COVID-19 infection protection and control guidance for education and early years childcare settings: version 3

This guide was produced by Calderdale Public Health in conjunction with colleagues from education and childcare settings. It will be reviewed regularly and updated in line with national guidance and emergent evidence. Changes to guidance are highlighted in red.

Naomi Marquis
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Contact details

Notification process for a confirmed COVID-19 case in an education or early years childcare setting

Public Health

If a child or staff member in your setting has TESTED POSITIVE (this means they are a CONFIRMED case of COVID-19) please notify and seek advice from Calderdale Council Public Health Department on 07714 922670.

Ofsted

Early Years settings must notify Ofsted:

- of any confirmed cases of COVID-19 in the setting (either child or staff member), and/or if the setting is advised to close as a result
- if their operating circumstances change (i.e. opening or closing) for whatever reason. Please let Ofsted know by sending an email to enquiries@ofsted.gov.uk with 'Change in operating hours' in the subject field. In the body of the email, please confirm the unique reference number for each setting and the details of the change. You can find your URN on your registration, your inspection report(s), and on your Ofsted reports page

Health and Safety Executive (HSE)

If there appears to have been COVID-19 **transmission between staff in the workplace**, this must be reported under RIDDOR. Maintained schools and academies in the Calderdale Health and Safety Service Level Agreement must contact the Health and Safety Team on 07734 395176/ 07887632508. Other academies and employers must contact HSE.

Operational closure

If you have to make an operational closure of a bubble or year group because of the number of staff and/or children isolating, please notify Public Health in the first instance on 07714 922670.

General support and advice around COVID-19

Calderdale Public Health general COVID-19 support for settings: **07714 922670**

Calderdale Public Health COVID-19 support for families:

- Public Health Early Years' Service (PHEYS): **0300 304 5076** (for families with children under 5)
- Healthy Futures Calderdale nursing team: **0303 330 9974** (for families with school-aged children)

Calderdale School Effectiveness: **01422 394101** sue.finn@calderdale.gov.uk

Early Years Improvement Team qiso@calderdale.gov.uk

Calderdale Early Years Childcare Sufficiency: **01422 392576** fis@calderdale.gov.uk

General messages

The protective measures in place in education and childcare settings create a safer environment for pupils and staff where the risk of transmission of infection is substantially reduced. The way to control this virus is the same, even with the current new variants.

It is important that all staff, families and young people understand how to help reduce the spread of COVID-19, and how to respond to symptoms or a positive test result.

People with symptoms

- Anyone with symptoms should stay at home and arrange for a test
- **Key symptoms:** Fever (temperature of 37.8 °C or higher) *and/or* new, continuous cough *and/or* loss or change in normal sense of smell or taste (anosmia)
- Children and staff with runny nose and/or sore throat without any of the above do not need to be tested for COVID-19 unless told to do so by a health professional and can attend the setting if they feel well enough to do so.
- NHS Online symptom checker: 111.nhs.uk/covid-19/
- If a child is unwell, it is essential that they access appropriate healthcare and clinical assessment, through 111, the local GP or hospital if required. NHS services are open and ready to care for patients. In an emergency, dial 999

Testing for people with symptoms

Lateral flow device (LFD) testing should not be used in people with symptoms.

- Anyone with COVID-19 symptoms should arrange testing online at www.gov.uk/get-coronavirus-test or by calling 119 if they have no internet access

Hygiene

- Clean hands more often than usual, for 20 seconds, using soap and water or hand sanitiser containing at least 60% alcohol if soap and water are not available
- For coughs and sneezes: catch it, bin it, kill it
- Avoid touching eyes, nose and mouth with unwashed hands
- Clean and disinfect regularly touched objects and surfaces more often than usual using standard cleaning products

Social distancing

- Limit contact with other people
- Stay 2 metres apart from people wherever possible

Travel

- Avoid using public transport
- Travel on foot or by bicycle if possible

Face coverings

- Should be worn by most people when in enclosed spaces, such as on public transport, in taxis, when visiting a hospital, in shops and supermarkets and whenever we are indoors with people who are not part of our household or bubble
- Should not be worn by children under the age of 3 and are not required for children under the age of 11
- **Should** be worn by staff in primary schools in situations where social distancing between adults is not possible (for example, when moving around in corridors and communal areas).
- **Should** be worn by staff and pupils schools in secondary schools and colleges in situations where social distancing cannot be maintained, including in classrooms. This does not apply in situations where wearing a face covering would impact on the ability to take part in exercise or strenuous activity, for example in PE lessons.
- Are not required where there is a legitimate reason for someone not to wear one, such as a physical or mental impairment or disability. Settings should not request proof of exemption.

Face visors or shields **should not** be worn as an alternative to face coverings.

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Introduction

This guide is intended to support settings in Calderdale as we adjust to a "new normal". Developed in conjunction with school leaders, it aims to bring together in one place the answers to key questions that settings across Calderdale are grappling with.

We recognise the important role that education and early years childcare settings play in promoting children's health, social and mental wellbeing, but also that a range of factors mean that living with COVID-19 in an education or childcare setting is not straightforward.

Informed by both national guidance and local public health advice, content is correct at the time of writing and reflects our developing understanding of COVID-19.

COVID-19 is a rapidly evolving situation, and this guide will be reviewed regularly, and updated as appropriate. In future editions, updated content will be made clear.

Please check the latest information published on relevant sections of www.gov.uk/coronavirus.

Frequently asked questions

Responding to a case of COVID-19	What do we need to do if a parent/carer lets us know that they or their child has become ill with COVID-19 symptoms? A child/parent reports to us that they have had contact with someone with symptoms – what should we do? What happens if there is a confirmed case of COVID-19 in our setting? What do we need to do if someone becomes ill with COVID-19 symptoms whilst in the setting? Why do people have to isolate for 10 days? Will we be able to get tests even when not symptomatic to reassure parents? Can the siblings of a child who has been self-isolating because they are a contact of a confirmed case attend the setting? If a child has COVID-19 symptoms, gets tested and tests negative, can they return to the setting even if they still have symptoms? If a child who was a contact of a confirmed case tests negative, can they return to the setting? If I get confirmed cases does the setting need to close? Will the setting be informed of any test results? Can we still use supply staff if there have been multiple cases in our setting? Can non-teaching staff, for example cleaners and caterers, work for two or more settings? A child or parent is self-isolating as a contact. Can they leave the house to bring other household members (siblings etc) to the setting? A child has developed COVID-19 symptoms, but their parent/carer does not want them to have a test. Should we close their bubble? A child or staff member has recently tested positive for COVID-19. Do they still need to isolate if they have been in contact with a positive case? A child or staff member has had the vaccine. Do they still need to isolate if they have been in contact with a positive case? A child or staff member was wearing a face covering when in contact with a positive case. Do they still need to isolate?

Protecting the most vulnerable	A member of staff or child in my setting is clinically extremely vulnerable (CEV) or is pregnant. Should they attend? My setting has a high proportion of staff and children from BAME communities. I have heard that this group are at higher risk from COVID-19. Are there additional practical steps I can take to minimise the risk? Some of our families are concerned about their children attending the setting during COVID-19. Can you offer any advice?
Reducing the risk	How risky is it for staff and children to be in the setting? How can I reduce the risk? Are there any measures I should be taking to protect staff outside of the classroom? Why do I not have to wear any PPE when it will be impossible to keep a 2m distancing from small children? Should children and staff be required to wash their clothes every day? Should we routinely take children's temperatures? Will equipment need to be cleaned down between each child using it? Can children and staff bring their own equipment into the setting, and take resources home? How can we deliver PE and sport safely? How can we deliver music lessons safely? Can we recommence school trips? Can early years providers take groups of children to outdoor public places? We have been made aware that some families in our setting aren't adhering to national or local restrictions, or to the instruction to isolate. Who should we tell?

Bubble working	Can our school community come together for assemblies and at lunch time? Can we mix bubbles outside at break time and lunch time? Do we have to implement bubble working in special schools? We have children in our care who attend more than one setting. Can they continue to do this? We don't have enough First Aiders to allocate one "Bubble". How should we best manage this in order to minimise cross contamination between bubbles? Can we allocate "floating" staff members to provide cover across bubbles so that teachers can have comfort breaks? Can we move a staff member from one bubble to another? Can we recommence wraparound care and other out of school provision? Do we have to maintain bubbles? Are settings allowed to invite visitors and non-staff members such as speech and language therapists or parents for stay and play into settings? Can childminders and other early years settings do pick up and drops at setting or other settings? We hire out one of our classrooms for community use. Are there additional considerations for us?
When social distancing isn't possible	Are children expected to socially distance from each other within their bubble? Do staff have to socially distance from each other, and from children? How should I care for young children or children with special educational needs who do not understand why they must stay apart or who ignore distancing guidelines? How can I reduce the risk to staff working hands-on with children who cannot adhere to strict hygiene practices? What measures do I need to take if a child requires restraint and social distancing is not possible? What measures do I need to take if there is an accident in the playground and a child requires First Aid, or if a child is upset and requires comfort? Is PPE required for tasks requiring general personal care, such as changing nappies?

Asymptomatic lateral flow device (LFD) testing	Do staff and pupils now have to do nose and throat swabs when completing LFD? We want to continue using the local LFD programme for pupils. Can we do this? Can we use our supply of LFD kits for parents/carers and for staff members' families? We've been sent some PCR test kits, and some LFD kits. What's the difference? A staff member was told to isolate as a contact of a case, but they have done a LFD and it is negative. Can they return to the setting if we are able to keep them apart from other people? A pupil or staff member has recently tested positive for COVID-19. Should they recommence LFD testing when they return to the setting? A pupil or staff member has been vaccinated, should they still take part in LFD testing?

FAQ: Responding to a case of COVID-19

What do we need to do if a parent/carer lets us know that they, or their child, has become ill with COVID-19 symptoms or has tested positive for COVID-19?

Anyone with symptoms must isolate and arrange testing. Other members of their household must also isolate. If the person with symptoms or who has tested positive does not attend the setting, no further action is needed by the setting. If the person with symptoms or who has tested positive attends the setting, see section on tracing and isolating contacts.

A child/parent reports to us that they have had contact with someone with symptoms or who has tested positive. What should we do?

No action is needed unless the person they have had contact with has tested positive for COVID-19. If the person has tested positive, see sections on tracing and isolating contacts. If you are made aware of a positive case who you believe to be a "contact" of someone in your setting, contact the local Public Health Team for advice.

What happens if there is a confirmed case of COVID-19 in our setting?

COVID-19 is a notifiable disease. Each time you are made aware of a positive case in your setting, you **must** notify the local Public Health Team on **07714 922670.** The local public health team will advise on who needs to self-isolate as a contact of a case.

See sections on response to infection.

What do we need to do if someone becomes ill with COVID-19 symptoms whilst in the setting?

The individual should be sent home. If it is a child, they should be taken to a well-ventilated room and kept safe, and their parent/carer called to collect them. See section on safely looking after someone with symptoms.

They should be advised to self-isolate for at least 10 days (and for longer if high temperature persists), and other members of their household/support bubble should also isolate for 10 days, following guidance for households with possible coronavirus infection. They should be strongly encouraged to arrange a test.

There may be further action for you to take, and other staff and children in your setting may need to self-isolate. You will receive advice from the local public health team when you notify them of the positive test result. The local Public Health team can also provide advice should you require it. See section on tracing and isolating contacts.

Why do people have to isolate for 10 days?

Evidence suggests that people with COVID-19 are less likely to pose an infection risk to other people beyond the 10th day of illness, so they can return to their normal activities at this point as long as they no longer have a high temperature.

Previously, people who have been in contact with someone who has COVID-19 (see section on tracing and isolating contacts) had to isolate for 14 days. As new evidence has emerged, the Government has reduced this to 10 days. If a contact of a case develops symptoms whilst isolating, they must continue to isolate 10 days from the onset of symptoms (and for longer if high temperature persists). This may mean they have to isolate for more than 10 days in total.

Will we be able to get tests even when not symptomatic to reassure parents?

Rapid testing using lateral flow devices (LFD) is now being widely used in helping to identify people who are infectious but do not have any COVID-19 symptoms. These tests can be used by all staff in education and childcare settings, and by students in secondary schools and post-16 settings. They can also be used by parents/carers, through a separate scheme.

See section on asymptomatic testing.

Sometimes, wider testing of staff and pupils will be indicated in response to an outbreak in a setting. This will be done on the advice of the local Public Health team.

Can the siblings of a child who has been self-isolating because they are a contact of a confirmed case attend the setting?

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.

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

If the child is not a contact of a confirmed case the child can return to the setting if the result is negative, provided they feel well and no longer have a high temperature. They could still have another virus, such as a cold or flu, in which case it is still best to avoid contact with other people until they are better. Other members of their household can stop self-isolating.

If the child is a contact of a confirmed case they must stay at home for the 10 day isolation period, even if they test negative. This is because they could develop the infection at any point within the 10 days, so if a child tests negative on day 3, for example, they may still go on to develop the infection. See section on tracing and isolating contacts.

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

No, the child must complete 10 days of isolation. If the child is a contact of a confirmed case (see section on tracing and isolating contacts) they must stay at home for the 10 day isolation period, even if they test negative. This is because they could develop the infection at any point within the 10 days, so if a child tests negative on day 3, for example, they may still go on to develop the infection.

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

Settings will generally only need to close if they have staff shortages due to illness or being identified as contacts. This is referred to as an "operational closure". You should notify the local Public Health team if you plan to make an operational closure, who will support you and link in with the Education and Inclusion team on your behalf.

Generally, only the close contacts of a confirmed case will need to be advised not to attend and to self-isolate at home. If there are a number of confirmed cases across different "bubbles" at the same time, then Public Health and the Education and Inclusion Team would discuss with you the pros and cons of closing the setting. The decision to close the setting ultimately lies with the Head Teacher or setting leader.

Early years settings, wraparound care and primary schools generally operate distinct bubbles, and as such identifying close contacts of a case is usually relatively straightforward. It can be more complicated in secondary schools and post-16 education. Where more than two thirds of a year group are self-isolating due to contact with a confirmed case in these settings, Public Health will usually advise that the year group in its entirety should self-isolate.

Will the setting be informed of any test results?

You should ask parents/carers and staff to inform you immediately of any test results (see section on engaging with the NHS Test and Trace process). They should inform you of positive test results even if the person hasn't been in the setting during the infectious period, including at weekends and in school holidays, as their infection may be linked to an outbreak within the setting.

Can we still use supply staff if there have been multiple cases in our setting?

If there have been multiple cases in your setting you should ensure the local Public Health team are aware. The Local Authority will be able to advise regarding operational issues with staffing caused by self-isolation of staff.

Can non-teaching staff, for example cleaners and caterers, work for two or more settings?

Yes, though they should take steps to minimise contact, follow social distancing guidance, and use PPE as appropriate. If a staff member who works in multiple settings is identified as a close contact of a confirmed case in any of their workplaces, they will be advised to stay at home and self-isolate.

A child or parent is self-isolating as a contact. Can they leave the house to bring other household members (siblings etc.) to the setting?

Ideally, anyone who is self-isolating as a **contact** of a confirmed case or following travel abroad should not leave the house to avoid coming into contact with others. If it is possible for the person to travel to the setting in a **private vehicle** to drop off or collect children who are not self-isolating, and if the setting is able to arrange for the children to be collected from the vehicle and returned to it without coming into contact with the individual(s) who are self-isolating, then it is acceptable for people to leave the house for this purpose. If this is not possible, the child's absence can be marked as a COVID-19 related absence.

Anyone who is self-isolating as a **case** must not leave the house for any reason.

A parent is concerned because they have heard that their child could be taken away from them if they display COVID-19 symptoms at the setting. How should we respond?

We are aware of "Fake news" scaremongering social media circulations about supposed powers that schools have under the Health Protection (Coronavirus) Regulations 2020. The message suggests that a child could be taken away from the parents should the child display COVID-19 symptoms after turning up at school. The Health Protection (Coronavirus) Regulations 2020 were set up to protect the public and are being completely misquoted here. The Council's Public Health team, who oversee the health protection function locally, have advised schools do not have powers under this legislation to remove children from their families. Neither do they see any such situation where they would remove a child from their parents because the child has COVID-19. If a child does develop symptoms of COVID-19 they would be expected to isolate at home with their family.

A child or staff member has previously tested positive for COVID-19 but is displaying symptoms or has tested positive again. Should they self-isolate?

We know that people who have tested positive for COVID-19 develop some level of immunity. We also know that they may go on to test positive for up to 90 days after a positive test result, without being infectious to others. However, it is possible to develop COVID-19 more than once. As such, current government guidance stipulates that anyone who develops symptoms beyond an initial period of isolation must again self-isolate and arrange testing. A subsequent positive test requires the person to self-isolate again. The public health team can advise on individual circumstances if required – for example where individuals may be undertaking regular testing as part of a national survey.

A child has developed COVID-19 symptoms, but their parent/carer does not want them to have a test. Should we close their bubble?

If someone has presented with any of the main COVID-19 symptoms but does not intend to get a test, they must isolate for 10 days from the onset of symptoms. Other members of their household must also isolate for 10 days. There may be action for the setting to take, but it is important that you seek Public Health advice as this will vary depending on the circumstances surrounding the case.

A child or staff member has recently tested positive for COVID-19. Do they still need to isolate if they have been in contact with a positive case?

Yes. Whilst recent infection is likely to offer some level of immunity, not enough is known yet about how long this protection lasts for, and whether people can still carry the virus and pass it to others.

A child or staff member has had the vaccine. Do they still need to isolate if they have been in contact with a positive case?

Yes. Whilst vaccination is likely to reduce an individual's risk of serious illness or death from COVID-19, not enough is known yet about whether people can still carry the virus and pass it to others.

A child or staff member was wearing a face covering when in contact with a positive case. Do they still need to isolate?

Yes. Whilst the use of face coverings may reduce the risk of someone catching COVID-19, it does not eliminate this risk completely.

FAQ: Responding to the most vulnerable

A member of staff or child in my setting is clinically extremely vulnerable (CEV) or is pregnant. Should they attend?

The government makes a distinction between those who are clinically vulnerable (CV) and those who are extremely clinically vulnerable (CEV). Both groups are at increased risk of serious illness or death if they contract COVID-19. Women who are pregnant are considered to be clinically vulnerable from 28 weeks gestation.

You should support people who are CEV to shield, as and when this is advised by national government, and should support pregnant staff members to work from home from 28 weeks gestation, where social distancing cannot be guaranteed within the setting.

However, if staff who fall into one of these categories choose to attend, you may be able to facilitate this. Similarly, if the parent/carer of a child who is CEV chooses for them to attend, then they can. In each instance, you must document that they are aware of the risks involved.

Staff living with someone who is CEV can still attend where home-working is not possible and should ensure they maintain good prevention practice in the workplace and at home.

Pupils living with someone who is CEV can attend.

See section on protecting people who are clinically vulnerable.

A staff member or child in my setting lives with someone who is clinically extremely vulnerable (CEV). Can they attend?

Shielding guidance for people who are CEV is in place until at least 31st March. Previously, local guidance has gone further than national guidance in suggesting that staff and children with CEV household members may also choose to stay at home. Our stance is that these people can now attend.

However, depending on the circumstances of your setting, you may be able to facilitate a staff member to work from home where they are responsible for caring for someone who is CEV. If they aren't able to work from home, the member of staff may request parental/dependants leave to care for their child, but this would ordinarily be unpaid. You may choose to grant paid leave in these circumstances but would need to be mindful about setting a precedent going forward on granting paid leave for childcare responsibilities. You may wish to seek advice from your HR provider so that the specific circumstances can be explored.

See section on protecting people who are clinically vulnerable.

My setting has a high proportion of staff and children from BAME communities. I have heard that this group are at higher risk from COVID-19. Are there additional practical steps I can take to minimise the risk?

Some people with particular characteristics may be at comparatively increased risk from COVID-19, as set out in the COVID-19: review of disparities in risks and outcomes report. We don't know exactly why this is, but it is likely that social and economic factors play a part. People from BAME communities, for example, are more likely to work in certain high-risk occupations, have pre-existing health decisions, and be obese – all of which are associated with the risk of getting COVID-19. There is ongoing research to understand and translate these findings for individuals in the future.

It is important that staff and families follow guidance for people who are clinically vulnerable (see section on protecting people who are clinically vulnerable) and that you implement effective infection protection and control measures within your setting to minimise the risk as much as possible. Setting leaders should try as far as practically possible to accommodate additional measures where appropriate if someone is at greater risk, such as facilitating roles that allow for social distancing.

Some of our families are concerned about their children attending the setting during COVID-19. Can you offer any advice?

Children and young people and their parents/carers can contact the health visiting team (for under 5s) or school nursing team (for children aged 5-19 or 25 with SEND) for advice and support around any concerns they have about COVID-19. Health visitors and school nurses are qualified public health nurses and can offer advice and support around both physical health and emotional wellbeing concerns

FAQ: Reducing the risk

How risky is it for staff and children to be in the setting? How can I reduce the risk?

The risk assessments that you have completed for your setting and staff will directly address the risks associated with COVID-19 in your setting, so that measures can be put in place to minimise the risk for children and staff.

The protective measures you have already put in place will create a safer environment for children and staff where the risk of transmission of infection is substantially reduced. The way to control this virus is the same, even with the current new variants.

Are there any measures I should be taking to protect staff outside of the classroom?

You should plan how shared staff spaces are set up to ensure that staff are able to maintain social distancing. **Use of staff rooms and smoking areas should be minimised**, and shared areas should be cleaned more frequently.

Why do I not have to wear any PPE when it will be impossible to keep a 2m distancing from small children?

The routine use of PPE is only advised for people who have received training on how to use it safely and effectively, and for performing specialist care procedures. In an emergency, PPE should be used for episodes of care within 2m if a child is symptomatic i.e. whilst awaiting collection from the setting if symptoms developed during the day.

Should children and staff be required to wash their clothes every day?

No. Uniforms do not need to be cleaned any more often than usual, nor do they need to be cleaned using methods which are different from normal.

Should we routinely take children's temperatures?

Public Health England do not recommend routinely taking the temperature of children as this is an unreliable method for identifying COVID-19 when taken in isolation.

Will equipment need to be cleaned down between each child using it?

For individual and very frequently used equipment, such as pencils and pens, staff and children have their own items that are not shared.

Classroom based resources, such as books and games, can be used and shared within the bubble. These should be cleaned regularly, along with all frequently touched surfaces.

See also section on enhanced cleaning and guidance on cleaning in non-healthcare settings.

Can children and staff bring their own equipment into the setting, and take resources home?

It is still recommended that children limit the amount of equipment they bring into setting each day, to essentials such as lunch boxes, hats, coats, books, stationery and mobile phones. Bags are allowed.

Children and staff can take books and other shared resources home, although unnecessary sharing should be avoided, especially where this does not contribute to child education and development.

See also section on enhanced cleaning and guidance on cleaning in non-healthcare settings.

How can we deliver PE and sport safely?

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

Children should be kept in consistent groups and sports equipment thoroughly cleaned between each use by different individual groups.

See section on minimising contact and maintaining social distancing.

How can we deliver music lessons safely?

There may be an additional risk of infection in environments where singing, chanting, playing wind or brass instruments, dance or drama takes place. You should consider the protective measures set out in this guidance, and also additional guidance provided by the DCMS for professionals and non-professionals, available at working safely during coronavirus (COVID-19): performing arts.

Settings can continue to engage peripatetic teachers during this period, including staff from music education hubs.

See section on minimising contact and maintaining social distancing.

Can we recommence school trips?

The Government advises against all educational visits at this time.

Can early years providers take groups of children to outdoor public places?

Settings should maximise use of private outdoor space. Childminders and early years providers may take small groups of children to outdoor public spaces, for example parks, provided that a risk assessment demonstrates that they can stay 2 metres away from other people at all times. This should be restricted to small groups of up to 6 people in total and should be done in line with wider government guidelines on the number of people who can meet in outdoor public places. Providers should not take larger groups of children to public outdoor spaces at one time and should consider current national or local restrictions.

We have been made aware that some families in our setting aren't adhering to national or local restrictions, or to the instruction to isolate. Who should we tell?

The Government guidance is there to keep everyone safe. If you are aware of people not following this guidance, please get in touch with Public Health on **07714 922670** or email communityprotectioncovid@calderdale.gov.uk. For the police to be able to take enforcement action they ideally require any evidence you have documented in statement form if possible.

FAQ: Bubble working

Can our school community come together for assemblies and at lunch time?

Settings should avoid large gatherings such as assemblies or collective worship with more than one group. Stagger lunch times as much as possible, and if multiple bubbles must use the hall at the same time, ensure that they remain at least 2 metres from each other, including when entering and leaving the hall. Clean surfaces in the dining hall between groups.

See section on minimising contact and maintaining social distancing.

Can we mix bubbles outside at break time and lunch time?

Children should be kept in small consistent groups as much as possible. Whilst the risk of COVID-19 transmission is lower outside, in the event of a confirmed case the usual contact definitions apply. This may result in multiple bubbles, or an "extended bubble" having to isolate. Public Health will advise on a case-by-case basis.

Do we have to implement bubble working in special schools?

Forming bubbles may be particularly difficult in special settings, particularly given the need for staff to administer care support and provide therapies to the children and young people attending.

However, the average number of children or students attending a special setting is much lower than the average number in a mainstream setting, and this will help to limit the number of contacts for any individual. See section on minimising contact and maintaining social distancing.

We have children in our care who attend more than one setting. Can they continue to do this?

Where a child routinely attends more than one setting on a part time basis, for example because they are dual registered at a mainstream setting and an alternative provision setting or special setting, settings should work through the system of controls collaboratively, enabling them to address any risks identified and allowing them to jointly deliver a broad and balanced curriculum for the child or young person. Children should be able to continue attending both settings. While some adjustment to arrangements may be required, children in this situation should not be isolated as a solution to the risk of greater contact. See section on minimising contact and maintaining social distancing.

We don't have enough First Aiders to allocate one per "bubble". How should we best manage this in order to minimise cross contamination between bubbles?

Staff may enter another bubble to administer first aid, but where possible, try to ensure social distancing and avoid close contact. You should keep a record of this for the purpose of contact tracing, and retain such records for 21 days. Where First Aid is required, there are no additional personal protective equipment (PPE) requirements because of COVID-19. See section on minimising contact and maintaining social distancing.

Can we allocate "floating" staff members to provide cover across bubbles so that teachers can have comfort breaks?

Yes. But where possible, try to ensure social distancing and avoid close contact. You should keep a record of this for the purpose of contact tracing, and retain such records for 21 days. See section on minimising contact and maintaining social distancing.

Can we move a staff member from one bubble to another?

All teachers and other staff can operate across different classes and year groups to facilitate the delivery of the timetable and specialist provision. However, please consider the following:

- Minimising contacts and mixing between people reduces COVID-19 transmission. You must do everything possible to minimise contacts and mixing while delivering a broad and balanced curriculum.
- Where staff need to move between groups, they should try and keep their distance from pupils and other staff as much as they can, ideally 2 metres from other adults.
- Try to minimise the number of interactions or changes wherever possible.
- When an individual has to move between bubbles, this should be **clearly documented** so that contact tracing can be carried out if necessary. You should keep this log for 21 days in case we need to look back at potential contacts in the case of an outbreak.
- If an individual has moved from one bubble to another and subsequently becomes a "case" then whichever bubble(s) they were in during the "infectious period" may have to be closed and all bubble members asked to self-isolate.

Can we recommence wraparound care and other out of school provision? Do we have to maintain bubbles?

From **8th March**, out-of-school settings and wraparound childcare providers can offer indoor and outdoor face-to-face provision to certain children. From **29th March**, this extends to outdoor provision for all. Provision as normal will be allowed no earlier than **12th April**.

Providers should carefully consider how they can make wraparound provision work alongside the protective measures in place in their school or early years setting during the day, including keeping children within their year groups or bubble where possible. See section on wraparound care and out of school provision and guidance on Protective measures for holiday and after-school clubs, and other out-of-school settings during the coronavirus (COVID-19) outbreak.

Are settings allowed to invite visitors and non-staff members such as speech and language therapists or parents for stay and play into settings?

Yes, but you should consider whether in-person visits are necessary, or whether they might be conducted virtually, for example an external provider may be able to effectively deliver a classroom session using Google Meets or similar.

Anyone working across multiple settings should:

- ensure they minimise contact and maintain as much distance as possible from other staff, avoiding situations where distancing requirements may be broken
- use a face covering in situations where social distancing between adults is not possible (for example, when moving around in corridors and communal areas)
- make efforts to reduce the number of settings and locations worked in, to reduce the number of contacts made
- consider engaging in routine lateral flow testing. See section on asymptomatic testing.

See also section on minimising contact and maintaining social distancing.

Can childminders and other early years settings do pick up and drops at setting or other settings?

Childminders and other settings should consider how they can work with parents to agree how best to manage any necessary journeys, for example pick-ups and drop-offs at settings, to reduce the need for a provider to travel with groups of children. If it is necessary for a childminder to pick up or drop off a child at setting, walking is preferable. If this is not practicable, then a private vehicle is preferable to public transport.

We hire out one of our classrooms for community use. Are there additional considerations for us?

Where schools are satisfied that it would be safe to do so, they may choose to open up or hire out their premises for use by external bodies or organisations, such as external coaches or after-school or holiday clubs or activities. In doing so, schools should ensure they are considering carefully how such arrangements can operate within their wider protective measures and should also have regard to any other relevant government guidance. For example, where opening up school leisure facilities for external use, ensuring they do so in line with government guidance on working safely during coronavirus (COVID-19) for providers of grassroots sport and gym or leisure facilities.

Cleaning should take place between each group using the room. See section on enhanced cleaning and guidance on cleaning in non-healthcare settings.

Any out of school provider who operates from shared spaces to ensure that they are implementing the protective measures set out in guidance for out-of-school settings.

FAQ: When social distancing isn't possible

Are children expected to socially distance from each other within their bubble?

Minimising contacts and mixing between people reduces transmission of COVID-19, however younger children and those with complex needs will not be able to maintain social distancing and it is acceptable for them not to distance within their group.

See section on minimising contact and maintaining social distancing.

Do staff have to socially distance from each other, and from children?

Maintaining a distance between people and reducing the amount of time they are in face to face to contact lowers the risk of transmission.

It is strong public health advice that staff in secondary settings maintain a distance from children, staying at the front of the class, and away from their colleagues where possible.

This is not always possible, particularly when working with children and young people with complex needs, or those who need close contact care. It may also not be feasible where space does not allow. Doing this where you can, even some of the time, will help.

Settings should also plan how shared staff spaces are set up and used to help staff to distance from each other. Use of staff rooms should be minimised, although staff must still have a break of a reasonable length during the day.

How should I care for young children or children with special educational needs who do not understand why they must stay apart or who ignore distancing guidelines?

The overarching principle to apply is reducing the number of contacts between children and staff. This can be achieved through keeping groups separate (in 'bubbles') and through maintaining distance between individuals. See section on minimising contact and maintaining social distancing.

How can I reduce the risk where children cannot adhere to strict hygiene practices?

Some staff and children may require more opportunity to wash their hands than others. Try to incorporate time for this in timetables or lesson plans. Frequently touched surfaces should be cleaned more frequently. See also section on enhanced cleaning and guidance on cleaning in non-healthcare settings.

What measures do I need to take if a child requires restraint and social distancing is not possible? This type of close contact is sometimes necessary to safeguard the child in question and other children and staff.

Where restraint is required, children should continue to receive care in the usual way. In this instance, there are no additional PPE requirements because of COVID-19. You should follow usual procedures for the use of PPE but be particularly mindful to wash your hands thoroughly after the event. Remember that effective infection protection and control measures are essential in reducing the risk of infection within a setting.

What measures do I need to take if there is an accident in the playground and a child requires First Aid, or if a child is upset and requires comfort?

Children should continue to receive care in the usual way. In this instance, there are no additional PPE requirements because of COVID-19. You should adopt your usual infection control measures but be particularly mindful to wash your hands thoroughly after the event. Remember that effective infection protection and control measures are

essential in reducing the risk of infection within a setting. The Health and Safety Executive has published guidance on first aid during COVID-19 which: supports local risk assessments and provides guidance for first aiders.

Is PPE required for tasks requiring general personal care, such as changing nappies?

Staff should follow their normal practice when providing personal care provided the child is not showing symptoms of COVID-19. This includes continuing to use the PPE that they would normally wear in these situations, for example aprons and gloves. Remember that effective infection protection and control measures are essential in reducing the risk of infection within a setting.

FAQ: Asymptomatic lateral flow device (LFD) testing

Do staff and pupils now have to do nose *and* throat swabs when completing LFD testing?

Swabbing both nostrils is almost as effective as swabbing nose and throat. Because this is less uncomfortable, it is likely to be more acceptable and result in greater compliance and a lower void rate. As such, local advice is that staff and pupils can choose to swab both nostrils, rather than nose and throat, even if you testing using the national programme.

We want to continue using the local LFD programme for pupils. Can we do this?

Yes. You can repurpose national test kits for use with the local programme. Contact becky.greenwood@calderdale.gov.uk for further details.

Can we use our supply of LFD kits for parents/carers and for staff members' families?

No. These kits should only be used for staff and pupils. Other household, support bubble or childcare bubble members can access asymptomatic testing through a separate scheme. See section on asymptomatic testing.

We've been sent some PCR test kits, and some LFD kits. What's the difference?

In mainstream settings, PCR kits have been provided to be used in the exceptional circumstance that an individual becomes symptomatic and you believe they may have barriers to accessing testing elsewhere.

A staff member was told to isolate as a contact of a case, but they have done a LFD and it is negative. Can they return to the setting if we are able to keep them apart from other people?

No. They must continue to follow self-isolation guidance. See section on asymptomatic testing.

A pupil or staff member has recently tested positive for COVID-19. Should they recommence LFD testing when they return to the setting?

In line with national guidance, they should recommence LFD testing 90 days after returning to the setting.

A pupil or staff member has been vaccinated, should they still take part in LFD testing?

Yes. They may still carry and transmit the virus post-vaccination. See section on asymptomatic testing.

Understanding COVID-19

Mode of transmission

COVID-19 is passed from person to person mainly by large respiratory droplets (produced from sneezing, coughing, speaking, shouting and singing) and direct contact (close unprotected contact, usually less than two metres). 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. The new predominant strain of COVID-19 is up to 70% more transmissible than the strain which we saw in 2020, but the way to control the virus is the same.

Risk of transmission in an education or childcare setting

Children are susceptible to COVID-19 infection, although a range of analyses suggest that children's susceptibility to infection appears less than adults. The evidence is stronger that pre-school and primary aged children are less susceptible to infection than adults and more mixed for secondary-age and older children.

Based on recent ONS data, the risks to childcare and education staff are similar to those for most other occupations. Indeed, early years settings are a "controlled environment", where staff and children come into contact with the same people every day, unlike in a healthcare setting or shop, for example. Protective measures work to create a safer environment for children and staff, where the risk of transmission is substantially reduced. In Calderdale, there have been no deaths in people under the age of 40 since the start of the pandemic; and very few deaths in people of working age, generally in people with pre-existing health conditions.

Incubation period

The incubation period (i.e. time between exposure to the virus and developing symptoms) is typically between 3 and 14 days, with an average (median) of 4-5 days, though this can be as long as 10 days or as short as a single day. Evidence suggests that only around 2% of transmission happens beyond the tenth day.

Infectious period

A person is thought to be infectious 2 days before symptoms appear, and up to 10 days after they start displaying symptoms. If someone without symptoms tests positive they are considered to have been infectious from 2 days before the positive test until 10 days after the test result, unless they subsequently develop symptoms, in which case it is 10 days from the onset of symptoms.

Definition of a "confirmed case"

Someone who has tested positive for COVID-19 with or without symptoms (new continuous cough, fever, or loss of taste/smell). This includes anyone who has tested positive on a lateral flow test (LFD) or polymerase chain reaction (PCR) test, though some groups of people are required to have a confirmatory PCR following a positive LFD.

Definition of a "close contact"

A contact is a person who has been close to someone who has tested positive for COVID-19. You can be a contact any time from 2 days before the person who tested positive developed their symptoms (or, if they did not have any symptoms, from 2 days before the date their positive test was taken), and up to 10 days after, as this is when they can pass the infection on to others. A risk assessment may be undertaken to determine this, but a contact can be:

- 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
  - 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. This includes school buses and minibuses, regardless of the distance someone was from the positive case.

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.

See section on tracing and isolating contacts.

Isolation period for a confirmed case

The isolation period for confirmed case is 10 full days from symptom onset, or from time of test if asymptomatic.

Isolation period for a close contact

The self-isolation period for contacts of confirmed cases is 10 full days. This period includes the date of last contact with the case during their **infectious period**, and the next ten full days.

Testing for COVID-19

Two types of test are currently being used to detect if someone has COVID-19:

- Polymerase Chain Reaction (PCR) tests
- Lateral Flow Device (LFD) tests

PCR tests detect the RNA (ribonucleic acid, the genetic material) of a virus. PCR tests are the most reliable COVID-19 tests. It takes some time to get the results because they are usually processed in a laboratory.

LFD tests detect proteins in the coronavirus and work in a similar way to a pregnancy test. They are simple and quick to use. LFD tests are mainly used in people who do not have symptoms of COVID-19.

Effective infection protection and control measures

A range of approaches and actions should be employed to prevent the spread of coronavirus. When implemented in line with a revised risk assessment, this system of controls will create an inherently safer environment, where the risk of transmission of infection within the setting is substantially reduced.

Assessment of risk

Employers have a legal duty to protect people from harm. This includes taking reasonable steps to protect staff, children and others from COVID-19 within the setting. Settings must comply with health and safety law, which requires them to assess risks and put in place proportionate control measures to reduce the risk to the lowest reasonably practicable level. Settings should regularly review and update their health and safety risk assessments as the circumstances within the setting and the public health advice changes. This includes having active arrangements in place to monitor that the controls are effective and working as planned.

When considering the risk of infection within an education or childcare setting, and how you can reduce this risk, it is important to remember that COVID-19 is transmitted in two ways:

- Directly through a person coughing or sneezing into your personal space which you then breathe in and
- Transference of virus from hard surfaces picked up on hands and then transferred to your own eyes, nose or mouth.

For further information, see guidance on Health and safety risk assessment.

System of controls: protective measures

The new predominant variant of COVID-19 is more transmissible. Advice remains that the way to control this virus is with the system of controls set out overleaf. Additional measures (highlighted) will be reviewed to decide whether they can be eased ahead of the summer term.

Measure	Detail	When
Prevention		
1. Minimise contact with people required to self-isolate	You must minimise contact with individuals who are required to self-isolate by ensuring they do not attend the setting.	Must be in place in all settings
2. Face coverings	You must **support and encourage** the use of face coverings in recommended circumstances. Additional measures to note: • In secondary and post-16 settings, face coverings should now also be worn by staff and pupils in classrooms or during activities unless social distancing can be maintained. • In early years and primary school settings, face coverings should now also be worn by staff and adult visitors in situations where social distancing between adults is not possible (for example, when moving around in corridors and communal areas)	
3 and 4. Robust hand and respiratory hygiene	You must ensure everyone is advised to clean their hands thoroughly and more often than usual. You must ensure good respiratory hygiene for everyone by promoting the 'catch it, bin it, kill it' approach.	
5. Enhanced cleaning arrangements	You must maintain enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents	
6. Minimise contact and maintain social distancing where possible	You must consider how to minimise contact across the site and maintain social distancing wherever possible	
7. Ventilation	You must keep occupied spaces well ventilated	
8. PPE	You must ensure individuals wear appropriate personal protective equipment (PPE) where necessary.	In specific circumstances
9. Asymptomatic testing	You must **promote and engage** in asymptomatic testing, where available.	
Response to infection		
10. Engage with the NHS Test and Trace process	You must promote and engage with the NHS Test and Trace process	Must be followed in every case where they are relevant
11. Manage and report COVID-19 cases	You must notify Public Health of **all** confirmed cases of COVID-19 in your setting, and act on advice given.	
12. Contain any outbreak by following public health advice	You must contain any outbreak by following public health advice.	

Prevention: Minimise contact with individuals who are required to self-isolate by ensuring they do not attend

COVID-19 is a notifiable disease. If a child or staff member in your setting has tested positive on either a PCR or LFD test, you **must** notify and seek advice from Calderdale Council Public Health Department on 07714 922670**.** The local public health team will advise on whether other staff and pupils may need to self-isolate; when they can end their isolation; and whether there is anything further you need to do. See section on tracing and isolating contacts.

Settings must ensure that staff members and parents/carers understand that they must be prepared to:

- Not come into the setting if they have COVID-19 symptoms or have tested positive for COVID-19 (on either a PCR or LFD test)
- Not come into the setting if a member of their household, support bubble or childcare bubble has COVID-19 symptoms
- Arrange a test if they are displaying symptoms
- Inform you immediately of the results of a test
- Provide details of anyone they have been in close contact with if they were to test positive for COVID-19
- Self-isolate if they have been in close contact with someone who develops COVID-19 symptoms or someone who tests positive for COVID-19.

Prevention: Use of face coverings

When used correctly, wearing a face covering may reduce the spread of coronavirus droplets in certain circumstances, helping to protect others. Because **face coverings are mainly intended to protect others, not the wearer**, from COVID-19 **they are not a replacement for social distancing and regular hand washing**.

Face coverings are not the same as the surgical masks or respirators used as part of PPE.

Outside a health and care clinical setting, the effectiveness of the use of face masks and face coverings for prevention of transmission or acquisition of coronavirus infection cannot be guaranteed. As such, the u**se of face coverings in an education or childcare setting does not exclude an individual from being considered a contact for the purposes of contact tracing and isolation.**

The Government has taken the decision to extend the use of face coverings in education and childcare settings as a temporary measure. Current recommendations are set out below.

Whilst settings are asked to support and promote the use of face coverings in these circumstances, no-one should be excluded from the setting on the grounds that they are not wearing a face covering.

Use of face coverings in secondary schools and colleges

It is recommended that face coverings are used in schools and colleges **that teach people in years 7 and above** by pupils, staff and visitors when moving around the premises, outside of classrooms, such as in corridors and communal areas where social distancing cannot easily be maintained. Face coverings do not need to be worn by pupils when outdoors on the premises.

At the current time, it is also recommended that face coverings should be worn by pupils, staff and visitors in classrooms or during activities where social distancing cannot be maintained. This does not apply in situations where wearing a face covering would impact on the ability to take part in exercise or strenuous activity, for example in PE lessons.

Use of face coverings in early years settings and primary schools

It is recommended that face coverings should be worn by staff and adult visitors in situations where social distancing between adults is not possible, for example, when moving around in corridors and communal areas. Face coverings are not recommended for children under the age of 11 and should not be used in any circumstance by children aged 3 and under.

Use of transparent face coverings

Transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can be worn. However, there is currently very limited evidence regarding the effectiveness or safety of transparent face coverings in reducing the spread of coronavirus (COVID-19).

Use of face visors or shields

Face visors or shields **should not** be worn as an alternative to face coverings. They may protect against droplet spread (e.g. spit) in specific circumstances but are unlikely to be effective in reducing aerosol transmission (e.g. very small airborne particles that you can't see) when used without an additional face covering.

Exemptions

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 impairment or disability, illness or mental health difficulties
- who rely on visual signals for communication, or communicate with or provide support to such individuals

Access to face coverings

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.

Secondary and post-16 settings will receive a delivery of between 5,000 and 7,500 units to bolster their contingency supply. They may receive further stock depending on the size of the establishment and requirement for contingency face covering stock.

Healthy Futures Calderdale have produced a video for young people on how to make a simple face covering, and how to wear this safely. The video is available on the Healthy Futures Calderdale YouTube channel. You may be able to supply materials – cotton fabric, elastic, needle and thread – to support pupils to follow this tutorial in class.

Using face coverings safely

It is important to be aware of the potential harms and disadvantages associated with the use of face coverings, particularly when worn for long periods of time, and steps you can take to minimise these risks in your setting.

Potential risk	Mitigation
Increased risk of self-contamination due to touching face covering and subsequently touching eyes with contaminated hands.	Communicate this risk to staff and pupils
Self-contamination if face coverings are not changed when wet or soiled. This can create favourable conditions for microorganisms to amplify.	Communicate this risk to staff and pupils Disposable face coverings should be replaced, and reusable coverings washed at least daily. Consider staff and pupils to replace it on entering the setting, particularly if they have travelled by public transport, and to carry a spare in case of soiling.
Discomfort; headache and/or breathing difficulties; development of facial skin lesions, irritant dermatitis or worsening acne, when used frequently for long hours.	Only require staff and young people to use face coverings in communal areas where social distancing cannot be safely managed
Difficulty with communicating.	Lip-reading and non-verbal communication are particularly important in early language development, and to people who are hearing impaired. Face coverings should not be used when speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expression to communicate.
False sense of security, leading to potentially lower adherence to other critical preventive measures.	Consider communicating information about the relative protection offered by face coverings when compared to other protective measures.
Poor compliance with mask wearing, particularly by young children.	Face coverings should not be used by children under the age of 3 or those who may find it difficult to manage them correctly.
Waste management issues; improper disposal leading to risk of contamination to others, and environment hazard.	Used disposable face coverings should be placed in a refuse bag and disposed of as normal domestic waste. If they have been used with a person displaying symptoms, they should be disposed of as with PPE.

Wearing, removing and storing or disposing of face coverings

It is vital that face coverings are worn correctly and that clear instructions are provided to staff and young people on how to put on, remove, store and dispose of face coverings in all of the circumstances above, to avoid inadvertently increasing the risks of transmission. Please consider showing pupils the Healthy Futures Calderdale video on the safe use of face coverings. Where staff and pupils are required to wear a face covering, they should be advised of the following:

Before putting face covering on	Wash hands thoroughly with soap and water for 20 seconds or use hand sanitiser.
Wearing a face covering	Face covering should: • cover your mouth and nose while allowing you to breathe comfortably • fit comfortably but securely against the side of the face • be secured to the head with ties or ear loops • be made of a material that you find to be comfortable and breathable, such as cotton • ideally include at least two layers of fabric (the World Health Organisation recommends three depending on the fabric used) You should avoid: • touching your eyes, nose, or mouth at all times • wearing on your neck or forehead • touching the part of the face covering in contact with your mouth and nose, as it could be contaminated with the virus • taking it off and putting it back on a lot in quick succession
Removing a face covering	Face covering should be changed if it becomes damp or if you've touched it. Settings may wish to consider asking that staff and children put on a fresh face covering when they arrive at the setting, particularly if they have travelled by public transport. Face covering should always be removed by the user. When removing face covering: • wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser before removing • only handle the straps, ties or clips • do not give it to someone else to use • wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser once removed • make sure you clean any surfaces the face covering has touched.
Storing a face covering when not in use	Reusable face coverings should be stored in a plastic bag that the wearer has brought with them, and then taken home for washing. Disposable face coverings cannot be re-used. They should be disposed of as below.
Disposing of a disposable face covering	Used disposable face coverings should be placed in a refuse bag and can be disposed of as normal domestic waste.
Cleaning of a reusable face covering	Reusable face coverings should be washed daily in line with manufacturer's instructions.

Prevention: Hand and respiratory hygiene

COVID-19 is an easy virus to kill when it is on skin. This can be done with soap and running water or hand sanitiser with antiviral properties.

Settings must ensure that children clean their hands regularly, including:

- When they arrive at setting
- When they have been to the toilet
- When they return from breaks
- When they change rooms
- Wefore and after eating.

Some children and young people will need support to clean their hands properly and to "catch it, bin it, kill it". Pupils who use saliva as a sensory stimulant or who struggle with respiratory hygiene may also need more opportunities to wash their hands. Staff working with pupils who spit uncontrollably may want more opportunities to wash their hands than other staff.

You may need to supervise hand sanitiser use given the risks around ingestion. Skin-friendly skin cleaning wipes can be used as an alternative.

The 'catch it, bin it, kill it' approach continues to be very important.

The e-Bug COVID-19 website contains free resources for schools, including materials to encourage good hand and respiratory hygiene.

Prevention: Enhanced cleaning

In line with the risk assessment and timetabling of the day, putting in place a cleaning schedule that ensures cleaning is generally enhanced and includes:

- More frequent cleaning of rooms/shared areas that are used by different groups
- Frequently touched surfaces being cleaned more often than normal
- Cleaning toilets regularly
- Encouraging pupils to wash their hands thoroughly after using the toilet
- If your site allows it, allocating different groups their own toilet blocks

Cleaning should include:

- Cleaning an area with a chlorine releasing disinfectant after someone with suspected or confirmed 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 not use pot-towels, even for drying pots in kitchen areas. Use disposable cloths or leave pots to air-dry.

See guidance on COVID-19: cleaning of non-healthcare settings outside the home.

Do toilets need to be cleaned after every use?

Toilets are frequently touched surfaces, so they need to cleaned frequently throughout the day, but not after every use (except if used by a symptomatic person whilst waiting to go home).

Will equipment need to be cleaned down between each child using it?

For individual and very frequently used equipment, such as pencils and pens, staff and children have their own items that are not shared.

Classroom based resources, such as books and games, can be used and shared within the bubble. These should be cleaned regularly, along with all frequently touched surfaces.

Resources that are shared between classes or bubbles, such as sports, art and science equipment should be cleaned frequently. When sharing equipment between different bubbles, you should either: clean it before it is moved between bubbles or leave it unused for a period of 48 hours (72 hours for plastics).

Settings will need to make an assessment of the cleanability of equipment used in the delivery of therapies (for example physiotherapy equipment, sensory equipment), to determine whether this equipment can withstand cleaning and disinfection between each use (and how easy or practical it would be to do so) before it is put back into

general use. Where cleaning or disinfection is not possible or practical, resources will have to be restricted to one user, or be left unused for a period of 48 hours (72 hours for plastics) between use by different individuals.

Outdoor playground equipment should cleaned more frequently than usual. This also applies to resources used inside and outside by wraparound care providers.

It is still recommended that children limit the amount of equipment they bring into the setting each day, to essentials such as lunch boxes, hats, coats, books, stationery and mobile phones. Bags are allowed. Children and staff can take books and other shared resources home, although unnecessary sharing should be avoided, especially where this does not contribute to education and development. Similar rules on hand cleaning, cleaning of the resources and rotation should apply to these resources.

Can children and staff bring their own equipment into the setting, and take resources home?

It is still recommended that children limit the amount of equipment they bring into setting each day, to essentials such as lunch boxes, hats, coats, books, stationery and mobile phones. Bags are allowed. Children and teachers can take books and other shared resources home, although unnecessary sharing should be avoided, especially where this does not contribute to child education and development. Similar rules on hand cleaning, cleaning of the resources and rotation should apply to these resources.

Prevention: Minimise contact and maintain social distancing where possible

Minimising contacts and mixing between people reduces the transmission of COVID-19. This is important in all contexts. National guidance states that settings must do everything possible to minimise contacts and mixing while delivering a broad and balanced curriculum.

The overarching principle to apply is still to minimise the number of contacts that children and staff have through the day, which can be achieved through keeping groups separate (in 'bubbles') and through maintaining distance between individuals. These are not alternative options and both measures will help, but the balance between them will change depending on:

- children's ability to distance
- the lay out of the setting
- the feasibility of keeping distinct groups separate while offering a broad curriculum

For children old enough, they should also be supported to maintain distance and not touch staff where possible.

Bubble working

There is no maximum bubble size in place. However, maintaining distinct and consistent groups or 'bubbles' is beneficial in:

- Reducing the risk of transmission by limiting the number of pupils and staff in contact with each other
- Making it quicker and easier in the event of a positive case to identify those who may need to self-isolate and keep that number as small as possible.
- Recognising that children, and especially the youngest children and those with complex needs, cannot socially distance from staff or from each other, and provides an additional protective measure.

Bubble working may though restrict the normal operation of your setting, and present educational and logistical challenges, and as such you should assess your circumstances and try to implement 'bubbles' of an appropriate size to achieve the greatest reduction in contact and mixing whilst ensuring that this will not affect the quality and breadth of teaching or access for support and specialist staff and therapists.

When using larger groups, the other measures from the system of controls become even more important, to minimise transmission risks and to minimise the numbers of children and staff who may need to self-isolate.

Mixing between bubbles

Settings should limit interaction, sharing of rooms and social spaces between groups as much as possible.

Some settings may keep children in their class group for the majority of the classroom time, but also allow mixing into wider groups for:

- specialist teaching
- wraparound care
- transport
- boarding children in one group residentially and another during the setting day

Siblings may also be in different groups.

Staff can operate across different bubbles in order to facilitate the delivery of the setting timetable and specialist provision, but should minimise the number of interactions or changes wherever possible. Where staff need to move between classes and year groups, they should try and keep their distance from children and other staff as much as they can, ideally 2 metres from other adults.

Endeavouring to keep groups at least partially separate and minimising contacts between children will still offer public health benefits as it reduces the network of possible direct transmission. However, mixing groups may mean that children and staff in more than one bubble have to isolate in the event of a positive COVID-19 case.

If a positive case is identified within your setting, anyone who is a **close contact** of the case must be sent home to self-isolate. With younger children, it is recognised that social distancing is not possible, so it is likley that anyone who *may* have had close contact with the child or staff member will have to self-isolate.

You should keep a record of any movement between bubbles for the purpose of contact tracing and keep these records for 21 days.

See section on tracing and isolating contacts.

Children moving between settings

Where a child routinely attends more than one setting on a part time basis, for example because they are dual registered at a mainstream school and a special setting, they can continue to do so. The settings should work through the system of controls collaboratively, enabling them to address any risks identified and allowing them to jointly deliver a broad and balanced curriculum for the pupil. While some adjustment to arrangements may be required, children in this situation should not be isolated as a solution to the risk of greater contact except when required by specific public health advice.

Visitors to the setting

Specialists, therapists, clinicians and other support staff should provide interventions as usual and can move between settings.

Supply teachers, peripatetic teachers and other temporary staff can move between settings.

As normal, you should engage with your local immunisation providers and other clinical services to provide services on site, ensuring these will be delivered in keeping with the school's control measures. These services are essential for children's health and wellbeing.

Settings should consider how to manage other visitors to the site, such as contractors, catering staff and deliveries, as well as cleaning staff on site who may be working throughout the setting and across different groups. You should have discussions with key contractors about the school's control measures and ways of working. They should ensure site guidance on physical distancing and hygiene is explained to visitors on or before arrival. Where visits can happen safely outside of school hours, they should.

Anyone working across multiple settings should:

- ensure they minimise contact and maintain as much distance as possible from other staff and from children, avoiding situations where distancing requirements may be broken
- use a face covering in situations where social distancing between adults is not possible (for example, when moving around in corridors and communal areas)
- make efforts to reduce the number of settings and locations worked in, to reduce the number of contacts made.

A record should be kept of all visitors with sufficient detail to support rapid contact tracing if required.

Wraparound care and out of school provision

From **8th March**, out-of-school settings and wraparound childcare providers can offer indoor and outdoor face-to-face provision to:

- vulnerable children and young people
- other children, where the provision is:
  - reasonably necessary to enable parents/carers to work, search for work, undertake education or training, or attend a medical appointment or address a medical need, or attend a support group
  - being used by electively home educating parents as part of their arrangements for their child to receive a suitable full-time education
  - for the purposes of obtaining a regulated qualification, meeting the entry requirements for an education institution, or to undertake exams and assessments

From **29th March**, providers will be able to extend this offer to include:

- outdoor provision to all children, without restrictions on the purpose for which they may attend

The government's intention is then for providers to be able offer provision as normal, to all children, from the start of the school summer term. This will be **no earlier than 12th April**, and will be confirmed as part of step 2 of the COVID-19 response spring 2021.

Providers should carefully consider how they can make wraparound provision work alongside the protective measures in place in their school or early years setting during the day, including keeping children within their year groups or bubble where possible. See section on maintaining bubbles in wraparound care and out of school provision and guidance on Protective measures for holiday and after-school clubs, and other out-of-school settings during the coronavirus (COVID-19) outbreak.

Where it is not possible to maintain these bubbles, providers should use small, consistent groups of no more than 15 children and at least one staff member, with the same children each time they attend. **Providers should only mix children from different schools where absolutely necessary.**

Where it is not possible to follow school day bubbles, you should also work with parents and carers to try and keep siblings together. This will help minimise the amount of mixing between different households and contacts.

Where possible, settings should also try to work with external providers of wraparound care to minimise the risk following the above principles.

Maintaining social distancing

Maintaining a distance between people while inside and reducing the amount of time they are in face-to-face contact lowers the risk of transmission.

Ideally, adults should maintain 2 metre distance from each other and from children, though it is recognised that this is not always possible. Provide educational and care support as normal, with other increased hygiene protocols in place to minimise the risk of transmission.

Where possible, for example with older pupils with less complex needs who can self-regulate their behaviours without distress, they should also be supported to maintain distance and not touch staff and their peers. This will

not be possible for the youngest children, and some children and young people with complex needs. It may also not be feasible where space does not allow. Doing this where you can, even some of the time, will help.

Measures within the classroom

You should make small adaptations to the classroom to support distancing where possible. That should include seating pupils side by side and facing forwards, rather than face-to-face or side on. It might also include moving unnecessary furniture out of the classroom to make more space.

Staff in secondary schools should stay at the front of the class, and away from their colleagues where possible.

Measures elsewhere

You should avoid large gatherings such as assemblies or collective worship with more than one group.

When timetabling, groups should be kept apart and movement around the school kept to a minimum. While passing briefly in the corridor or playground is low risk, avoid creating busy corridors, entrances and exits.

Consider staggered break times and lunch times. Make sure you allow time for cleaning surfaces in the dining hall between groups.

You should also plan how shared staff spaces are set up and used to help staff to distance from each other. You should minimise the use of staff rooms, although staff must still have a break of a reasonable length during the day.

Measures for arriving at, and leaving the setting

Consider staggered starts or adjusting start and finish times to keep groups apart as they arrive and leave.

Staggered start and finish times should not reduce the amount of overall teaching time. A staggered start may include:

- condensing or staggering free periods or break time but retaining the same amount of teaching time
- keeping the length of the day the same but starting and finishing later to avoid busy periods

Remind parents/carers not to:

- arrive early for drop-off or pick up
- gather at the gates
- come onto the site without an appointment

Travelling to the setting

Encourage staff and children to walk, cycle or scoot to and from the setting wherever possible and safe to do so. Public transport should be used only where necessary, and in accordance with safer travel guidance for passengers.

The transport to schools and other places of education guidance requires those involved in the provision of dedicated transport to schools to identify the risks. You should adopt measures to address those risks in a way that works in the local circumstances. Distancing should be maximised and mixing of groups should be minimised where possible and practical.

People aged 11 and over must wear a face covering when travelling on public transport and on dedicated transport to secondary school. People who are exempt do not need to wear a face covering.

Delivering PE and sport safely

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

Children should be kept in consistent groups and sports equipment thoroughly cleaned between each use by different individual groups.

Outdoor sports should be prioritised where possible, and large indoor spaces used where it is not, maximising natural ventilation flows (through opening windows and doors or using air conditioning systems wherever possible) distancing between children and paying scrupulous attention to cleaning and hygiene. This is particularly important in a sports setting because of the way in which people breathe during exercise. External facilities can also be used in line with government guidance for the use of, and travel to and from those facilities. Settings should refer to the following advice:

- guidance on grassroot sports for public and sport providers, and guidance from Sport England
- 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
- guidance on using changing rooms safely

Where you are considering team sports you should only consider those sports whose national governing bodies have developed guidance under the principles of the government's guidance on team sport and been approved by the government i.e. sports on the list available at grassroots sports guidance for safe provision including team sport, contact combat sport and organised sport events. Competition between different schools should not take place until wider grassroots sport for under 18s is permitted.

You can work with external coaches, clubs and organisations for curricular and extra-curricular activities. You must be satisfied that it is safe to do.

Activities such as active miles, making break times and lessons active and encouraging active travel help enable children to be physically active while encouraging physical distancing.

Delivering music lessons safely

There may be an additional risk of infection in environments where singing, chanting, playing wind or brass instruments, dance or drama takes place.

Singing, wind and brass instrument playing can be undertaken in line with this and other guidance, including guidance provided by the DCMS for professionals and non-professionals, available at working safely during coronavirus (COVID-19): performing arts.

The overarching objective should be to reduce the number of contacts amongst pupils, and between pupils and staff, including for rehearsal and performance. As set out in the system of controls, this can be achieved through keeping groups separate (in bubbles) and through maintaining social distance between individuals.

You should take particular care in music, dance and drama lessons to observe social distancing where possible. This may limit group activity in these subjects in terms of numbers in each group. It will also prevent physical correction by teachers and contact between pupils in dance and drama.

You should not host any performances with an audience.

Further detail is available in DfE schools COVID-19 operational guidance.

Prevention: Ventilation

Good ventilation reduces the concentration of the virus in the air, which reduces the risk from airborne transmission. This happens when people breathe in small particles (aerosols) in the air after someone with the virus has occupied and enclosed area.

When your setting is in operation, it is important to ensure it is well ventilated and a comfortable environment is maintained.

Good ventilation 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 and that only fresh outside air is circulated. 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 and also internal doors where possible, to create a throughput of air. If necessary, external opening doors may also be used as long as they are not fire doors and where safe to do so.

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.

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.

Further advice can be found in Health and Safety Executive guidance on air conditioning and ventilation during the coronavirus outbreak.

Prevention: Use of personal protective equipment (PPE)

The majority of staff will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain distance of 2 metres from others. PPE should only be used in specific circumstances.

Appropriate use of PPE

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

- Where a child already has routine intimate care needs that involves the use of PPE, in which case the same PPE should continue to be used
- Where an individual child becomes unwell with symptoms of coronavirus while in their setting, and only then if a distance of 2 metres cannot be maintained. Further detail can be found in section on safely looking after someone with symptoms.

There are no additional PPE requirements for first aid, or for non-symptomatic children who present behaviours which may increase the risk of droplet transmission or who require hands-on contact.

The guidance on safe working in education, childcare and children's social care provides more information about preventing and controlling infection. This includes:

- when and how PPE should be used
- what type of PPE to use
- how to source it

Disposing of PPE

Used PPE should be placed in a refuse bag and can be disposed of as normal domestic waste unless the wearer has symptoms of coronavirus. To dispose of waste from people with symptoms of coronavirus, such as disposable cleaning cloths, tissues and PPE:

- Put it in a plastic rubbish bag and tie it when full
- Place the plastic bag in a second bin bag and tie it
- Put it in a suitable and secure place marked for storage for 72 hours

Waste should be stored safely and securely kept away from children. You should not put your waste in communal waste areas until the waste has been stored for at least 72 hours. Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives. This waste does not require a dedicated clinical waste collection in the above circumstances. Settings such as residential care homes or special schools that generate clinical waste should continue to follow their usual waste policies.

Prevention: Asymptomatic testing

About 1 in 3 people with COVID-19 do not have symptoms but can still pass it on to others. Regular testing of people without symptoms is important to help stop the virus spreading, and will become even more important as lockdown restrictions gradually ease.

The following people now have access to regular rapid lateral flow device (LFD) testing available to them, either through local or national testing programmes:

- secondary school pupils
- primary and secondary school staff
- staff in early years (currently only available through local programme)
- people in particular workplaces (currently only through local programme)
- households, childcare and support bubbles of primary and secondary-age pupils
- households, childcare and support bubbles of primary and secondary staff

Primary school pupils will not be asked to test at this time.

Use of LFD testing for people with COVID-19 symptoms

Though LFD can be extremely useful in identifying the 1 in 3 asymptomatic cases who would not otherwise access testing, the test is not as sensitive as PCR testing, and does not detect all positive cases.

Because of the limitations of LFD, it should not in any circumstance be used by people with COVID-19 symptoms. It is important that you communicate this to staff and families.

This test should be regarded as a screening tool, and results interpreted with caution. While a positive result means you almost certainly have COVID-19, a negative result does not mean that you do not have it. As such:

- Anyone with COVID-19 symptoms **MUST** arrange a PCR test, even if you have returned a negative LFD result.
- If you have been in contact with a confirmed case, you must isolate for 10 days, even if you have returned a negative LFD result.

Asymptomatic testing in education and childcare settings

Rapid asymptomatic COVID-19 testing using (LFD is available to staff in all education and childcare settings, and to pupils in secondary and post-16 settings. Testing is voluntary but is strongly encouraged.

Further information on the national testing programme is available in national Schools COVID-19 operational guidance.

For further information on the local testing programme, and for full details on how testing and reporting requirements differ to the national scheme, contact becky.greenwood@calderdale.gov.uk.

Staff and eligible pupils will be supplied with LFD kits to self-swab and test themselves twice a week at home. The test should be completed by swabbing nostril and throat, or by swabbing both nostrils. The latter may be more acceptable, particularly to young people.

Responding to a positive LFD result

Staff or pupils with a positive LFD result will need to self-isolate in line with the stay-at-home guidance. Pupils will also need to arrange a PCR test to confirm the result if the test was done at home, although you should act on the

result of the LFD in tracing and isolating contacts. It is therefore imperative that staff and pupils alert you as soon as possible to support with contact tracing.

Settings engaged in the **local programme** must:

- Contact the local public health team in the usual way to report positive cases. Do not wait until after a confirmatory PCR test to do this,

- Report the number of positive results and the number of voids (from each round of testing) online here

- Report the contact details of positive cases here so that they can be fed into the local contact tracing system. This will ensure that contacts outside school are instructed to isolate, and that they receive info around financial assistance etc as appropriate.

Settings engaged with the **national programme** must:

- Contact the local public health team in the usual way to report positive cases

- Ensure that staff and pupils report their result to NHS Test and Trace as soon as the test is completed either online or by telephone as per the instructions in the home test kit.

Routine testing of regular visitors to education and childcare settings

Regular visitors to your setting can take part in the local workforce testing programme by contacting clifford.dunbavin@locala.org.uk,

You may wish to offer occasional visitors the opportunity to complete an LFD test on arrival at the setting. You can use your setting's supply of LFD kits for this purpose.

Routine testing of households, childcare or support bubbles of school staff and pupils

Anyone who is in a member of staff or pupil's household, childcare bubble or support bubble can get a twice-weekly test:

- through your employer if they offer testing to employees
- at a local test site
- by collecting a home test kit from a test site
- by ordering a home test kit online.

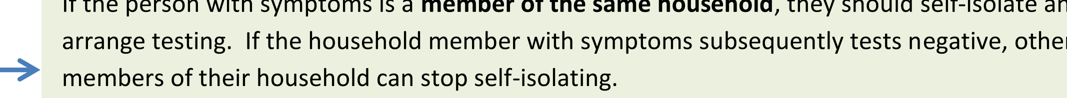
You should not use your setting's supply of LFD kits for this purpose.

See guidance on rapid lateral flow testing for households and bubbles of school pupils and staff.

Response to infection: Engage with the NHS Test and Trace process

Responding to a possible or confirmed COVID-19 case: overview

A staff member or child Is a **contact of someone with symptoms** of COVID-19 →



If the person with symptoms is a **member of the same household**, they should self-isolate and arrange testing. If the household member with symptoms subsequently tests negative, other members of their household can stop self-isolating.

For all other contacts, no action is needed unless the person subsequently tests positive.

A staff member or child Is a **contact of someone who has tested positive** for COVID-19 →

Anyone identified as a contact of someone who has tested positive must self-isolate for 10 days, even if they do not have symptoms and even if they themselves test negative. This is because they can develop the infection at any point up to day 10.

A staff member or child **has symptoms** of COVID-19 →

The person should not enter the setting. They should be advised that their household must self-isolate and arrange testing for any symptomatic household member.

if they test negative and are not a contact of a confirmed case, if they feel well and no longer have symptoms similar to COVID-19, they can stop self-isolating. They could still have another virus, such as a cold or flu – in which case it is still best to avoid contact with other people until they are better. Other members of their household can stop self-isolating.

if they test positive, see below.

if they are not tested, they must continue to self-isolate for at least 10 days from the onset of their symptoms and then return to the setting only if they do not have symptoms other than cough or loss of sense of smell/taste. This is because a cough or anosmia can last for several weeks once the infection has gone. The 10-day period starts from the day when they first became ill. If they still have a high temperature, they should keep self-isolating until their temperature returns to normal. Other members of their household should continue self-isolating for the full 10 days from the day when the first person in the household became ill.

A staff member or child **has tested positive** for COVID-19 →

They must continue to self-isolate for at least 10 days from the onset of their symptoms and then return to the setting only if they do not have symptoms other than cough or loss of sense of smell/taste. This is because a cough or anosmia can last for several weeks once the infection has gone. The 10-day period starts from the day when they first became ill. If they still have a high temperature, they should keep self-isolating until their temperature returns to normal.

Other members of their household should continue self-isolating for the full 10 days from the day when the first person in the household became ill.

Public Health will work with you to establish who else in the setting may be a contact. Contacts must self-isolate, as above.

Polymerase Chain Reactions (PCR) testing for COVID-19 in people with symptoms

Testing is free and is suitable for babies and young children. Anyone with one or more of the main COVID-19 symptoms is strongly advised to get a test within first 5 days. If anyone is unable to get a test within the first 5 days of presenting with symptoms, or chooses not to get a test, they must self-isolate for 10 days (and other household members for 10 days).

The main symptoms of COVID-19 are:

- a high temperature
- a new, continuous cough
- a loss or change to your sense of smell or taste

In line with current government guidance, anyone who has previously tested positive or who has received a COVID-19 vaccination and develops symptoms, should arrange a test. If this comes back positive, they must isolate again.

Arranging a COVID-19 test

Tests can be booked online or ordered by telephone via NHS 119 for those without access to the internet.

Anyone (including staff and families) can arrange testing, including for under 5s, online at www.gov.uk/get-coronavirus-test or by calling **119** if they have no internet access.

Education settings have been issued with guidance on testing and advice for parents and staff. It is very important that this guidance is followed.

If someone develops one or more of the main COVID-19 symptoms, only they should be tested. There is no need for others in their household to have a test unless they are also symptomatic. If there is a confirmed case in your setting, you should not advise entire classes or year groups to get tested except on the advice of Public Health.

Unless someone has one of the three main symptoms, they should only be tested if instructed otherwise by the local authority, health protection team or their GP.

PCR test kits supplied to settings for use with people who are symptomatic

Schools and further education institutions have received a small quantity of PCR test kits. These are to be offered to individuals only in the **exceptional circumstance** that you believe an individual may have barriers to accessing testing elsewhere. This will help you to take action to protect students and staff in the event of a positive test result. Having a PCR test at a testing site will deliver the fastest results for symptomatic cases. PCR kits should not be used in lieu of the LFD test kits used for routine testing.

Kits are suitable for people of all ages over the age of one. Kits should not be given directly to children, only to adults over the age of 18 or a child's parent/carer. Parents/carers will be required to administer the test to those under 11. Full instructions on how to administer the test and what to do next are provided within each kit. Schools and colleges will not be expected to administer testing and PCR testing should not take place on site.

Kits should be stored securely at ambient room temperature (5-22°C).

Schools and FE providers should order additional test kits here. if they have run out or are running out of test kits.

Returning to the setting after self-isolation

If someone with symptoms tests **negative**, they can stop self-isolating and return to the setting when they feel well and no longer have symptoms similar to COVID-19. They could still have another virus, such as a cold or flu – in which case it is still best to avoid contact with other people until they are better. Once they feel better, they can return to the setting. Other members of their household can stop self-isolating, and siblings can return to the setting.

If someone tests **positive**, they must continue to self-isolate for at least 10 days from the onset of their symptoms, or from when they were tested if they did not have symptoms. After this time, they must only return to setting if they do not have symptoms other than cough or loss of sense of smell/taste. This is because a cough or anosmia can last for several weeks once the infection has gone. The 10-day period starts from the day when they first became ill. If they still have a high temperature, they should keep self-isolating until their temperature returns to normal.

If someone is self-isolating because they have been in contact with a confirmed case, they must continue to self-isolate for the full 10-day period from when the first person in the household developed symptoms. Even if they develop symptoms and test negative within this time, they must still complete the 10-day isolation period. If they themselves go on to test positive, they must isolate for 10 days from symptom onset (or test date if asymptomatic). If anyone else in the household goes on to test positive during the 10 days, the isolation period for other household members is not extended.

Response to infection: manage and report COVID-19 cases

Safely looking after someone with symptoms

Where a child has fallen ill in the setting, you should call their parent/carer or a member of their household to collect them as soon as possible. Advise them that **all household members** will need to isolate and refer them to the stay at home guidance for households with possible or confirmed COVID-19 infection. The symptomatic child or staff member should be tested with a PCR test and of the results, and the setting must be notified of the results of this test.

Ideally a child (and any siblings in the setting) should be collected by a parent/legal guardian/housemate and travel home by private transport. The individual should not use public transport if they are symptomatic.

In exceptional circumstances, if parents or carers cannot arrange to have their child collected, if age-appropriate and safe to do so the child should walk, cycle or scoot home following a positive test result. If this is not possible, alternative arrangements may need to be organised by the school.

Whilst the child remains in the setting awaiting collection:

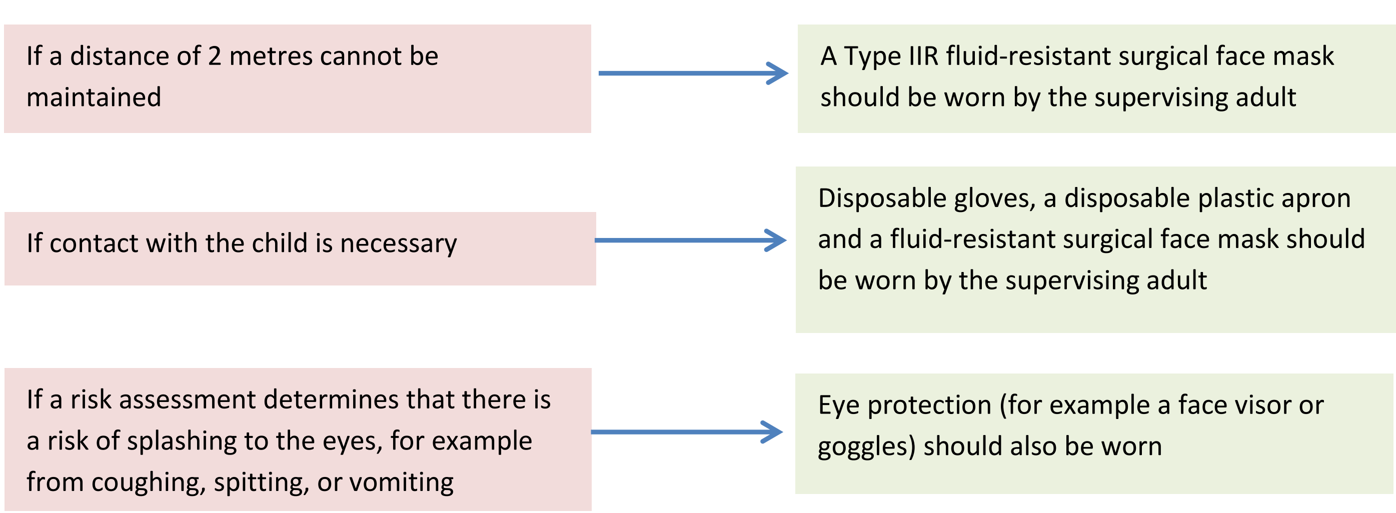
- they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age and needs of the pupil, with appropriate adult supervision if required
- a window should be opened for fresh air ventilation if it is safe to do so
- if it is not possible to isolate them, 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 must be cleaned and disinfected using standard cleaning products before being used by anyone else
- any member of staff helping them should try to stay 2 metres away. If this isn't possible, personal protective equipment (PPE) must be worn by staff (see PPE use with symptomatic children). Staff member should wash their hands thoroughly for 20 seconds after any contact. They do not need to self-isolate unless they develop symptoms, or if the symptomatic person subsequently tests positive, or if they are requested to do so by NHS Test and Trace.

If a pupil in a residential (boarding) school shows symptoms, they should initially self-isolate in their residential setting household. Most will benefit from self-isolating in their boarding house so that their usual support can continue. Others will benefit more from self-isolating in their home.

PPE use with symptomatic children

PPE should be used if a child becomes unwell with symptoms of COVID-19 while in the setting and needs direct personal care until they can return home.

If a child becomes unwell with symptoms of coronavirus while in their setting, PPE should be worn, as outlined below, **if a distance of 2 metres cannot be maintained,** such as for a very young child or a child with complex needs



When PPE is used, it is essential that it is used and disposed of properly. This includes scrupulous hand hygiene and following guidance on how to put PPE on, take it off, and dispose of it safely in order to reduce self-contamination.

Cleaning after a symptomatic person has left the setting

After a person with suspected COVID-19 has left, areas that they have spent time in, including bathrooms, should be cleaned.

All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:

- Objects which are visibly contaminated with body fluids
- All potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells
- Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal.

Wear disposable or washing-up gloves and aprons for cleaning. These should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished.

Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings – think one site, one wipe, in one direction.

Use **one** of the options below:

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

Wash hands with soap and water for 20 seconds after all PPE has been removed.

Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below.

When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.

Personal waste from individuals with symptoms of COVID-19 and waste from cleaning of areas where they have been (including PPE, disposable cloths and used tissues):

- Should be put in a plastic rubbish bag and tied when full
- The plastic bag should then be placed in a second bin bag and tied
- This should be put in a suitable and secure place and marked for storage until the individual's test results are known

This waste should be stored safely and kept away from children. It should not be placed in communal waste areas until negative test results are known, or the waste has been stored for at least 72 hours.

If the individual tests negative, this can be put indisposed of immediately with the normal waste.

If COVID-19 is confirmed this waste should be stored for at least 72 hours before disposal with normal waste.

For more information, see: Public Health England Guidance COVID-19: cleaning of non-healthcare settings.

Keeping records

You must take swift action when you become aware that someone who has attended has tested positive for COVID-19 – either through PCR or LFD testing. You should ask parents and staff to inform you immediately of the results of a test. Please note, where a pupil or student tests positive at home using a LFD test, they must seek a confirmatory PCR test.

To support in the identification of contacts of a confirmed case, you should keep a record for 21 days of:

- Any visitors to the setting
- Children and staff in each "bubble" (including at your own wraparound care), and any close contact that takes places between children and staff in different bubbles
- Absences of staff and children
- Anyone who has presented with symptoms in the setting

In the event of a confirmed case, key information to have to hand when calling Public Health includes:

- Number of confirmed/possible cases
- Date of onset of first case
- Number of potential contacts
- Total number of staff and children / numbers in the affected bubbles
- Are any children or staff in hospital

- Any issues affecting safe operation of the setting
- Any communications already issued to parents or staff

For younger children and those with complex needs, it will be especially important that you have documented which staff and children are in each bubble and any joining together or mixing of bubbles, as children may not be able to recall this information accurately themselves.

Ending isolation if a person receives a negative test result

If the child or staff member has a negative COVID-19 PCR test result after being tested because they had symptoms

This advice is based on a negative PCR test. No one should stop self-isolating based on a negative Lateral Flow Device (LFD) test result.

If the PCR test result is negative but they still have symptoms, they may have another virus such as a cold or flu. They should stay at home until they feel well. They should seek medical attention if they are concerned about their symptoms.

- They can stop isolating as long as:
- they have a negative PCR test,
- they are well,
- no-one else in the household has symptoms or has tested positive for COVID-19,
- they have not been advised to self-isolate by NHS Test and Trace, and
- they have not arrived into the UK from a non-exempt country within the last 10 days. Separate guidance is available if they are participating in the Test to Release for international travel scheme

Anyone in the household who is isolating because of their symptoms can also stop isolating.

Notification of a positive COVID-19 test to Public Health

You must take swift action when you become aware that someone who has attended your setting has tested positive for coronavirus (COVID-19).

COVID-19 is a notifiable disease. If a child or staff member in your setting has **TESTED POSITIVE** (this means they are a CONFIRMED case of COVID-19) you **must** notify and seek advice from Calderdale Council Public Health Department on 07714 922670**.** The local public health team will advise on whether other staff and pupils may need to self-isolate.

Have the following information to hand when calling:

- Number of confirmed/possible cases
- Date of onset of the cases/date of tests and last date they were in the education setting
- Number of potential contacts
- Total number of staff and children / numbers in the affected class/bubbles/transport bubbles
- Are any children or staff in hospital or very unwell
- Any issues affecting safe operation of the setting
- Any communications already issued to parents or staff

Anyone testing positive for COVID-19 on an LFD test or a PCR test should self-isolate immediately. Their household and any other contacts should also self-isolate.

Identify any contacts of the case in the setting using the definitions below. These do not cover every type of contact but are a prompt to help identify those covered by the definition above in an education or childcare setting. Any contacts should be advised to self-isolate.

Where notification arrangements differ over school holidays, settings will be made aware of this in advance.

Early Years settings must also notify Ofsted, through the usual notification channels, of any confirmed cases of COVID-19 in the setting (either child or staff member), and/or if the setting is advised to close as a result.

Tracing and isolating contacts

A contact is a person who has been close to someone who has tested positive for COVID-19. You can be a contact any time from 2 days before the person who tested positive developed their symptoms (or, if they did not have any symptoms, from 2 days before the date their positive test was taken), and up to 10 days after, as this is when they can pass the infection on to others. A risk assessment may be undertaken to determine this, but a contact can be:

- 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
    - 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. This includes school buses and minibuses, regardless of the distance someone was from the positive case.

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.

In an education or childcare setting, the use of PPE, face coverings or visors, whilst helpful in reducing the spread of infection, will not prevent someone from being identified as a contact and being asked to self-isolate if they meet the contact definition. There may be exceptions to this, where an appropriately trained member of education staff is performing healthcare activities (such as Aerosol Generating Procedures) and where it can be evidenced that they had used medical grade PPE, correct for the clinical or care task being undertaken (as defined in the relevant clinical or social care guidance), and that they have had appropriate training on putting the PPE on and taking it off.

For the purpose of contact tracing, symptom-onset includes any of the following, leading up to a positive test result:

fever	nausea	muscle ache
new continuous cough	vomiting	runny nose
loss or change to smell or taste	extreme tiredness	sore throat
loss of appetite	headaches	sneezing
diarrhoea	joint pain	altered consciousness and seizures

Other members of a contact's household, support bubble or childcare bubble – including siblings attending the setting – do not need to isolate unless the person goes onto develop symptoms whilst isolating.

Identifying contacts in an early years childcare setting, EYFS and Key Stage 1 (Foundation to Year 2)

- Usually staff and children who had shared a room or classroom with the case during their infectious period would be considered contacts in these age groups on the basis that social distancing is assumed not possible. Identify everyone in the class as contacts and advise self-isolation.
- Check friendship groups. Identify contacts as children who have had close contact with them during their infectious period
- Are there any other staff members (including at playtime and lunchtime) who report that they have had close contact with the case during the infectious period?
- Consider transport bubbles contacts (e.g. car sharing, school bus)

Identifying contacts in Key Stage 2 (Year 3-6)

- If children mix within the classroom, and staff move around the room, then the whole class would usually be defined as contacts.
- If there is a seating plan for all lessons and social distancing has been observed in the classroom at all times (i.e. no movement around the classroom) then look at seating plans instead. Identify contacts as staff/children who sat within 2 metres or otherwise had close contact with the case during their infectious period in school only.
- Check friendship groups. Identify contacts as children who have had close contact with them during their infectious period
- Are there any other staff members (including at playtime and lunchtime) who report that they have had close contact with the case during the infectious period?
- Are there any other people who they have had close contact with at break times or in other group activities such as sport or music lessons?
- Consider transport bubbles contacts (e.g. car sharing, school bus)
- Consider social contacts who have not had contact within school but who mix outside the setting

Identifying contacts in Key Stage 3, 4 and 5 (Year 7-1)

- **The default should NOT be to self-isolate the whole class or bubble in a secondary setting**
- Look at the student timetable to identify all classes attended during the infectious period
- Look at seating plans. Identify contacts as children who sat within 2 metres of the case or otherwise had close contact during their infectious period in school
- Check friendship groups. Identify contacts as children who have had close contact with them during their infectious period
- Are there any staff members who report that they have had close contact with the case during the infectious period?
- Are there any other people who they have had close contact with at break times or in other group activities such as sport or music lessons?
- Consider transport bubbles (e.g.car sharing, school bus)
- Consider social contacts who have not had contact within school but who mix outside the setting

It is essential that you notify Public Health each time you are made aware of a new case in your setting.

Measures to be taken by contacts of a confirmed case

People who are identified as contacts will be advised to self-isolate for 10 days after they were last in close contact with that person whilst they were infectious. The isolation period includes the day they last had contact with the case and the next 10 full days.

You must provide those identified as contacts with written notification of the requirement to isolate, based on the template provided by Public Health, see Appendix 4.

Settings must not share the names or details of people with COVID-19 unless essential to protect others.

Contacts will not usually be tested unless they develop symptoms.

Household members of identified contacts do not themselves need to self-isolate unless the child or staff member who is self-isolating subsequently develops symptoms.

If someone in a class or group that has been asked to self-isolate goes on to develop symptoms themselves within their 10-day isolation period they should arrange for testing.

- if the test delivers a negative result, they must remain in isolation for the remainder of the 10-day isolation period. This is because they could still develop coronavirus (COVID-19) within the remaining days.
- if the test result is positive, they should inform their school immediately, and should isolate from the day of onset of their symptoms and at least the following 10 full days. Their household should self-isolate starting from when the symptomatic person in their household first had symptoms and the next 10 full days, following guidance for households with possible or confirmed coronavirus (COVID-19) infection.

You should not request evidence of negative test results or other medical evidence before admitting children or welcoming them back after a period of self-isolation.

Reporting actual or suspected cases of COVID-19 through the education setting status form

Schools are asked to complete an educational setting status form. The data supplied will help the government monitor the impact of coronavirus (COVID-19) on schools. **Completing this form does not replace the requirement to notify Public Health of positive cases**. See guidance on how to submit the educational settings status form.

Supporting children in special residential settings in the event of a possible or confirmed case

There is separate government guidance on isolation for residential education settings. This applies to residential special settings and colleges and contains advice on how to manage self-isolation in such settings in the event of a confirmed or possible case.

Test and Trace Support Payments

Some staff in your setting may be eligible for a one-off Test and Trace Support Payment of £500. This is payable in one lump sum from the local authority.

To be eligible for a Test and Trace Support Payment, you must:

1. have been formally advised to self-isolate by NHS Test and Trace or Calderdale Council because you have:
    - tested positive for COVID-19, or
    - have recently been in close contact with someone who has tested positive.
2. Be employed or self-employed.
3. Not be able to work from home and will lose income as a result.
4. Get one or more of these:
    - Universal Credit;
    - Working Tax Credit;
    - Income-based Employment and Support Allowance;
    - Income-based Jobseeker's Allowance;
    - Income Support;
    - Housing Benefit;
    - and/or Pension Credit.

Anyone who meets the above criteria for 1, 2 and 3, but do not get a benefit listed in 4 can ask to be considered for a discretionary payment.

Eligible staff can apply online, see Request For Test and Trace Support Payment. Anyone who cannot access the online form should contact the the Calderdale Council Contact Centre on 01422 288003.

Response to infection: Contain any outbreak by following Public Health advice

If settings have **two or more confirmed cases within 14 days, or an overall rise in sickness absence where COVID-19 is suspected,** they may have an outbreak.

You must continue to work with the local Public Health team who will be able to advise if additional action is required.

In some cases, we may recommend that a larger number of other children self-isolate at home as a precautionary measure – perhaps the whole site or year group. Whole setting closure based on cases within the setting will not generally be necessary, and should not be considered except on the advice of Public Health

Protecting people who are clinically vulnerable

People who are defined as clinically extremely vulnerable are at very high risk of severe illness from COVID-19. Those who are clinically vulnerable are at high risk.

People in both groups have now been invited for vaccination. Whilst vaccination will protect most people from becoming seriously ill from COVID-19, people who have received the vaccine should continue to follow **all** measures set out in this guidance. This is because we do not yet know enough about the effectiveness of vaccination on reducing virus transmission, nor about how long the effects of vaccination last.

Definitions

Clinically extremely vulnerable

There are 3 ways a person may be identified as clinically extremely vulnerable:

- they have one or more of conditions listed below
- their clinician or GP has added them to the Shielded Patient List because based on their clinical judgement, they deem the person be at higher risk of serious illness if they catch the virus
- they have been identified through the COVID-19 Population Risk Assessment as potentially being at high risk of serious illness if you catch the virus

People with the following conditions are automatically deemed clinically extremely vulnerable:

- solid organ transplant recipients
- people with specific cancers:
    - people with cancer who are undergoing active chemotherapy
    - people with lung cancer who are undergoing radical radiotherapy
    - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
    - people having immunotherapy or other continuing antibody treatments for cancer
    - people having other targeted cancer treatments that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
    - people who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs
- people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
- people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease)
- people on immunosuppression therapies sufficient to significantly increase risk of infection
- problems with your spleen, e.g. splenectomy (having your spleen removed)
- adults with Down's syndrome
- adults on dialysis or with chronic kidney disease (stage 5)
- women who are pregnant with significant heart disease, congenital or acquired
- other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions

Clinically vulnerable

Clinically vulnerable people are those who are:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (that is, anyone instructed to get a flu jab each year on medical grounds):
- chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
- chronic heart disease, such as heart failure
- chronic kidney disease
- chronic liver disease, such as hepatitis
- chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), or cerebral palsy
- diabetes
- a weakened immune system as the result of certain conditions or medicines they are taking (such as steroid tablets)
- being seriously overweight (a body mass index (BMI) of 40 or above)
- pregnant women

Advice for staff and children who are **clinically vulnerable**, or live with someone who is

Clinically vulnerable staff and children can attend the setting, as can people who live with someone who is clinically vulnerable. Whilst in the setting, they should follow the protective measures outlined in this document to minimise the risks of transmission.

Advice for staff **who are CEV**

Detailed advice for those identified through a letter from the NHS or a specialist doctor as in the group deemed clinically extremely vulnerable (CEV or shielding list) is available online, here. The guidance provides advice on any additional measures individuals in this group should take.

The government has announced that additional people across the UK will be added to the Clinically Extremely Vulnerable (CEV) list. All those now in the shielding programme will receive a letter from the government to either explain that they have been added to the programme or to advise those already shielding that they should continue to do so until 31 March 2021.

Advice for children who **are CEV**

As our knowledge of COVID-19 has grown, we now know that very few children and young people are at highest risk of severe illness due to the virus. Doctors have therefore been reviewing all children and young people who were initially identified as CEV to confirm whether they are still thought to be at highest risk.

You should check that the parent/carer of a child previously advised to shield has discussed this with their child's doctor and that they have confirmed that the child is still considered CEV. If this is the case, the child should follow shielding advice whilst this guidance is in place.

Advice for staff and children who live with someone who is CEV

People who live with someone who is clinically extremely vulnerable can attend the setting, However, depending on the circumstances of your setting, you may be able to facilitate a staff member to work from home where they are responsible for caring for someone who is CEV. If they aren't able to work from home, the member of staff may request parental/dependants leave to care for their child, but this would ordinarily be unpaid. You may choose to grant paid leave in these circumstances but would need to be mindful about setting a precedent going forward on granting paid leave for childcare responsibilities. You may wish to seek advice from your HR provider so that the specific circumstances can be explored.

Advice for staff and children who are CEV but who want to attend the setting whilst shielding advice is in place

Guidance for people who are CEV to shield is not mandatory, however it is based on public health advice. If a CEV staff member wants to shield, you must support them to do so, but equally if they want to work and are fully aware of the personal risk, you can facilitate that. If this is the case, you should, undertake a full risk assessment with the staff member, and document the discussion and the measures you have put in place to make the workplace as safe as possible for them. The **CEV guidance extends to staff who are more than 28 weeks pregnant (and those below 28 weeks with other health concerns),** but again only where they are fully aware of the risk to themselves and their unborn baby if they catch COVID. If they still want to work, they need to agree with you the safest way of working.

Similarly, where a parent of a CEV child wants them to continue to attend the setting, they may. You should clearly document though that parent/carer has been advised that child should shield because they are at higher clinical risk of serious illness from COVID-19, and that they understand this and have taken the decision that they want their child to attend

Risk assessment for CEV staff

When CEV staff return to the setting, the risks to them should be assessed individually as the health risks and the mitigation that can be put in place are likely to vary significantly from person to person. Employees should be consulted about potential adjustments to their work or working environment.

It is important that all appropriate risk assessments are in place with regards to the working environment; that individuals complete a health questionnaire (previously circulated); and that advice is sought from your occupational health provider if you are considering option 2 below. Health questionnaires and records of such advice should be retained by the setting in accordance with GDPR requirements.

Outcomes of the risk assessment and discussions with individual employees could include:

1. Working from home
2. Additional safe-working adaptations that would allow the employee to return to work despite their health condition. This should be done in consultation with your occupational health provider
3. The transfer of the employee to a temporary alternative role, if such a role is available (which might include a role that allows the employee to work from home rather than attend the workplace)

An employee who is classified as clinically extremely vulnerable may also have a "disability" under the Equality Act 2010. This means that the employer has a duty to make reasonable adjustments for that employee. Although it depends on the circumstances, possible reasonable adjustments may include:

- making adjustments to premises
- allocating some of the employee's duties to another person
- altering their working hours and working patterns
- transferring them to another available role.

Where concerns remain regarding risks to employee and/or the protective measure to mitigate the risks to the employee, settings should seek further advice from their HR and Occupational health providers.

Additional considerations for staff who are pregnant

An employer's workplace risk assessment should already consider any risks to female employees of childbearing age and, in particular, risks to new and expectant mothers. Any risks identified must be included and managed as part of the general workplace risk assessment. If a setting is notified that an employee is pregnant, breastfeeding or has given birth within the last 6 months, the employer should check the workplace risk assessment to see if any new risks have arisen. If risks are identified during the pregnancy, in the first 6 months after birth or while the employee is still breastfeeding, the employer must take appropriate, sensible action to reduce, remove or control them.

While it is a legal obligation for employers to regularly review general workplace risks, there is not necessarily a requirement to conduct a specific, separate risk assessment for new and expectant mothers. However, an assessment may help identify any additional action that needs to be taken to mitigate risks.

Pregnant women are considered to be "clinically vulnerable", and as such additional protective measures may be required. All pregnant women should take particular care to practise frequent, thorough hand washing, and cleaning of frequently touched areas in their home or workspace.

Staff members prior to 28 weeks' gestation and with no additional clinical vulnerability	Public health advice regarding staff members who are less than 28 weeks pregnant is the same as for others who are considered to be clinically vulnerable.
Staff members after 28 weeks gestation or with additional clinical vulnerability	For pregnant women from 28 weeks' gestation, or with additional clinical vulnerability, see here.

Parents/carers who are concerned about their child attending the setting

Parents/carers who have concerns about their children attending the setting during COVID-19 should be advised to access our local public health services for families for advice and support about any concerns they have about COVID-19 and the return to education or childcare. Young people can also access support through this service.

- **Families with children under the age of 5:** Public Health Early Years' Service (PHEYS):**0300 304 5076**
- **Families with school-aged children:** Healthy Futures Calderdale nursing team: **0303 330 9974** or by text on **07480 635297** for the young people's service, or on **07507 332157** for the parents and carers service.

National guidance

This guide has been produced using national Government guidance, which is updated regularly. All relevant guidance can be found here:

Guidance collection: Coronavirus (COVID-19): guidance for schools and other educational settings

The guidance below can all be found within this guidance collection but further links are provided below for ease of access.

Actions for schools during the coronavirus outbreak

Coronavirus (COVID-19): guidance for residential educational settings with international students under the age of 18

Guidance: Special schools and other specialist settings: coronavirus (COVID-19)

Safe working in education, childcare and children's social care settings, including the use of PPE

Cleaning and disinfection in non-healthcare settings

Health protection in schools and other childcare facilities

Coronavirus: travel guidance for educational settings

Guidance for households with possible or confirmed coronavirus

Guidance for households with possible coronavirus infection

Coronavirus Resource Centre posters

Supporting vulnerable children and young people during the coronavirus (COVID-19) outbreak

Providing free school meals during the coronavirus (COVID-19) outbreak

Supporting children and young people's mental health and wellbeing

Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19

Appendix 1

Template to record school absences

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

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

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

Symptoms * T = Temp (>=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

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

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

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

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

Appendix 3

Information gathering form

In the event of a confirmed case, this form will help you to gather the necessary information to help identify and isolate contacts.

COVID-19 notification
education and early y

Appendix 4

Template letters for parents/carers

In the event of a confirmed COVID-19 case or outbreak in your setting, and where a child is identified as a close contact of a case you must notify parents/carers using the appropriate letter template. Please insert the isolation end-date, as advised by Public Health. Please note these are amended versions of the template letters previously circulated.

Responding to a case in an early years or childcare settings Letter for all parents/carers in the event of a single case, letter for parents/carers of children identified as contacts, letter for all parents/carers in the event of an outbreak	Early years or childcare - letter to all	Early years or childcare - letter direc	Early years or childcare - outbreak a
Responding to a case in a school Letter for all parents/carers in the event of a single case, letter for parents/carers of children identified as contacts, letter for all parents/carers in the event of an outbreak	School - letter to all parents, single case.d	schools - letter direct and proximity contact	School - outbreak advice to parents.doc
Operational closure Letter to inform parents/carers of an operational closure	Covid-19 School closure - operational.		
General letter to parents/carers re public health advice Letter produced at the request of head teachers to remind parents/carers about COVID-safe measures in place in the setting	COVID-19 letter for parents 12.20.docx		