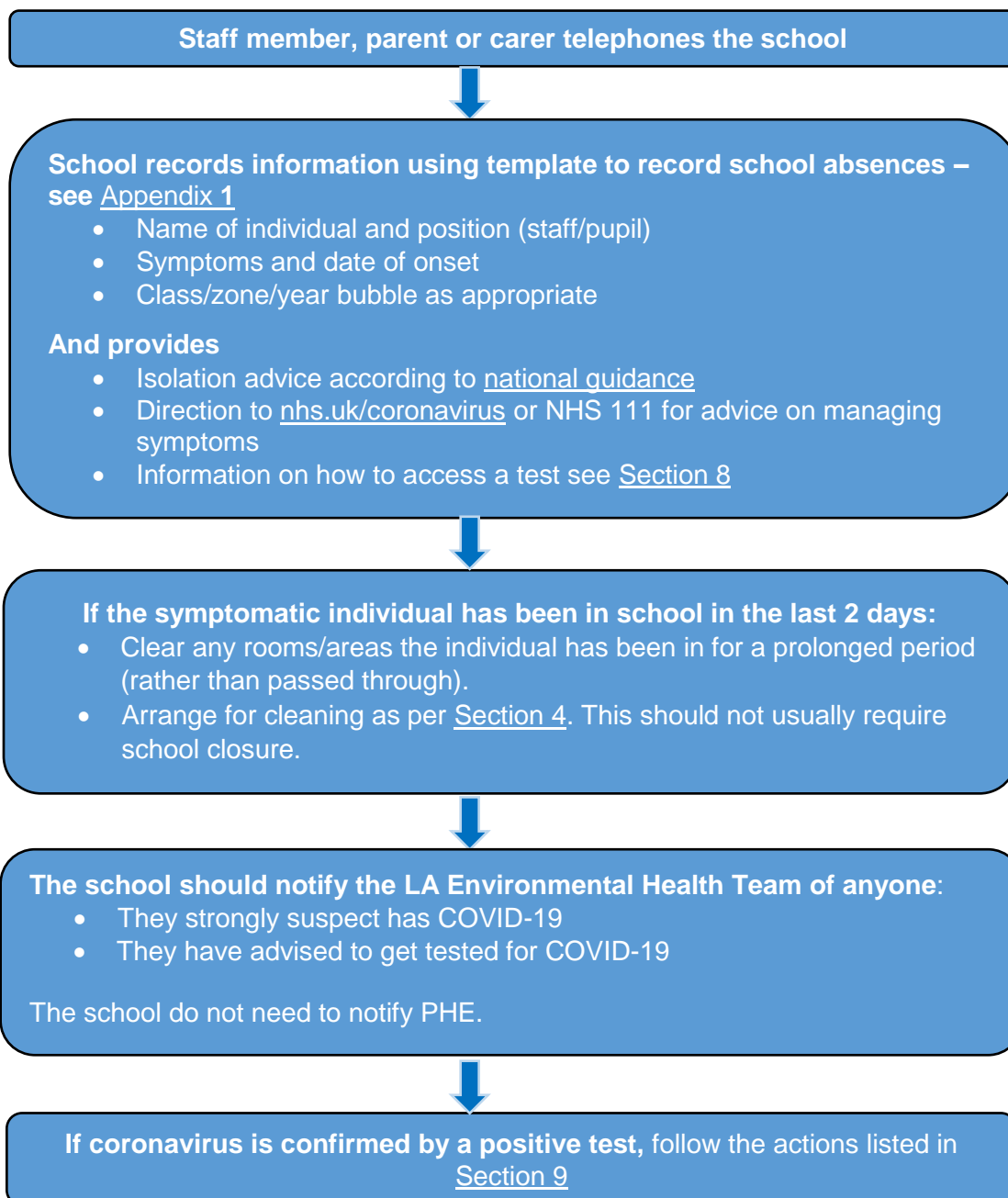
**Parents and carers of children and young people who are clinically extremely vulnerable should be advised their child should now return to school.**

- Shielding advice for all adults and children paused on 1 August due to a continued decline in the rates of community transmission of coronavirus (COVID-19). This means that pupils who are in this group can return to school including those with family members who are in this group.
- Some pupils who no longer are required to shield but who generally remain under the care of a specialist health professional may need to discuss their care with their health professional before returning to school. [COVID-19 - 'shielding' guidance for children and young people](#).
- Pupils who are, or who live with someone who is [clinically vulnerable](#) should follow the available advice.

## Section 6 – Management of a suspected case – by telephone

Refer to PHE NW COVID-19 Template Resource Pack for Schools

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



**Contacts of a suspected case do not need to self-isolate.** They should practice good hand and respiratory hygiene and social distancing. If the suspected case tests positive and becomes a confirmed case, close contacts will then be advised to self-isolate see [Section 9](#).

## Section 7 - Management of suspected case – on site

If anyone becomes unwell with;  
a new continuous cough or a high temperature or a loss of, or change in, their  
normal sense of taste or smell  
they must be sent home as soon as possible and advised to follow the  
**COVID-19: guidance for households with possible coronavirus infection  
guidance**

(The unwell person should remain in isolation for at least 10 days and  
the rest of the household in isolation for 14 days)

In an emergency, call 999 if they are seriously ill or injured or their life is at risk.

Do not visit the GP, pharmacy, urgent care centre or a hospital.

### Caring for someone who is unwell:

Refer to PHE NW COVID-19 Template Resource Pack for Schools

You may also find the [flowchart on page 21](#) of this document useful to follow as well as a checklist of actions at [Appendix 5](#).

### If a member of staff has helped someone who was unwell with symptoms:

- They should wash their hands thoroughly for 20 seconds after any contact.
- They do not need to go home unless they develop symptoms themselves or the individual subsequently tests positive.

The affected area(s) should be cleaned using standard cleaning products after someone with symptoms has left to reduce the risk of passing the infection on to others.

See [Section 4](#) for detailed cleaning advice and how to dispose of waste (where there is a suspected case)

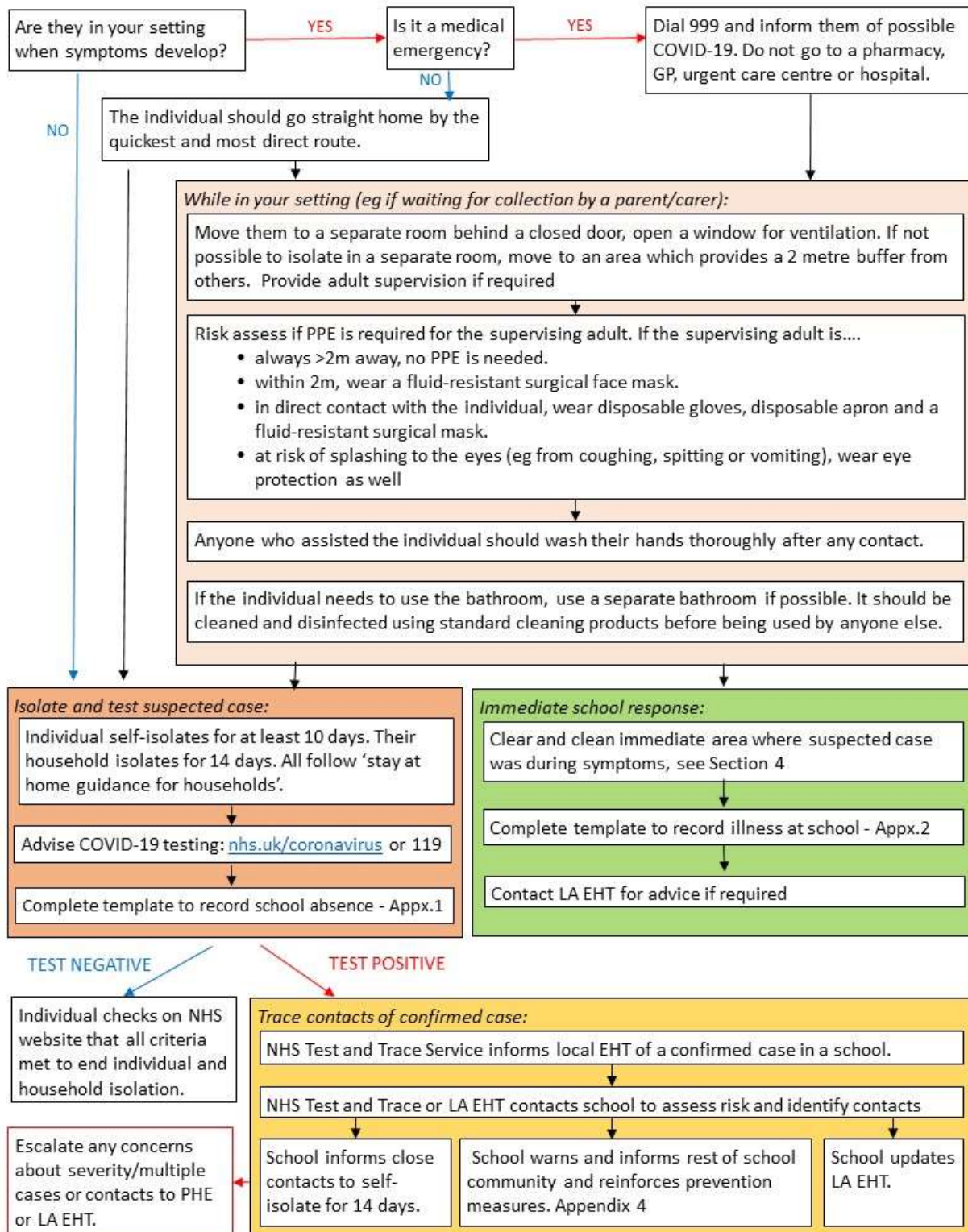
Record the event, absence ([Appendix 2](#)) and notify the Local Authority Environmental Health Team as outlined in [Section 6](#).

## Flowchart summary of actions

### Summary of actions when a member of your school community develops any symptoms\* of COVID-19 (= a suspected case)

This flow chart is up to date as of 19 Aug 2020. For the latest guidance, please check <https://www.gov.uk/government/collections/guidance-for-schools-coronavirus-covid-19>

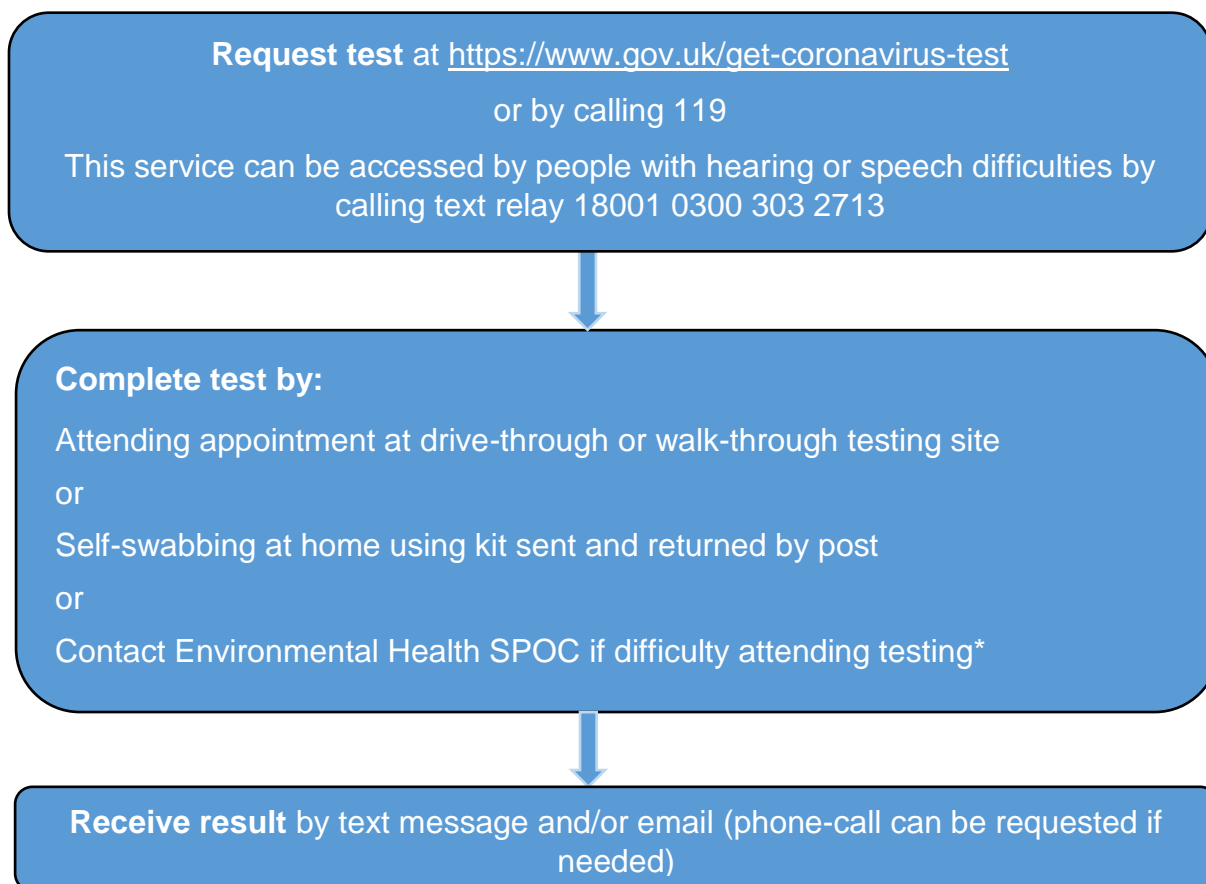
\*Symptoms are new continuous cough, fever, anosmia (loss of or change in sense of smell or taste)



## Section 8 - How to get a COVID-19 test and what the result means

Read - PHE NW COVID-19 Template Resource Pack for Schools

### Flowchart on requesting testing for anyone with new symptoms of COVID-19:



All swabs in children aged under 12 years must be performed by a parent or guardian. Some testing sites have staff who can take swabs from those aged 12 years and over who do not wish to self-swab.

### Local Testing Support\*

If the individual cannot perform home swabbing or access a drive-through testing centre, contact the Local Authority Environmental Health Team for further information on testing. Home testing can be available where appropriate. If emailing, please include a telephone number to enable someone to call you back to gather further information and progress the request. See [Section 1](#).

### Important information for everyone requesting testing:

- It is best to **apply for testing within the first 3 days of having symptoms** as it may take a day or two to arrange.
- **The test is best taken within 5 days of symptoms starting.**
- The test involves taking a swab of the inside of your nose and the back of your throat, using a long cotton bud.
- The tests will only tell you if you have coronavirus **at the time of testing**. It will not tell if you have previously had the virus. Antibody testing (to check if you have had the virus) is currently only offered to certain groups of NHS staff.

### What a COVID-19 test result means

Test results will be sent directly to the adult who has been tested, or to the parent or carer of a child who has been tested.

NHS advice on [interpreting test results](#) should be followed. Each school should identify a single contact for members of the school community to inform the school of a positive result and the expected duration of any absence following a test result.

### Someone who tests negative can stop self-isolating as long as:

- Everyone in the same household who has coronavirus symptoms also tests negative. Self-isolation should continue if anyone in the household tests positive, or has symptoms and has not been tested.
- They feel well. To prevent other illnesses spreading, people should stay at home until they're feeling better. If they've had diarrhoea or have been sick, they should stay at home until 48 hours after the diarrhoea and vomiting have stopped.
- They have not been told by the NHS Test and Trace service that they've been in contact with someone with coronavirus and should self-isolate, in this case a negative result does not alter the self-isolation required of 14 days.

If anyone who tests negative, or a member of their household, displays new symptoms at a later date, they **MUST** self-isolate again, and can be re-tested.

If a child completes self-isolation before their parents or carers, they can attend school provided arrangements can be made for them to safely travel within the current guidelines to and from school



## Section 9 – Management of a confirmed case

Please refer to PHE NW COVID-19 Template Resource Pack for Schools

Everyone with symptoms of coronavirus is encouraged to get tested so that cases can be confirmed. [See Section 8](#) for how to access testing.

### Someone who tests **positive**:

- Must self-isolate for at least 10 days from when their symptoms started or in the absence of symptoms from the date of the test. Anyone who lives with them must self-isolate for 14 days. Follow the [self-isolation/stay at home guidance](#).
- Must inform the NHS Test and Trace Service of recent contacts and their link to the school when asked to do so by the NHS Test and Trace Service. This is important to prevent further spread of the virus. Find details of what to expect from the Test and Trace Service [here](#).
- Should also inform the school directly of their test result.

Public Health England or the Local Authority Environmental Health Team will inform a school when someone has a positive test where they work in or attend a school.

When the school is aware of a confirmed case, they should inform PHE (if the notification of the case did not come from PHE or the Local Authority Environmental Health Team), and should inform the Local Authority Education Contact.

The confirmed case and anyone who lives with them should already be self-isolating.

### **Close contacts would include people who have had:**

- **Face to face contact with a case for any length of time, within 1 metre**, including being coughed on, a face to face conversation, unprotected physical contact (skin to skin) or travel in a small vehicle with a confirmed case.
- **Extended close contact (between 1 and 2 metres for more than 15 minutes)** with a confirmed case.

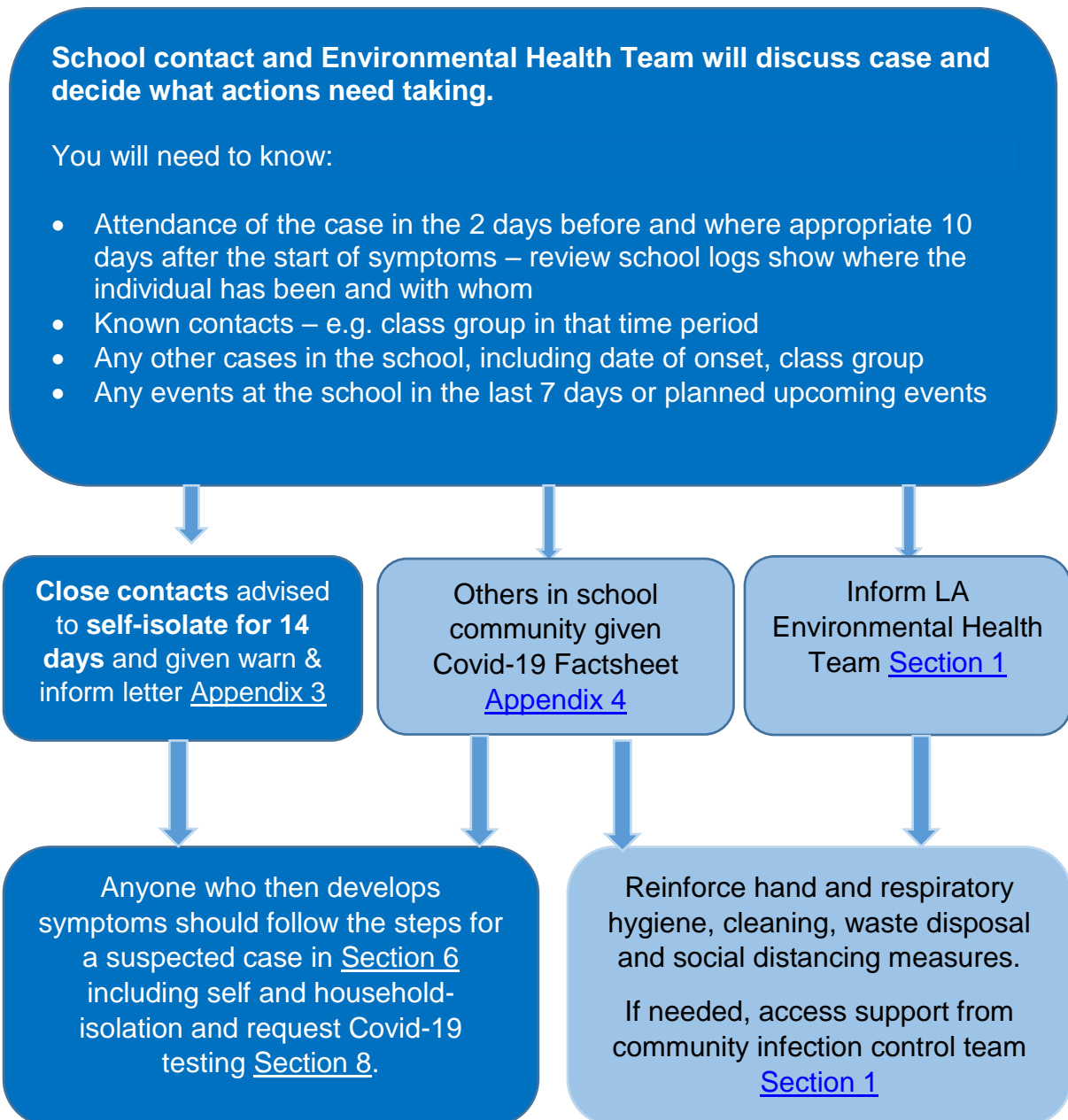
Public Health England or the Local Authority Environmental Health Team will provide a standard letter ([Appendix 3](#)) to the school containing the advice for contacts and their families. The school will be asked to send the letter to the identified contacts. People who live with a close contact do not need to self-isolate unless the contact develops symptoms. Where this happens they the household members should start 14 days of isolation.

Concerns about staffing due to self-isolation absences should be raised with the Local Authority Education contact, see [Section 1](#) for contact details.



## Wider school community

The Local Authority Environmental Health Team will provide a COVID-19 information factsheet (See [Appendix 4](#)) for the wider school community as appropriate. Aim to reinforce universal prevention measures: hand hygiene, respiratory hygiene, frequent cleaning and social distancing.



## Section 10 - Outbreak Management

Refer PHE NW COVID-19 Template Resource Pack for Schools

If two or more cases are detected within or connected to the school community, Public Health England working with the Local Authority Environmental Health Team will conduct a rapid investigation. If indicated, an outbreak control meeting will be held to advise schools on the most appropriate action to take. Possible actions include reinforcement of infection control measures, mass testing, wider self-isolation than immediate contacts, and, rarely on public health grounds school closure.

**Call the PHE out of hours or Local Authority Environmental Health Team in hours (see [Section 1](#) for contact details) for further discussion and advice if any concerning features develop, such as:**

- Large number of close contacts
- High numbers of vulnerable people as potential contacts within the setting
- Potential impact on service delivery if staff are excluded for 14 days from exposure
- Outbreak declared/cluster of cases
- Death or severe illness reported in the case or contacts
- Significant likelihood of media or political interest in situation (see [Appendix 6](#) for example protocol for responding to the media).

## Section 11 - Use of personal protective equipment

The majority of staff in education settings will not require personal protective equipment (PPE) beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others.

Read - [PHE NW COVID-19 Template Resource Pack for Schools](#)

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

- Children whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way. See [Appendix 7](#) for information on aerosol generating procedures.
- **If a pupil becomes unwell with symptoms of coronavirus see [Section 7](#) and the flow chart on [page 21](#) for what to do as well as a checklist of actions at [Appendix 5](#).**

**When PPE is used, it is essential that it is used properly - this includes hand hygiene.**

The putting on and removal of PPE should be as per the infection control and prevention guidance ([PPE click here](#))

Watch [how to put on PPE correctly](#)

- **The correct order for putting on PPE** is; hand hygiene, apron or gown, facemask, eye protection (if required) and gloves.

**Face masks must:**

- Cover both nose and mouth
- Not be allowed to dangle around the neck
- Not be touched once put on, except when carefully removed before disposal
- Be changed when they become moist or damaged
- Be worn once and then discarded - hands must be cleaned after disposal

Watch [how to remove PPE correctly](#)

- **The correct order for removal of PPE** is; gloves, hand hygiene, apron or gown, eye protection, hand hygiene, face mask, hand hygiene. Then disposed of safely in order to be effective.

Watch [how to wash your hands correctly](#), [how to dispose of waste](#) and [how to apply hand sanitiser correctly](#)

## Appendix 1 – Template to record school absences

### Template to record school absences

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

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

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

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

## Appendix 2 – Template to record illness at school

### Template to record illness at school

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

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

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

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

## Appendix 3 – Template letter/email for direct or proximity contacts

Date: DD/MM/YYYY

**FOR PARENTS/CARERS OF DIRECT CLOSE CONTACTS OF COVID-19 at  
XXXXX**

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

Dear Parent or Carer

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

We have followed the national guidance and have identified that your child (name) has been in close contact with the affected child. In line with the national guidance (see link below) we recommend that your child now stays at home and self-isolate until ADD DATE (14 days after contact).

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

If your child is well at the end of the 14 days period of self-isolation, then they can return to usual activities. A negative test does not mean that your child can return to school earlier than 14 days.

Other members of your household can continue normal activities provided your child does not develop symptoms within the 14 day self-isolation period.

Please see the link to the PHE Staying at Home Guidance

<https://www.gov.uk/government/publications/COVID-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-COVID-19-infection>

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

If your child develops symptoms of COVID-19, they should remain at home for at least 10 days from the date when their symptoms appeared as advised in

<https://www.gov.uk/government/publications/COVID-19-stay-at-home-guidance>

You should arrange for testing for your child via

<https://www.gov.uk/guidance/coronavirus-COVID-19-getting-tested> or 111.nhs.uk or primary care

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

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

Household members should not go to work, school or public areas and exercise should be taken within the home.

Household members staying at home for 14 days will greatly reduce the overall amount of infection the household could pass on to others in the community

If you are able can, move any vulnerable individuals (such as the elderly and those with underlying health conditions) out of your home, to stay with friends or family for the duration of the home isolation period

### **Symptoms of COVID 19**

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

- new continuous cough and/or
- high temperature and/or
- a loss of, or change in, normal sense of taste or smell (anosmia)

For most people, coronavirus (COVID-19) will be a mild illness.

If your child does develop symptoms, you can seek advice from NHS 111 at <https://www.nhs.uk/conditions/coronavirus-COVID-19/check-if-you-have-coronavirus-symptoms/> or by phoning 111.

### **How to stop COVID-19 spreading**

There are things you can do to help reduce the risk of you and anyone you live with getting ill with COVID-19

- wash your hands with soap and water often – do this for at least 20 seconds
- use hand sanitiser gel if soap and water are not available
- wash your hands as soon as you get home
- cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze
- put used tissues in the bin immediately and wash your hands afterwards

### **Further Information**

Further information is available at <https://www.nhs.uk/conditions/coronavirus-COVID-19/>

Yours sincerely

Name of Headteacher  
Name of School

## Appendix 4 – COVID-19 Factsheet for settings with positive case

### COVID-19 Information

**You have been given this factsheet as someone in the school/setting has tested positive for COVID-19 although you or your child have not been identified as a close contact.**

As you or your child are well now, you do not need any specific treatment or change what you are doing. However, like anybody else during this current situation, you are being asked to monitor your own or your child's health, looking out for any symptoms.

#### **What symptoms should I be concerned about?**

You should look for any of the following symptoms:

- New continuous cough
- Fever (a temperature of 37.8°C or higher)
- Loss of, or change in, normal sense of taste or smell (anosmia)
- Children may also display gastrointestinal symptoms.

#### **If you or your child develop these symptoms, however mild, at any point:**

Stay at home for at least 10 days from when your symptoms have started and refer to the guidance at <https://www.gov.uk/government/publications/COVID-19-stay-at-home-guidance/stay-at-home-guidance-for-people-with-confirmed-or-possible-coronavirus-COVID-19-infection>

#### **If you need to seek medical advice:**

Seek prompt medical attention if your illness is worsening. If it's not an emergency, visit NHS 111 online <https://111.nhs.uk>. If you have no internet access, you should call NHS 111.

If it is an emergency and you need to call an ambulance, dial 999 and inform the call handler or operator that you have coronavirus (COVID-19) symptoms.

#### **Reduce your risk:**

There are things you can do to help reduce the risk of you and anyone you live with getting ill with COVID-19:

- Wash your hands with soap and water often – do this for at least 20 seconds
- Use hand sanitiser 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 – remember – Catch It, Bin It, Kill It.



## Appendix 5 – Check list of actions to take in managing a single suspected case

<b>A suspected case is anyone who experiences a new, continuous cough, loss of taste and smell OR a high temperature. However, if a child begins to feel non-specifically unwell, consider whether they should be sent home or not.</b>	
<b>What to do when a child in an educational setting reports that they are unable to come in due to COVID-19</b>	<b>Action Completed</b>
<ul style="list-style-type: none"> <li>Any child with symptoms of COVID-19 should stay home and not attend the educational setting for at least 10 days from the first day they developed symptoms.</li> <li>Their parent/carer should be encouraged to share information promptly about the child's recent contacts and arrange a test for them via at <a href="https://www.gov.uk/get-coronavirus-test">https://www.gov.uk/get-coronavirus-test</a> or by calling 119 or 0300 303 2713. Anyone with hearing or speech difficulties should call 18001 0300 303 2713</li> <li>Testing should be undertaken within 5 days of becoming symptomatic, ideally within 3 days</li> <li>Children with a symptomatic household member should isolate for 14 days. If the person with symptoms tests negative, check at <a href="http://www.nhs.uk/conditions/coronavirus-COVID-19/testing-and-tracing/what-your-test-result-means/">www.nhs.uk/conditions/coronavirus-COVID-19/testing-and-tracing/what-your-test-result-means/</a> if the child can stop isolating.</li> </ul>	
<b>What to tell contacts of a child who reports that they are unable to come in due to COVID-19</b>	<b>Action Completed</b>
<p>While the test result of the suspected case is awaited, close contacts</p> <ul style="list-style-type: none"> <li>Should not self-isolate</li> <li>Must avoid individuals who are at high-risk of COVID-19</li> <li>Must take extra care in practising social distancing and good hygiene and in watching out for symptoms.</li> <li>Can be better prepared if the test is positive and the NHS Test and Trace Services notifies them (the contact) that they need to self-isolate</li> </ul> <p>If the suspected case's test is positive,</p> <ul style="list-style-type: none"> <li>Contacts will be asked to self-isolate for 14 days. They should arrange a test if they develop symptoms. Even if they have a negative test, they need to complete 14 days self-isolation because of the contact with a confirmed case.</li> </ul>	
<b>What to do if a child becomes unwell on site with COVID-19 symptoms</b>	<b>Action Completed</b>
<ul style="list-style-type: none"> <li>If a child develops COVID-19 symptoms at the educational setting, they should go home as soon as possible.</li> <li>If the child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door. A window should be opened for ventilation.</li> </ul>	

<ul style="list-style-type: none"> <li>• If it is not possible to isolate them, move them to an area that is at least 2 metres away from other people.</li> <li>• Provide adult supervision as required for the child waiting for collection. If possible, the adult should supervise from a 2m distance and then does not need to wear PPE.</li> <li>• If the supervising adult needs to be within 2m of the child with symptoms, the adult should wear a fluid-resistant surgical face mask.</li> <li>• If the supervising adult needs to be in direct contact with the child with symptoms, the adult should wear disposable gloves, disposable apron and a fluid-resistant surgical face-mask.</li> <li>• If there is a risk of splashing to the eyes (eg. from coughing, spitting or vomiting), the supervising adult should also wear eye protection</li> <li>• If the child needs to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.</li> <li>• Advise the parent/carer not to visit the GP, pharmacy, urgent care centre or a hospital. They should contact NHS 111 if the child is unwell, or 999 in an emergency.</li> <li>• Advise them to adhere to the further guidance in <a href="#">COVID-19: guidance for households with possible coronavirus infection</a></li> <li>• Advise the parent/carer to arrange COVID-19 testing by contacting via <a href="http://www.nhs.uk/coronavirus">www.nhs.uk/coronavirus</a> or calling 119.</li> <li>• Identify the key contacts who may have been with the child.</li> </ul>	
<b>If a member of staff has helped a child who is unwell</b>	Action Completed
<ul style="list-style-type: none"> <li>• They should wash their hands thoroughly with soap and warm water for 20 seconds after any contact.</li> <li>• They do not need to go home unless they develop symptoms themselves or the individual subsequently tests positive.</li> </ul>	
<b>What to do on site after a child has symptoms</b>	Action completed
<ul style="list-style-type: none"> <li>• The affected area/rooms should be cleaned using standard cleaning products after someone with symptoms has left to reduce the risk of passing the infection on to others. See <a href="#">COVID-19: cleaning of non-healthcare settings guidance</a> for more details</li> <li>• Inform Environmental Health Team if you strongly suspect the child has COVID-19 or if the child tests positive.</li> </ul>	

## **Appendix 6 - Protocol for responding to the media during an outbreak**

### **Protocol for responding to the media during an outbreak**

This document is for use by any individual or organisation involved in the response to an outbreak of COVID-19 within an early years/education setting.

The protocol sets out the process by which all parties will respond to the media, during or subsequent to related outbreak.

Following this protocol is essential to manage the reputation of all parties. It will help to ensure responses to the media are consistent, accurate and represent the views of all involved.

#### **Introduction**

Engaging positively with the media can be an effective way of keeping the public informed during an outbreak, this is particularly helpful where there are important public health messages that need to be shared widely within the community.

Media interest will vary dependent on the scale and nature of an outbreak, however in all cases, those involved should be prepared and ready to respond.

#### **Scope**

This protocol covers both proactive and reactive media communications in its various forms including press releases and written statements given to print and broadcast media, or published over social media; interviews; briefings; and verbal statements.

#### **Principles**

All communication with the media will follow these principles:

- Public health will be the paramount consideration; all communications will be designed to deliver clear and consistent messages to inform and direct the public
- All communications will have regard to the privacy of individuals
- Communications will be based on known facts, avoiding speculation, or prejudicing the outcomes of potential future investigations
- Be open and transparent

#### **Responsibilities**

Where an Outbreak Control Team (OCT) is formed, the communications representative of the organisation leading the response will take responsibility for managing the media response.

In this role they will advise members of the OCT on all matters related to the media. They will act as the single point of contact for media enquiries, agree lines for the response with relevant members of the OCT; and manage the approvals process.

A copy of approved press releases/statements will be shared with the communications teams of OCT members, prior to issuing to the media. Where appropriate content will also be cascaded to other stakeholders.

No other member of the OCT or the member agencies will release information to the media, unless with prior agreement from the communications lead.

The communications lead will also be responsible for updating the Cheshire Resilience Group Communications Cell on matters related to outbreaks.

Where there is no OCT in place, the Local Authority will coordinate the media response in liaison with Public Health England.

### **Approvals process**

In all cases, media material will be signed off by the Director of Public Health.

If an OCT is in place, the initial meeting of the group will establish the approvals process.

Where there is no OCT in place, the approvals process will follow the normal arrangements in place for the lead local authority.

### **Example of holding statement/social media post:**

**XX** Council is currently working with Public Health England following a number of positive cases of COVID-19 at **[SETTING NAME]**. Contact tracers have worked with **[SETTING NAME]** to identify close contacts and those who are now required to self-isolate have been informed. If you have not been contacted, you do not need to do anything. **[SETTING NAME]** remains open to other [pupils/children] as normal. For the latest Government advice and guidance on COVID-19 go to [www.gov.uk](http://www.gov.uk).

### **Example of initial OCT reactive media statement:**

An Outbreak Control Team (OCT) has been established following X confirmed positive cases of COVID-19 at [setting].

The OCT is being led by X and includes experts from [list of organisations].

Close contact tracing has identified a further X [numbers of children/staff; year groups;] who have been asked to self-isolate at home, for a period of 14 days.

*If required: [We can also confirm that X individuals have been admitted to hospital.]*

The following measures have been put in place to control the spread of the virus within [setting] add list of measures.

We would like to reassure parents and other members of the public that the risk of infection remains low.

However, if your child develops symptoms of COVID-19 (high temperature; persistent new cough; loss or change of taste/smell), they should follow Government guidance and self-isolate for at least 10 days from the start of symptoms. You should also arrange for a test. All other members of the household should stay at home and self-isolate for a period of 14-days from the day when the first person in the house became ill. For more information on what to do go to [www.gov.uk](http://www.gov.uk).

## Appendix 7 – Specific steps to be taken to care for children with complex medical needs

Aerosol generating procedures (AGPs), within education and children's social care settings are only undertaken for a very small number of children with complex medical needs, such as those receiving tracheostomy care. Staff performing AGPs in these settings should follow [personal protective equipment \(PPE\) guidance on aerosol generating procedures](#), and wear the correct PPE:

- a FFP2/3 respirator (must be fit tested)
- gloves
- a long-sleeved fluid repellent gown
- eye protection

**The following has been compiled by Infection Prevention Control Team, North West Boroughs Healthcare NHS Trust.**

**Tel:** 01925 664851 or **Email:** [infectionpreventionandcontrolteam@NWBH.nhs.uk](mailto:infectionpreventionandcontrolteam@NWBH.nhs.uk)

1. Only one child requiring AGP in each class at any one time.
2. The school should facilitate shorter sessions to enable each child requiring AGP to have time in school, this may also include home schooling.
3. Children requiring AGP should be transported to and from school in parents vehicles or hospital transport. (Taxis would need to be decontaminated and out of action for at least one hour if the child required AGP whilst in the vehicle - the taxi driver would also need FIT testing).
4. Children requiring AGP should enter and leave the school through the nearest entrance/exit to their classroom to prevent accessing communal areas. This will reduce the risk of AGP being conducted in large spaces which will then need to be deep cleaned.
5. A dedicated AGP room should be identified close to the classroom which will be assigned to the child requiring AGP. The room should have a closed door and ventilation system which filters the air. The air should be filtered out of the building and should not get recirculated.
6. The AGP room should be locked when not in use.
7. The AGP room should be deep cleaned with a product that is effective against COVID-19 at the end of the child's session, at least one hour after the last use and before the next child's session starts.
8. In the event that AGP is required in the classroom all other children should be moved to a different classroom which should be identified by the school. The room should then be out of action for one hour and deep cleaned with hypochlorite solution.
9. Used PPE should be disposed of in clinical waste stream.
10. All classrooms and designated AGP rooms should be de-cluttered. This is to make the process of cleaning the room as straightforward as possible.