**Cumbria County Council: Public Health Advice – actions to be considered when in-setting transmission is suspected**

**ANY ADDITIONAL MEASURES INTRODUCED SHOULD BE REVIEWED AFTER 2 WEEKS OF BEING IMPLEMENTED AND STEPPED DOWN IF IN-SETTING TRANSMISSION HAS STOPPED**

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| **Threshold Level** | **EARLY YEARS, PRIMARY, INFANT AND JUNIOR SCHOOLS**  **Actions to consider for affected groups / classes**  **ACTIONS CAN ONLY BE ADVISED (CANNOT BE MANDATED)** | **SECONDARY SCHOOLS AND COLLEGES**  **Actions to consider for affected YEAR groups (or sub-groups of year groups if close contact is restricted)**  **ACTIONS CAN ONLY BE ADVISED (CANNOT BE MANDATED** |
| **BASELINE**  Number of cases below the threshold for Level 1 | Watchful waiting  Ensure routine control measures are in place e.g., hand washing, ventilation, LFD testing for staff, excluding symptomatic individuals from the setting. Discuss with Education IPC team for advice and support if necessary.  Household contacts of positive cases   * Children aged 0-4 – no specific action but ask parent / carer to consider keeping household contact of positive case at home for 5 days. * Children aged 5-11 - learn from home, then PCR test on day 5. Return to setting if PCR negative (exempt if already testing positive via PCR in past 90 days). **As an option**, they can continue to attend the setting, but perform daily LFD tests until they receive their PCR result (exempt if vaccinated or already testing positive via PCR is past 90 days) * Staff who are fully vaccinated and household contacts of positive cases – ask to do a PCR test. If negative, attend setting but LFD test daily for up to 10 days following onset of symptoms / positive test in household contact (exempt if already testing positive via PCR in past 90 days) | Watchful waiting  Ensure routine control measures are in place e.g., hand washing, ventilation, LFD testing for staff, excluding symptomatic individuals from the setting. Discuss with Education IPC team for advice and support if necessary.  Household contacts of positive cases   * Pupils/students aged 11-18+6 months – ideally learn / work from home, then PCR test on day 5. Return to setting if PCR negative (exempt if vaccinated or already testing positive via PCR is past 90 days). **As an option**, they can continue to attend the setting, but perform daily LFD tests until they receive their PCR result (exempt if vaccinated or already testing positive via PCR is past 90 days) * Staff and students aged 18+6 months and over who are fully vaccinated – ask to do a PCR test. If negative, attend setting but LFD test daily for up to 10 days following onset of symptoms / positive test in household contact (exempt if already testing positive via PCR in past 90 days) |
| **LEVEL 1**  **Thresholds for educational / school settings:**  Five children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period  **Or**  10% of children, pupils, students or staff who are likely to have mixed closely, test positive for COVID-19 within a 10-day period.  Settings that operate with 20 or fewer children, pupils, students and staff at any one time: 2 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period. | Watchful waiting?  If numbers are low – watchful waiting can be considered – discussion between Education IPC team and setting. If agreed, ensure routine control measures are in place e.g., hand washing, ventilation, LFD testing for staff, excluding symptomatic individuals from the setting  Face Coverings   * Re-introduce for staff in communal areas * Ask parents to wear at drop-off and pick-up times   Strengthened system of controls (see checklist – appendix 1) – including:   * Increased cleaning * Increased ventilation * Implement testing recommendations * Review risk assessments for clinically extremely vulnerable and pregnant staff   Strengthened communications  Warn and inform letter to all parents (template available from EIPC Team) | Watchful waiting?  If numbers are low – watchful waiting can be considered – discussion between Education IPC team and setting. If agreed, ensure routine control measures are in place e.g., hand washing, ventilation, LFD testing for staff, excluding symptomatic individuals from the setting  Face Coverings   * Reintroduce for staff AND PUPILS / STUDENTS in communal areas   Strengthened system of controls (see checklist – appendix 2) – including:   * Increased cleaning * Increased ventilation * Implement testing recommendations * Review risk assessments for clinically extremely vulnerable and pregnant staff   Strengthened communications  Warn and inform letter to all parents (template available from EIPC team) |
| **LEVEL 2 (step-up from level 1)**  **Thresholds for educational / school settings:**  Ten children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period  **Or**  20% of children, pupils, students or staff who are likely to have mixed closely, test positive for COVID-19 within a 10-day period.  Settings that operate with 20 or fewer children, pupils, students and staff at any one time: 4 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period. | In addition to LEVEL 1 actions:  Contact Tracing   * Introducing contact tracing within the setting, with close contacts strongly advised to seek PCR test.   Re-introduce previous measures that restricted close contact between groups of children (formally known as ‘bubble’ arrangements).   * Specifically indoors (no need to introduce bubble arrangements outdoors) | In addition to LEVEL 1 actions:  Face Coverings   * Consider re-introducing face-coverings for STAFF and PUPILS / STUDENTS **in classrooms** as well as communal indoor areas   Onsite LFD Testing   * Consider re-instating on-site rapid LFD testing for affected year groups. There are different ways to do this, so speak to the EIPC Team for further advice.   Re-introducing designated seating plans and restricted mixing of groups   * Reintroduce designated seating plans to aid contact tracing, and * Consider reintroducing (where practical to do so) measures that limit mixing between different year groups.   Contact Tracing   * Where seating plans have been reintroduced, pupils /students known to have sat within 2 metres of a positive case within a lesson should be strongly advised to seek a PCR test. |
| **LEVEL 3 (step-up from level 2)**  **Thresholds for educational / school settings:**  Twenty children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period  **Or**  40% of children, pupils, students or staff who are likely to have mixed closely, test positive for COVID-19 within a 10-day period.  Settings that operate with 20 or fewer children, pupils, students and staff at any one time: 8 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period. | In addition to LEVEL 2 actions:  Attendance restrictions\*   * Affected class or group to move to home learning for as short a period of time as possible, but with on-site provision remaining for vulnerable children and key worker children. | In addition to LEVEL 2 actions:  Attendance restrictions\*   * Affected group to move to home learning for as short a period of time as possible, but with on-site provision remaining for vulnerable children and key worker children. |

\*Attendance restrictions

▪ High quality face-to-face education remains a government priority.

▪ Attendance restrictions should *only* ever be considered as a short-term measure and as a last resort:

o for individual settings, on public health advice in extreme cases where other recommended measures have not broken chains of in-setting transmission; or

o across an area, on government advice in order to supress or manage a dangerous variant and to prevent unsustainable pressure on the NHS.

*Note: Remote learning should be considered for effected cohorts only for defined periods.*

Questions? Contact the Education IPC team at Cumbria County Council via email: [EducationIPC@cumbria.gov.uk](mailto:EducationIPC@cumbria.gov.uk)

**Appendix 1 – Level 1 Checklist for Early Years settings and Infant, Junior and Primary Schools**

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| **Cleaning:**   * Increase frequency of cleaning of high-touch areas * Ensure any learning equipment is regularly wiped down and where possible allocate dedicated resources to each child (e.g., IPads, books, stationary) * Early years – suspend water play and discard used water and any play-doh-type materials |
| **Hand and Respiratory Hygiene**   * Encourage all staff and children to wash their hands more often for at least 20 seconds * Staff should wear PPE if providing direct care to a child with symptoms of COVID-19 who is waiting to be collected * Have tissues available in every room and dispose of used tissues immediately in a bin * Encourage children and staff to cough and sneeze into their elbows * Be aware! Hand santiser does not kill norovirus, so if you also have cases of vomiting or diarrhoea in your setting, please encourage hand washing (rather than hand sanitiser) where possible * Early years – ensure hands are washed thoroughly before and after providing direct care, such as nappy changing and handling food / preparing bottles |
| **Face coverings:**   * Staff should wear a face covering in communal areas of the building, including in staff rooms and staff meetings * Encourage parents and carers to wear a face covering at drop off and pick up times * Vulnerable members of staff? Clinically extremely vulnerable staff, pregnant staff and unvaccinated staff – discuss if face coverings wish to be worn in classroom / playrooms |
| **Ventilation:**   * Keep windows open to allow fresh air to circulate where possible. In warmer weather, keep windows fully open. In colder weather, keep windows partially open where you can. If it is too cold to keep the windows open, try and move staff and children to another room every couple of hours, so the windows can be opened regularly, and the air refreshed. Do not prop open fire doors. * Let parents know that the rooms may be cooler than normal and ask them to ensure children and staff bring warm clothes with them. * Where reasonable, maximise the time spent outdoors or in better ventilated parts of the building (avoid long periods of time in small, hot, stuffy rooms). * Avoid / minimise activities indoors that encourage singing, playing wind instruments, shouting or intense exercise – these activities increase the risk of aerosol transmission |
| **Testing:**   * Anyone who has a recent onset of; (i) a new continuous cough, (ii) a high temperature or (iii) a loss of, or change in their normal sense of taste or smell should self-isolate and get a PCR test * Any staff (who are fully vaccinated) identified as close contacts of a positive case should get a PCR test (they can continue to attend work whilst waiting for the test / test result as long as they don’t have symptoms) * All staff should be encouraged to self-test with a lateral flow device twice a week. * Adult household members of the children attending your setting should be encouraged to self-test twice a week * Household contacts of positive cases ONLY   + Children aged 4 and under who are household contacts of a positive case – no specific action but ask parent / carer to consider keeping household contact of positive case at home for 5 days.   + Children aged 5-11 who are household contacts of a positive case - learn / work from home, then PCR test on day 5. Return to setting if PCR negative (exempt if already testing positive via PCR in past 90 days). **As an option**, they can continue to attend the setting, but perform daily LFD tests until they receive their PCR result (exempt if vaccinated or already testing positive via PCR is past 90 days).   + Staff who are fully vaccinated and are household contacts of a positive case – ask to do a PCR test. If negative, attend setting but LFD test daily for up to 10 days following onset of symptoms / positive test in household contact (exempt if already testing positive via PCR in past 90 days) * Children aged 5-11 who are either; (i) a household contact of a positive case OR (ii) a member of a class/group in which there have been multiple cases within the last 10 days, who develop any of the following symptoms should be asked to get a PCR test before returning to the setting (exempt if already testing positive via PCR in past 90 days)   + nausea, diarrhoea or loss of appetite (note that children should also be excluded from the setting until 48 hours after the diarrhoea or vomiting has stopped)   + headache   + extreme or unusual tiredness (fatigue)   + aching muscles   + sore throat and other ‘heavy cold-like’ symptoms |
| **Reducing close contact between people in your setting / outside of your setting**   * Limit the mixing of affected groups / classes with other groups of children in your setting where possible * You should exclude affected classes / groups from any gatherings that encourage close mixing with other classes / groups e.g., collective worship, assemblies, performances (unless they can be carried out outdoors) * Try and cohort staff with specific groups of children (e.g., if you have a TA who works in the class affected by positive cases, consider standing them down from supporting dinner break with other classes of children (or if you cannot avoid mixing, consider ways you can reduce risk e.g., improved ventilation, staff member wearing a face covering, maintaining 2 metres distance, daily LFD testing). * Any planned trips, transition visits, open days or non-essential activities that bring visitors into the setting should be risk assessed and postponed if there is a chance that the activity could encourage further transmission of COVID-19 * Let key workers know if the child they are visiting is a known close contact (or is in a class which currently has multiple cases of COVID-19) * Parents testing positive have a legal obligation to isolate when told to do so by NHS Test & Trace – they should not leave home to bring their children to school |
| **Clinically extremely vulnerable staff / pregnant staff**   * If you have staff who are identified as being clinically extremely vulnerable or pregnant who work in any of the rooms / with groups affected by multiple positive cases, please ensure you discuss any possible risks with them and review any individual risk assessments you have in place for that staff member. Consider any additional measures to protect them e.g., can they wear a face covering whilst in the setting? Can they temporarily switch roles so they can maintain 2 metres distance from others more easily? |
| **Transport**   * If you have children travelling on school transport who are close contacts in a class / group affected by multiple positive cases, consider letting your transport operator know – they can take extra precautions like ensuring buses are well ventilated. They may also have vulnerable staff they need to review risk assessments for. |

**Appendix 2 – Level 1 Checklist for Secondary Schools and Colleges**

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| **Cleaning:**   * Increase cleaning of frequently touched areas, such as doors, handrails and bathrooms * Increase cleaning of any shared equipment, such as sports, science and music equipment * Consider wiping down desks and chairs after use by pupils / students in the affected classes (if other groups of children / young people use the same room) |
| **Hand and Respiratory Hygiene**   * Encourage all staff and pupils / students to wash their hands more often for at least 20 seconds, and especially after using the toilet, before eating or preparing food, and after using shared equipment * Have tissues available in every room and dispose of used tissues immediately in a bin * Encourage pupils / students and staff to cough and sneeze into their elbows * Be aware! Hand sanitiser does not kill norovirus, so if you also have cases of vomiting or diarrhoea in your setting, please encourage hand washing (rather than hand sanitiser) where possible |
| **Face coverings:**   * Encourage staff and pupils / students to wear a face covering in indoor communal areas outside of the classroom, such as corridors |
| **Ventilation:**   * Keep windows open to allow fresh air to circulate where possible. In warmer weather, keep windows fully open. In colder weather, keep windows partially open where you can. If it is too cold to keep the windows open, try and move staff and children / young people to another room every couple of hours, so the windows can be opened regularly, and the air refreshed. Do not prop open fire doors * Let parents and pupils / students know that the rooms may be cooler than normal and ensure pupils and staff bring warm clothes with them * Where reasonable, maximise the time spent outdoors or in better ventilated parts of the building (avoid long periods of time in small, hot, stuffy rooms) * Encourage pupils / students to socialise outdoors during break times * Hold classes outdoors where it is practical to do so (e.g., physical education) |
| **Testing:**   * Anyone who has a recent onset of; (i) a new continuous cough, (ii) a high temperature or (iii) a loss of, or change in their normal sense of taste or smell should self-isolate and get a PCR test * Any staff who are fully vaccinated and identified as close contacts of a positive case should get a PCR test (they can continue to attend work whilst waiting for the test / test result as long as they don’t have symptoms) * All staff and pupils should be encouraged to self-test with a lateral flow device twice a week (unless they have tested positive via PCR test within the past 90 days). If enough tests are available, we recommend staff identified as close contacts self-test every day for the 10 days following their last exposure to a positive case * An on-site Lateral Flow testing asymptomatic testing site (ATS) should be available to test pupils who are unable to test themselves at home * Adult household members of the pupils attending your setting should be encouraged to self-test twice a week with lateral flow devices * Household contacts of positive cases ONLY   + Students/pupils aged 11-18+6 months who are household contacts of a positive case - learn / work from home, then PCR test on day 5. Return to setting if PCR negative (exempt if already testing positive via PCR in past 90 days). **As an option,** they can continue to attend the setting, but perform daily LFD tests until they receive their PCR result (exempt if vaccinated or already testing positive via PCR is past 90 days)   + Staff and students/pupils aged 18+6 months and over who are fully vaccinated and household contacts of a positive case – ask to do a PCR test. If negative, attend setting but LFD test daily for up to 10 days following onset of symptoms / positive test in household contact (exempt if already testing positive via PCR in past 90 days) * Students/pupils who are either; (i) a household contact of a positive case OR (ii) a member of a class/group in which there have been multiple cases within the last 10 days, who develop any of the following symptoms should be asked to get a PCR test before returning to the setting (exempt if already testing positive via PCR in past 90 days)   + nausea, diarrhoea or loss of appetite (note that children should also be excluded from the setting until 48 hours after the diarrhoea or vomiting has stopped)   + headache   + extreme or unusual tiredness (fatigue)   + aching muscles   + sore throat and other ‘heavy cold-like’ symptoms |
| **Reducing close contact between people in your setting / outside of your setting**   * During an outbreak, consider postponing large gatherings such as assemblies, or holding a separate assembly for classes / groups affected by the outbreak * If you have multiple sites, staff working at a setting affected by an outbreak should not work across different sites at the same time * Any planned trips, transition visits, open days or non-essential activities that bring visitors into the setting should be risk assessed and postponed if there is a chance that the activity could encourage further transmission of COVID-19. * Let key workers know if the child they are visiting is a known close contact (or is in a class which currently has multiple cases of COVID-19) * Parents testing positive have a legal obligation to isolate when told to do so by NHS Test & Trace – they should not leave home to bring their children to school / college |
| **Clinically extremely vulnerable staff / pregnant staff**   * If you have staff who are identified as being clinically extremely vulnerable or pregnant who work in any of the rooms / with groups affected by the outbreak, please ensure you discuss any possible risks with them and review any individual risk assessments you have in place for that staff member. Consider any additional measures to protect them e.g., can they wear a face covering whilst in the setting? Can they temporarily switch roles so they can maintain 2 metres distance from others more easily? |
| **Transport**   * If pupils / students identified as close contacts use school transport, inform the transport operator. This will allow the driver to decide whether to take extra precautions, including PPE and improved ventilation. |