

The Management of Covid-19 within MKC Educational Settings from 10/02/21

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

Please note new/changed information is added in red text.

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.

Online Covid-19 notification for settings schools and providers: [online form](#)

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

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 **10** days, If a close contact subsequently tests negative they must still isolate for the full **10** 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 **or date of test if asymptomatic?** (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 **10** 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 asymptomatic 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, did they have lunch together?
- 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) **this includes:**

- anyone who lives in the same household as another person who has COVID-19 symptoms or has tested positive for COVID-19
- anyone who has had any of the following types of contact with someone who has tested positive for COVID-19:
- face-to-face contact including being coughed on or having a face-to-face conversation within one metre
- been within one metre for one minute or longer without face-to-face contact
- sexual contacts
- been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
- travelled in the same vehicle or a plane
- An interaction through a Perspex (or equivalent) screen with someone who has tested positive for COVID-19 is not usually considered to be a contact, as long as there has been no other contact such as those in the list above.

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 **10** 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

Locally we have seen children, young people and staff initially present with a wider variety of symptoms - particularly fatigue, headache, sore throat and upset stomach. As an additional precaution, settings can decide to ask anyone who is unwell with these symptoms to stay at home, monitor their symptoms and book a test if they suspect they may have Covid-19.

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.

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 10 days isolation start for close contacts?

A: The **10** 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 PCR home 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>

Coronavirus (COVID-19) home PCR test kits should only be offered in the exceptional circumstance an individual becomes symptomatic and you believe they may have barriers to accessing testing elsewhere.

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 **10** days. This **10**-day period starts from the day the first person in the household developed symptoms. People in the household who remain well after **10** days are unlikely to be infectious.

If anyone in the household becomes unwell during the **10**-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 **10** days.

Should someone develop COVID-19 symptoms late in the **10**-day household isolation period (for example, on day **8** 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 **10**-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 PCR test result?

A: NO. If anyone in the household is waiting for a Covid-19 **PCR** 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 **10** 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: Is there any guidance on the use of the NHS COVID-19 App?

A: Yes. Please see the link below for guidance that helps to explain the **rare circumstances** where a notification received may not be accurate. It also explains how the app is intended for use by anyone **aged 16 and over**:

<https://www.gov.uk/government/publications/use-of-the-nhs-covid-19-app-in-schools-and-further-education-colleges/use-of-the-nhs-covid-19-app-in-schools-and-further-education-colleges>

The Law

The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) Regulations 2020, Regulation 2(1) specifically provides that the self-isolation requirement must be made by a duly authorised person and by a means other than the NHS smartphone app. For practical purposes an officer of NHS Test and Trace, an authorised NHS person, a person authorised by a Local Authority or Public Health England are the people who are able to issue a legally binding direction to self-isolate, contravention of which without legitimate reason (e.g. seeking urgent medical assistance) is a criminal offence.

The NHS Smartphone App

Everyone who uses the app should follow the notification to self-isolate, because this will reduce the spread of infection. ‘Close contact’ is based on an algorithm, but generally means you have been within 2 metres of someone for 15 minutes or more. Individuals are not informed who the positive case is. Notifications to self-isolate from the app should be adhered to, but they do not replace the need to identify close contacts of cases within your setting.

To prevent false notifications and minimise unnecessary operational impact, there are circumstances under which the contact tracing functionality of the app should be turned off:

- Where mobile phones are left in lockers or bags in communal areas
- Where students or staff members are wearing clinical-grade PPE
- Where a student or member of staff is separated from others by a full height Perspex screen

If you believe a false notification has occurred, then please document the circumstances, and contact your local Public Health Team for advice. Any decision to disregard an app notification should be made in consultation with senior leadership of the setting, and the local Public Health Team.

Local Approach

- Organisations should adopt a clear policy about when the app should and should not be turned on during the academic day.
- Organisations should have a plan for managing app notifications that occur in their setting.
- Organisations should communicate their policies regarding the use of the app to students, parents/carers, and staff.
- Where a decision is made that an app notification was in error, the circumstances, and the decision to disregard the app notification should be documented. It is advisable to keep a record of this.

15) Q: we are getting really cold in our classrooms/rooms. Do we have to keep all windows and doors open?

A: Keeping occupied spaces well ventilated

Once the setting is in operation, it is important to ensure it is well ventilated and a comfortable teaching environment is maintained.

This can be achieved by a variety of measures including:

- mechanical ventilation systems – these should be adjusted to increase the ventilation rate wherever possible, and checked to confirm that normal operation meets current guidance (if possible, systems should be adjusted to full fresh air or, if not, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply)
- natural ventilation – opening windows (in cooler weather windows should be opened just enough to provide constant background ventilation, and opened more fully during breaks to purge the air in the space). Opening internal doors can also assist with creating a throughput of air
- natural ventilation – if necessary external opening doors may also be used (as long as they are not fire doors and where safe to do so)

Further advice on this can be found in [CIBSE - Coronavirus, SARS-CoV-2, COVID-19 and HVAC Systems](#)

To balance the need for increased ventilation while maintaining a comfortable temperature, the following measures should also be used as appropriate:

- opening high level windows in preference to low level to reduce draughts
- increasing the ventilation while spaces are unoccupied (e.g. between classes, during break and lunch, when a room is unused)
- providing flexibility to allow additional, suitable indoor clothing
- rearranging furniture where possible to avoid direct drafts

Heating should be used as necessary to ensure comfort levels are maintained particularly in occupied spaces.

Link: [Actions for schools during the coronavirus outbreak - GOV.UK \(www.gov.uk\)](#)

16) 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 on to or off the bus
 - Remember who you sit next to and around you
 - Staying in your seat for the whole journey

LFD Testing

17) Q: How often should staff be tested?

A: Primary, maintained nurseries and attached nursery* staff: twice weekly home tests to be taken 3-4 days apart. Best practice is to take the test in the morning before going into the setting to ensure the most accurate result.

Secondary staff: twice weekly testing at on-school site, 3-4 days apart.

*There is currently no DFE testing programme for other Early Years settings.

18) Q: What happens if a staff member has a positive result?

A: Primary staff: See local flowchart *Rapid Lateral Flow Device Testing for Asymptomatic Primary Staff January 2021*
Secondary staff: See local flowchart *Rapid Lateral Flow Device Testing for Asymptomatic Secondary School Staff & Pupils January 2021*

19) Q: When do you have to start isolating following a positive LFD test?

A: You are obliged to self-isolate following a positive LFD test result.

- For primary school staff who used a home LFD test, a follow up PCR should be booked as soon as possible. If the PCR follow up test is positive: You and your household must self-isolate for 10 days from start of symptoms or date of LFD test as per Government guidelines. If the PCR follow up test is negative: You can return to setting and your household and close contacts can stop isolating.
- Secondary school staff do not need to have a follow up PCR test.

20) Q: Is a faint line on an LFD test still positive?

A: A faint line plus control line = a positive result but if there is no control line then it is void (regardless of a positive line).

21) Q: Does a negative LFD test result mean that someone does not have Covid-19?

A: No. A negative LFD result means the test did not detect COVID-19 but rapid tests miss some infections. A negative test does not rule out coronavirus infection. It means you can go into the setting as normal but must continue to take all current precautions (i.e. hands, face space).

22) Q: Does it matter how long the test is left before reading the result?

A: A test must be read at 30 minutes - If a test is read after 30 minutes it may become a positive.

23) Q: I teach primary-aged pupils in an all-through/middle school and I have tested positive following an LFD test. Will I still be required to take a confirmatory PCR test?

A: Any schools with a mix of primary- and secondary-aged pupils should follow the secondary school testing procedures for staff outlined in the Government's guidance. All staff in all-through/middle schools, including those working solely with primary-aged pupils, should therefore be tested twice a week in school. Any individuals who test positive during an in-school LFD test must isolate immediately.

24) Q: Why can't secondary staff take the LFD kits home?

A: Secondary LFDs have specific instructions for use on site and should not be used at home. Home test kits are manufactured specifically for testing at home and are accompanied by specific instructions for use in this setting.

25) Q: What about all-through schools and middle schools?

A: All through schools and middle schools will be covered by the secondary testing programme. Staff teaching primary age pupils at these schools should get tested on site since Asymptomatic Test Sites (ATS) will be set up.

26) Q: Can someone still take part in LFD testing if they have recently (in the last 90 days) tested positive for COVID-19?

A: Current DFE guidance states: If staff have recently (within 90 days) had a positive PCR test for COVID-19, they are likely to have developed some immunity. Individuals are exempt from testing by both PCR and LFD within 90 days of a positive PCR test, unless they develop new symptoms. However, individuals may choose to take a LFD test after the isolation period, for example as part of a workplace or community testing programme. This should only be done after completion of the required self-isolation period as per the NHS stay at home guidance. If they test positive with a LFD test, they will be required to self-isolate for 10 days or longer if symptomatic. They are still required to self-isolate if they are identified as a close contact of a positive case, even if this is within the 90 day window.

27) Q: Can someone who has been vaccinated still take part in the LFD testing?

A: Yes, as they can still transmit the virus.

28) Q: Can someone who is pregnant take an LFD test?

A: Yes.

For more information on LFD testing see DFE FAQ links:

Primary: <https://drive.google.com/drive/folders/15YpkcXdVQhF1cKAblgboUligkSaZbKCF>

Secondary: [Asymptomatic testing in schools and colleges - Public FAQs.pdf - Google Drive](#)

Vaccinations:

29) Can we request for some of our staff to have the vaccine?

A: The vaccination programme is being organised by the NHS and locally via the BLMK CCG (clinical commissioning group). They have information on this website

[COVID-19 Vaccine Information - BLMK CCG](#)

Who gets the vaccine - the priority groups - has been determined nationally by the Joint Committee on vaccination and immunisation. The priority groups are dependent on this first stage is based on age alone on the basis that this is the determining risk of severe outcome. The latest update from the JCVI is here:

[Joint Committee on Vaccination and Immunisation: advice on priority groups for COVID-19 vaccination \(publishing.service.gov.uk\)](#)

It states :

Occupational prioritisation could form part of a second phase of the programme, which would include healthy individuals from 16 years of age up to 50 years of age, subject to consideration of the latest data on vaccine safety and effectiveness.

So in summary the position is that at the present time occupation is not taken into account for priority for vaccination other than for those in health and care settings. *(frontline health and social care workers who provide care to vulnerable people a high priority for vaccination)*

[Why you have to wait for your COVID-19 vaccine - GOV.UK \(www.gov.uk\)](#)

This leaflet summarises the above in relation to priority groups