



PHE NW COVID-19 Template Resource Pack for Schools

Version 2.4

ADAPTED FOR CHESHIRE EAST SCHOOLS

3rd September 2020

Please note that, 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 highlighted throughout this document.

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Section 1: Local Area Key Contacts

For COVID-19 queries/confirmed cases related to educational settings in CE

CHESHIRE EAST LOCAL AUTHORITY

Public Health Dept.

01270 371323 &

Covid19@cheshireeast.gov.uk

Any out of hours contact : as number below.

Local Staff ; **Prof. Rod Thomson,
Dr. Matt Tyrer
Clare Walker**

To notify confirmed cases of COVID 19 and suspected outbreaks, please contact your local health protection team via the relevant hub for your area as detailed below

Cheshire and Merseyside

0344 225 0562 (option 0 then option 1)

Out of Hours PHE Contact:

Public Health England first on call via the Contact People

0151 434 4819

NON-URGENT Queries/Questions to be directed to : ICC.Northwest@PHE.gov.uk

**DO NOT CONTACT THE ABOVE NUMBERS IF A
CHILD IS ONLY SHOWING SYMPTOMS
(see Page 6 and 7)**

Section 2: COVID-19 Key messages

What are the symptoms?

The main symptoms of COVID-19 are:

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

Children may also display gastrointestinal symptoms.

What is the mode of transmission?

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

What is the incubation period?

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

When is a person infectious?

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

Are children at risk of infection?

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

Can children pass on the infection?

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

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.

What PPE is recommended for teachers and children?

From 1st September in England, the use of face coverings in schools by children in Year 7 or above is discretionary on the head teacher's decision.

However, in areas with local intervention (lockdown), in education settings where Year 7 and above are educated, face coverings should be worn by adults and pupils when moving around, such as in corridors and communal areas where social distancing is difficult to maintain. As in the general approach, it will not usually be necessary to wear face coverings in the classroom, where protective measures already mean the risks are lower, and they may inhibit teaching and learning.

In the event of new local restrictions being imposed, schools and colleges will need to communicate quickly and clearly to staff, parents, pupils and learners that the new arrangements require the use of face coverings in certain circumstances. This updated guidance on face coverings for areas of national government intervention will come into effect on 1 September ([Face Covering Guidance](#)).

What are the protective measures that the schools need to put in place?

The following hierarchy of prevention and response measures should be put in place.

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) clean hands thoroughly more often than usual
- 3) ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
- 4) introduce enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach
- 5) minimise contact between individuals and maintain social distancing wherever possible, i.e. maintain social distancing of 2 metres with individuals outside your bubble whenever possible and in school activities that have the potential for being in close proximity to other individuals. **This must be properly considered, and schools must put in place measures that suit their particular circumstances.**
- 6) Face covering should be worn as per guidance (see above).

Section 3: Management of a suspected case

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

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

- Parent/Carer or staff member should notify the school of their absence by phone
- School should record and keep minimum dataset (see suggested template in Appendix 1): Reason for absence, date of onset of symptoms, symptoms, class etc.
- Direct to [Stay at home](#) guidance for isolation advice for child/staff member and their households. The person with symptoms should isolate for 10 days starting from the first day of their symptoms and the rest of their household for 14 days.
- Advise that the child/staff member should get tested via NHS UK or by contacting NHS 119 via telephone if they do not have internet access This would also apply to any parent or household member who develops symptoms. If any staff contact develops symptoms then they can apply for a test via <https://www.gov.uk/apply-coronavirus-test-essential-workers>.
- The School should initiate their remote learning protocols and ensure that any learners self isolations are accessing agreed learning opportunities which align with their stage of learning. Regular contact should be made to such learners by staff.
- **There is no further action required by the school at this time, and no need to notify the Local Authority or Health Protection Team. Any queries should be directed through: ICC.Northwest@PHE.gov.uk**

What to do if someone falls ill while at school

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

- If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.
- If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.
- PPE should be worn by staff caring for the child while they await collection ONLY if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).
- If a 2 metre distance cannot be maintained, then the following PPE should be worn by the supervising staff member:
 - Fluid-resistant surgical face mask
- If direct contact with the child is necessary, and there is significant risk of contact with bodily fluids, then the following PPE should be worn by the supervising staff member
 - Disposable gloves
 - Disposable plastic apron
 - Fluid-resistant surgical face mask
 - Eye protection (goggles, visor) should be worn ONLY if a risk assessment determines that there is a risk of fluids entering the eye from, for example, coughing, spitting or vomiting
- The school should record and keep the details of the incident in case it is needed for future case or outbreak management (see suggested template Appendix 2)

There is no need to notify the Local Authority or the Health Protection Team of the incident

Section 4: Management of a confirmed case

If a child who attends or staff member who works at an educational setting **tests positive** for COVID-19 then the school will be contacted by a contact tracer. This contact tracer may be based either in the Local Authority or the local Health Protection Team. If a headteacher is **informed by a parent or staff member** that a child or staff member has tested positive and has not already been contacted by a contact tracer then they should notify both their Local Authority PHE Team in the first instance – See page 3.

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

- **Close/direct contact is considered to be:**
 - being coughed on, or
 - having a face-to-face conversation within 1 metre, or
 - having unprotected skin-to-skin physical contact, or
 - travel in a small vehicle with the case, or
 - any contact within 1 metre for 1 minute or longer without face-to-face contact
 - extended close contact (between 1 and 2 metres for more than 15 minutes) with a case

See page 13 for a fuller description of a contact in a school setting.

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

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

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

Section 5: Arrangements for management of a possible outbreak

If there are more confirmed cases linked to the school the local Health Protection Team will investigate and will advise the school on any other actions that may be required.

If a school has come across two or more confirmed cases, or there is a high reported absence which is suspected to be COVID-19 related, then the local health protection team or the local authority public health team should be notified promptly (see front page).

However, it is probable that some outbreaks will be identified by either the local health protection team or the local authority public health team and the school will then be contacted by one of these teams.

Section 6: Planning for local restrictions

Schools are expected to plan for the possibility of local restrictions (from national direction) and how they will ensure continuity of education in exceptional circumstances where there is some level of restriction applied to education or childcare in a local area.

Full guidance can be found [here](#).

Restrictions will be implemented in a phased manner. These 'tiers of restriction' will ensure that extensive limitations on education and childcare are a last resort, and that priority is given to vulnerable children and children of critical workers for face-to-face provision in all cases.

Tiers of restriction

Tier 1 – The default position for areas in national government intervention is that education and childcare settings will remain open. An area moving into national intervention with restrictions short of education and childcare closure is described as 'tier 1'. There are no changes to childcare, and the only difference in education settings is that where pupils in year 7 and above are educated, face coverings should be worn by adults and pupils when moving around the premises, outside of classrooms, such as in corridors and communal areas where social distancing cannot easily be maintained.

Tier 2 - Early years settings, primary schools and alternative provision (AP) providers, special schools and other specialist settings will continue to allow all children/pupils to attend on site. Secondary schools move to a rota model, combining on-site provision with remote education. They continue to allow full-time attendance on site to vulnerable children and young people and the children of critical workers. All other pupils should not attend on site except for their rota time. Further education (FE) providers should adopt similar principles with discretion to decide on a model that limits numbers on site but works for each individual setting.

Tier 3 - Childcare, nurseries, primary schools, AP, special schools and other specialist settings will continue to allow all children/pupils to attend on site. Secondary schools, FE colleges and other educational establishments would allow full-time on-site provision only to vulnerable children, the children of critical workers and selected year groups (to be identified by Department for Education). Other pupils should not attend on site. Remote education to be provided for all other pupils.

Tier 4 – All nurseries, childminders, mainstream schools, colleges and other educational establishments allow full-time attendance on site only to our priority groups: vulnerable children and the children of critical workers. All other pupils should not attend on site. AP, special schools and other specialist settings will allow for full-time on-site attendance of all pupils. Remote education to be provided for all other pupils.

Section 7: Frequently Asked Questions

Cases and contacts

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

No. If a member of the child's household is unwell with COVID-19 symptoms then the child/staff member should isolate for 14 days starting from the day the household member(s) became ill. If the child subsequently develops symptoms then they should isolate for 10 days from the date they developed symptoms. See [Stay-at-home-guidance](#). The household member(s) should be tested within 5 days of symptom onset. If all symptomatic household members test negative, the child/staff member can return to work.

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

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

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

The school should notify the local HPT/contact tracing hub as per contact details on page 5. The health protection team/contact tracer will advise on identifying and excluding contacts appropriately.

Who is considered a contact in a school setting?

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

A contact is defined as a person who has had contact (see below) at any time from 48 hours before onset of symptoms (or test if asymptomatic) to 10 days after onset of symptoms (or test):

- a person who has had face-to-face contact (within one metre) with someone who has tested positive for coronavirus (COVID-19), including:
 - being coughed on, or
 - having a face-to-face conversation, or
 - having skin-to-skin physical contact, or
 - any contact within one metre for one minute or longer without face-to-face contact

- a person who has been within 2 metres of someone who has tested positive for coronavirus (COVID-19) for more than 15 minutes
- a person who has travelled in a small vehicle *with* someone who has tested positive for coronavirus (COVID-19) or in a large vehicle *near* someone who has tested positive for coronavirus (COVID-19)
- people who spend significant time in the same household as a person who has tested positive for coronavirus (COVID-19)

Which contacts need to self-isolate?

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

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

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

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

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

There is no action required of the school. No one with symptoms should be attending school and anyone who develops symptoms while at school should be isolated and sent home as soon as possible. Schools should regularly remind parents of the government guidance on staying at home and the importance of a household self-isolating if anyone in the household develops symptoms.

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

If the child is NOT a known contact of a confirmed case the child can return to school if the result is negative, provided they feel well and they have not had a fever for 48 hours.

If the child is a contact of a confirmed case they must stay off school for the 14 day isolation period, even if they test negative. This is because they can develop the infection at any point up to day 14 (the incubation period for COVID-19), so if a child tests negative on day 3 they may still go on to develop the infection.

If a child who was a contact of a confirmed case tests negative, can they return to school?

No, the child should complete 14 days of isolation.

Does a child need to have a negative test before they can return to school?

No, schools should not request evidence of a negative test results or other medical evidence before admitting children after a period of self-isolation and the child is fever free for 48 hours.

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

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

Testing

How can a parent arrange testing?

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

Will the school be informed of any test results?

The school will be informed if a child or staff member tests positive as part of NHS Test and Trace. The school will not be informed of any negative results. Contact will be made by the NHS Test and Trace Team.

How can a staff member get tested?

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

Can they be tested if they do not have symptoms?

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

Can schools help to organise testing?

All schools and Further Education providers will receive an initial supply of 10 home test kits. Home test kits should only be offered if you believe an individual may be unable to access testing elsewhere. The full guidance from DfE regarding access to testing can be found here [accessing tests in schools](#)

High Risk Groups

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

Since the 1st August 2020 shielding measures have been paused as rates of community transmission of COVID19 are now much lower. Therefore, children or staff who have previously been shielding can return to school so long as the school has put in place the preventative measures on page 7. If the school is in an area of local lockdown due to a rise in infections, then people may be advised to shield again. The school should check with their local authority.

Further advice on shielding is available at [Current advice on shielding](#)

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

Pregnant women are in the “clinically vulnerable” category and can return to work at school.

All clinically vulnerable staff should take particular care to observe good hand and respiratory hygiene, maintain 2 metre distance from others and where this is not possible avoid close face to face contact and minimise time spent within 1 metres of others.

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

The Royal College of Obstetrics and Gynaecology (RCOG) has published [occupational health advice for employers and pregnant women](#). This document includes advice for women from 28 weeks gestation or with underlying health conditions who may be at greater risk. The Department of Education guidance advises pregnant women and employers to continue to monitor for future updates to it. Pregnant women with no underlying health conditions should return to work as normal.

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

Children or staff who live with people who were previously in the shielding group can return to school/work.

Staff

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

Currently, only people who are symptomatic can access a test via NHS UK or ringing 119

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

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

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

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

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

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

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

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

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

Face coverings

It is reasonable to assume that staff and young people will now have access to face coverings due to their increasing use in wider society, and Public Health England has made available resources on how to [make a simple face covering](#). Here is a [BBC video on how to wear one safely](#).

However, where anybody is struggling to access a face covering, or where they are unable to use their face covering due to having forgotten it or it having become soiled or unsafe, education settings should take steps to have a small contingency supply available to meet such needs.

No-one should be excluded from education on the grounds that they are not wearing a face covering.

The wearing of face covering should not replace other important infection prevention control measures which should be in place in all schools. These include:

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

When should children wear face coverings?

Where the transmission of the virus is high (areas with local intervention) face coverings are recommended for staff and pupils in year 7 and above in line with [national guidance](#).

Where the transmission of the virus is not high (areas without local intervention), schools and colleges will have the discretion to require face coverings in communal areas where social distancing cannot be safely managed, if they believe that it is right in their particular circumstances.

Examples of where education leaders might decide to recommend the wearing of face coverings - for pupils and staff - in communal areas of the education setting include:

- where the layout of the school or college estate makes it particularly difficult to maintain social distancing when staff and pupils are moving around the premises
- where on top of hygiene measures and the system of controls recommended in the full opening guidance to schools and FE colleges and providers, permitting the use of face coverings for staff, pupils or other visitors would provide additional confidence to parents to support a full return of children to school or college

Pupils should remove their face covering before entering their classroom. They should place reusable face coverings in a plastic bag or dispose of temporary face coverings in a covered bin. Pupils should be instructed not to touch the front of the face covering when removing it. Pupils should wash their hands after removing their facemask before going to the classroom.

If older pupils are leaving the grounds at lunchtime they should be reminded that face coverings need to be worn in shops or supermarkets.

Are there exemptions for certain pupils and staff?

Some individuals are exempt from wearing face coverings. This applies to those who:

- cannot put on, wear or remove a face covering because of a physical or mental illness or impairment or disability
- speak to or provide assistance to someone who relies on lip reading, clear sound or facial expression to communicate

The same exemptions will apply in education settings, and we would expect teachers and other staff to be sensitive to those needs.

Transport to and from school

Public Transport

Children who come to school via public transport are required to wear face coverings, and to observe social distancing.

Designated school transport

The approach to dedicated transport should align wherever possible with the principles underpinning the system of controls set out in this document and with the approach being adopted for your school. It is important, wherever it is possible, that:

- social distancing should be maximised within vehicles
- children either sit with their 'bubble' on school transport, or with the same constant group of children each day
- If the designated school transport includes children outside the 'bubble' then face coverings should be recommended
- children should clean their hands before boarding transport and again on disembarking
- additional cleaning of vehicles is put in place
- organised queuing and boarding is put in place
- through ventilation of fresh air (from outside the vehicle) is maximised, particularly through opening windows and ceiling vents

While waiting for school transport social distancing must be maintained

Immunisations

Should school-based immunisations take place?

It is really important that school-based immunisation programmes take place as normal. These programmes are essential for children's health and wellbeing and can also provide benefits for staff. Schools should engage early with their local immunisation providers to facilitate this and advice should be sought from their Local Authority.

Music

Can music lessons go ahead?

When planning music provision for the next academic year, schools should consider additional specific safety measures. These include

- Playing instruments and singing in groups should take place outdoors wherever possible.
- Pupils should be positioned back-to-back or side-to-side when playing or singing
- Avoid sharing instruments and equipment (including scores and scripts). If instruments and equipment have to be shared, disinfect regularly (including any packing cases, handles, props, chairs, microphones and music stands) and always between users.
- Singing, wind and brass playing should not take place in larger groups such as choirs and ensembles, or assemblies unless significant space, natural airflow (at least 10l/s/person for all present, including audiences) and strict social distancing and mitigation as described below can be maintained

Physical Education

Schools have the flexibility to decide how physical education, sport and physical activity will be provided whilst following the measures in their system of controls.

Schools should refer to the following guidance:

- [guidance on the phased return of sport and recreation](#) and guidance from [Sport England](#) for grassroots sport
- advice from organisations such as the [Association for Physical Education](#) and the [Youth Sport Trust](#)
- guidance from Swim England on school swimming and water safety lessons available at returning to pools [guidance documents](#)

Cleaning

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

It is important to concentrate on regular cleaning of frequently touched items / surfaces. This is likely to be highly effective as high contact surfaces will present the main risk in terms of indirect transmission. So long as regular cleaning is thorough and maintained at all times there is no need for additional cleaning.

- Cleaning an area with normal household disinfectant after someone with suspected coronavirus (COVID-19) has left will reduce the risk of passing the infection on to other people.
- Wear disposable or washing-up gloves and aprons for cleaning.
- Using a disposable cloth, first clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles.
- If an area has been heavily contaminated, such as with visible bodily fluids, use protection for the eyes, mouth and nose, as well as wearing gloves and an apron.
- All the disposable materials should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished.
- Wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning.

Do toilets need to be cleaned after every use?

No. Toilets are frequently touched surfaces, so they need to be cleaned frequently throughout the day, but not after every use (except if used by a symptomatic person whilst waiting to go home).

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

- before school starts
- after morning break
- after lunch
- after afternoon break
- at the end of day.

Apart from gloves and apron, there is no need for additional PPE.

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

- use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine
- or
- a household detergent followed by disinfection (1000 parts per million available chlorine). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants
- or
- if an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses

Avoid creating splashes and spray when cleaning.

All the disposable materials should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished.

Section 8: National Guidance Documents

This local guidance document has been based on national PHE, NHS and government guidance. Hyperlinks to key national guidance are displayed here for reference (click on the link to be taken to the relevant guidance/information online).

Social distancing for different groups

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

Guidance for contacts

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

Specific guidance for educational settings

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

Testing

- [NHS: Testing for coronavirus](#)

Infection prevention and control

- [Safe working in education, childcare and children's social care settings including the use of PPE](#)
- [Cleaning in non-healthcare settings](#)
- [5 moments for hand hygiene: with how to hand rub and how to handwash. Posters](#)
- [Catch it. Bin it. Kill it.](#) Poster

Coronavirus Resource Centre posters

- [Available Here](#)

APPENDIX 1 – Template to record school absences (retained in 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 | 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 |
|------|------|-------|---------------------|---------------------------|-------------|--|---|---|--|
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Reason for absence*: Ill, Household member ill, contact of a confirmed/suspected case, Shielding, Other e.g. dental appointments

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

APPENDIX 2 – Template to record illness at school (retained in 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 |
|------|------|-------|--------------------------------|-----------|--|--------------------------------------|
| | | | | | | |
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| | | | | | | |

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

** Only required if social distancing could not be observed

APPENDIX 6 – Flowchart for dealing with suspected and confirmed COVID—19 cases

See Separate Attached to this pack. This has been kept separate to allow easier printing to display in key places in the School.

APPENDIX 7 : Specimen letters : TO FOLLOW