

The Management of Covid-19 within MK Educational Settings
from 16th Oct 2020

QUESTIONS AND ANSWERS (to be used with LA Flow Chart)

1) Q: Where do I need to report that we have a child/young person or member of staff who is symptomatic or tests positive for Covid-19?

A: Please follow the most up to date Local Authority flow chart to manage cases and notify public health teams. Please note you **no longer** have to notify the LA of symptomatic cases but you must keep your own internal record of case details including date of start of symptoms, date last in setting, result of test and follow up action where necessary. **It is best practice to keep these records on a detailed spreadsheet so that you can track dates, close contacts, travel, seating plans etc which will make your risk assessment process more efficient. You do NOT have to report the positive case via the DFE helpline, this is just there to be used if required. Please ensure you report via the LA flow chart as your first action, as the local PH team will then be able to support you through your risk assessment and actions.**

2) Q: What steps do I need to take if we have a positive Covid 19 case of a staff/child or young person?

A: Please begin the process to ascertain if any staff or young people have been a **close contact** with the positive case in the 48 hours prior to the onset of symptoms (or from date of test in asymptomatic), these **close contacts** need to self-isolate at home for 14 days, **If a close contact subsequently tests negative they must still isolate for the full 14 days. If a close contact subsequently tests positive they must isolate for 10 days from the onset of symptoms or from their test date if asymptomatic.**

N.B. The close contacts' wider households will **NOT** need to self-isolate.

Therefore ask/undertake the following questions/actions:

- a) What is the date of the onset of symptoms? (this is counted as day zero)
- b) When was positive case last in the setting?
- c) What dates therefore are 48 hours prior to onset of symptoms? (this is the infectious period)
- d) Who has the positive case been a **close contact** with (see below for link to close contact definitions) **in the 48 hours prior to the onset of symptoms and since the onset of symptoms?****
- e) Remember to have a full discussion with the positive case to determine all their movements including travel to and from setting, lunch and break interactions, out of setting social interactions etc, **even if this includes weekends.****
- f) All identified **close contacts** to receive a letter/**email/telephone call** to advise them to isolate for 14 days from the time they were last in contact with positive case. (This last date of contact counts as day zero).
- g) Positive case to isolate for 10 days from onset of symptoms (onset of symptoms counts as day zero, where asymptotic the date of test is counted as their day zero)
- h) If it is a staff member, do they work across multiple sites, or are a supply member of staff, did they car share? **Do they share an office?****
- i) Send whole setting the template letter advising of a positive case but **explaining that** after risk assessment and isolation of close contacts (if relevant) it is safe to continue attending. **Where a setting gets more cases they may decide to update parents/carers/staff on a weekly basis regarding their Covid cases and actions to ensure a clear, transparent communication method.****
- j) **Ensure, as part of your risk assessment,** you update your local PH team on numbers of staff/children/young people isolating and **any wider actions you may have had to take.****

3) Q: What is a close contact?

A: A 'contact' is a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic up to 10 days from onset of symptoms (this is when they are infectious to others). Please see the latest guidance below for more details:

<https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>

Identifying close contacts of a positive case will help determine who may need to self-isolate for 14 days.

4) Q: How do I know if a child or staff member has coronavirus symptoms and needs to be tested?

A: The key symptoms are:

- A high temperature – this means feeling hot to touch on the chest or back (temperature does not need to be measured)
- A new, continuous cough – this means coughing frequently for more than an hour, or 3 or more coughing episodes in 24 hours (if someone usually has a cough, it may be worse than usual)
- A loss or change to sense of smell or taste – this means not being able to smell or taste anything, or things smell or taste different to normal

Runny noses and sore throats without fever are common at this time of year and children with just these symptoms do not need to be tested. See full guidance from Royal College of Paediatricians for more advice. <https://www.rcpch.ac.uk/resources/covid-19-talking-children-families-about-returning-school-guiding-principles?s=09#common-cold-and-covid-19-symptoms>

The following comparison chart may be useful to recognise the difference in symptoms.

Symptom	Coronavirus <i>Symptoms can range from mild to severe</i>	Cold <i>Gradual onset of symptoms</i>	Flu <i>Abrupt onset of symptoms</i>
Fever	COMMON	RARE	COMMON
Fatigue	SOMETIMES	SOMETIMES	COMMON
Cough	COMMON	MILD	COMMON
Loss of taste/smell	COMMON	SOMETIMES	SOMETIMES
Sneezing	NO	COMMON	NO
Aches & pains	SOMETIMES	COMMON	COMMON
Runny or stuff nose	RARE	COMMON	SOMETIMES
Sore throat	SOMETIMES	COMMON	SOMETIMES
Diarrhoea	RARE	NO	SOMETIMES FOR CHILDREN
Headache	SOMETIMES	RARE	COMMON
Shortness of breath	SOMETIMES	NO	NO

Adapted from World Health Organisation, Centers for Disease Control and Prevention

5) Q: How do you arrange a test?

A: **Parents/carers/staff** can book a test for their children or themselves online at www.nhs.uk/coronavirus or by calling 119. They will be directed to their nearest walk-in/drive in centre. They can also request a home-test that can be posted – although this will take longer to get the result.

Bedford Borough/Central Bedfordshire Education staff

In response to difficulties accessing testing, temporary arrangements have been put in place with BLMK CCG for staff with symptoms of COVID-19 working in Education settings in Bedford Borough and Central Bedfordshire to have access to testing locally. You should refer any symptomatic members of staff to the local service by emailing elft.keyworkertests-bl@nhs.net. The members(s) of staff will be contacted directly and offered a drive-through appointment at Steppingley Hospital, near Flitwick.

6) Q: When does the 10 days isolation period for a positive case start?

A: The 10 days begin from the first day of onset of symptoms, in an asymptomatic case this is from the date of test (which is their day zero). **Therefore the first day of onset of symptoms is counted as day zero.**

7) Q: When does the 14 days isolation start for close contacts?

A: The 14 days **start** from the **last** time the pupil/staff member was in contact with the positive case, in or out of your setting. (This last contact counts as their day zero)

8) Q: What is counted as the 48 hour infection period?

A: Up to and including the two days before the first day of onset of symptoms e.g. If the symptoms of the positive case begin on a Saturday you should include contacts during Thursday, Friday and Saturday, and the 10 days after onset of symptoms.

9) Q: Where can Schools or Further Education Settings order more tests?

A: See link below for more details:

<https://www.gov.uk/government/publications/coronavirus-covid-19-home-test-kits-for-schools-and-fe-providers/coronavirus-covid-19-home-test-kits-for-schools-and-fe-providers#making-an-order-for-additional-coronavirus-tests>

10) Q: How do you determine when household isolation can end in a household where positive cases develop over time?

A:

Ending household isolation

After 10 days, if the first person to test positive feels better and no longer has symptoms other than cough or loss of sense of smell/taste they can return to their normal routine.

If you live with others, then everyone else in the household who remains well should end their isolation after 14 days. This 14-day period starts from the day the first person in the household developed symptoms. People in the household who remain well after 14 days are unlikely to be infectious.

If anyone in the household becomes unwell during the 14-day period, they should arrange to have a test to see if they have COVID-19. If their test result is positive, they must follow the same advice for people with COVID-19 symptoms – that is, isolate for 10 days from the onset of symptoms. If they feel better and no longer have symptoms after their 10 days, other than cough or loss of sense of smell or taste – they can also return to their normal routine. However, if their test result is negative, they must continue with isolation as part of the household for the full 14 days.

Should someone develop COVID-19 symptoms late in the 14-day household isolation period (for example, on day 10 or later) the isolation period for the rest of the household does not need to be extended. Only the person with new COVID-19 symptoms has to stay at home and arrange to have a test to see if they have COVID-19.

At the end of the 14-day period, anyone in the household who has not become unwell can return to their normal routine.

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

11) Q: Can a staff member/young person/child/parent/carer come into an educational setting if waiting for a Covid-19 test result?

A: NO. If anyone in the household is waiting for a Covid-19 test result then they must stay away from the setting and inform them of this. If the result is negative and it has not been identified that anyone in the household has been a close contact then they can return to the setting. If however they have been identified as a close contact then they CANNOT return to the setting for 14 days, regardless of any test result positive or negative.

12) Q: Do I need to follow RIDDOR reporting for a positive staff member case?

A: This is for the setting to decide if they feel this infection was contracted on site and then follow their own RIDDOR reporting process.

13) Q: Do I need to notify anyone of a child/young person who is on a CP or CiN plan and is asked to self-isolate?

A: Please follow your LA process and notify the safeguarding Front Door

14) Q: we are getting really cold in our classrooms/rooms now that Winter is approaching. Do we have to keep all windows and doors open?

A: Ventilation

With the Autumn upon us and the weather taking a turn for the worse we are receiving a number of enquiries regarding the impact on thermal comfort from having windows open to increase ventilation. During the warmer weather we were all used to being able to keep windows open all day. Government guidance says that windows should be opened 'wherever possible', and whilst maximising ventilation is important this does need to be balanced with thermal comfort. This means taking all risks into account. Below are some examples as to how you can approach this during the more inclement weather:

- Fully open windows before classrooms are occupied and during breaks but keep them only partially open during lessons
- Fully opening some windows to gain air changes but selecting those that are not directly next to pupil's desks/work areas
- Make sure everyone is dressing appropriately for the cooler weather, for example encouraging the use of long sleeves, thick tights and jumpers and allowing pupils to wear their coats in the classroom if appropriate

Additional heating/ventilation information:

For schools operating centralised or local mechanical ventilation advice can be found in Health and Safety Executive guidance [here](#) (last reviewed 2nd Oct 2020). Beyond reminding of the importance of good general ventilation as summarised above, this states:

- The risk of air conditioning spreading coronavirus in the workplace is extremely low as long as there is an adequate supply of fresh air and ventilation.
- Most types of air conditioning system can be operated as normal. But, if you use a centralised ventilations system that removes and circulates air to different rooms it is recommended that you turn off recirculation and use a fresh air supply.
- You do not need to adjust air conditioning systems that mix some of the extracted air with fresh air and return it to the room as this increases the fresh air ventilation rate.
- You do not need to adjust systems in individual rooms or portable units as these operate on 100% recirculation. You should still however maintain a good supply of fresh air ventilation in the room.
- If you're unsure about any of the above, ask the advice of your heating ventilation and air conditioning (HVAC) engineer or adviser.

15) Q: What have settings learnt so far when they have dealt with positive cases in their settings that might help us all in the future?

A:

- Adult to adult infection can sometimes be overlooked when caring for children and young people. Always revisit adult to adult social distancing measures and double check if they can be improved.
- Has car sharing been discouraged?
- Have you considered the operational impact of having senior members of staff working together/sharing a small office space, if they are subsequently identified as close contacts?
- Have you considered how staff work desks are arranged or could they be spaced out and face in one direction?
- Is hand sanitizer available in all rooms, checking that the percentage of alcohol in the product is at least 60%?
- It is important that all users of the alcohol based hand rub keep rubbing their hands until they are dry – this improves the effectiveness of the hand decontamination (kills more bugs) and reduces risk (alcohol based gels are flammable).
- Alcohol based gels should not be placed near electrical equipment such as computers etc.
- Has your setting considered whether adults should be wearing masks when they move from room to room?
- Are desks set up side by side rather than facing each other when possible?
- Are there cleaning supplies in each room and are the desks cleaned at the end of each lesson/session?
- Does the staff member/teacher have a designated area in each classroom which children/young people do not approach?
- Are the rooms well aired with the windows open, weather permitting? Further approaches natural room ventilation are provided in Q14 above.
- Are the room doors left open at all times to ensure an air flow through the rooms?
- Are seating plans in operation where possible?
- Have you considered one way systems in all areas, blocks and dining facilities to maintain a safe flow of children/young people/staff in all areas, with floor markings to indicate the correct flow?
- Is there hand soap and paper towels available for all children/young people and staff to wash their hands appropriately?
- Visors are not considered a replacement for face masks but can be used in conjunction with them.
- Many children/young people travel to and from school on buses and again it is important to reiterate safe travel messages at all times including:
 - Keeping to a seating plan where possible
 - Wearing masks
 - Not over crowding to get onto/off the bus
 - Remember who you sit next to and around you
 - Staying in your seat for the whole journey