

Checklist for COVID-19 Case and Outbreak management in Educational Settings

Case definitions:

Confirmed case: laboratory test positive case of COVID-19 with or without symptoms

Possible case: new continuous cough and/or high temperature and/or a loss of, or change in, normal sense of taste or smell (anosmia)

Contact definitions:

Direct close contacts: Face to face contact with a case for any length of time, within 1m, including being coughed on, a face to face conversation, unprotected physical contact (skin to skin). This includes exposure within 1 metre for 1 minute or longer.

Proximity contacts: Extended close contact (within 2m for more than 15 minutes) with a case

Travelled in a small vehicle with a case

Infectious Period:

The infectious period is from 48 hours prior to symptom onset to 7 days after, or 48hrs prior to test if asymptomatic

Cluster definition

“Two or more confirmed cases of COVID-19 among students or staff in a school/college within 14 days”
or

“Increase in background rate of absence due to suspected or confirmed cases of COVID-19 (does not include absence rate due to individuals shielding or self-isolating as contacts of cases)”.

Outbreak definition

“Two or more confirmed cases of COVID-19 among students or staff who are direct close contacts, proximity contacts or in the same cohort or ‘bubble’* in the school/college within 14 days”.

* a cohort or ‘bubble’ might be a class, year group or other defined group within the school/college. This definition aims to distinguish between transmission occurring in the community versus transmission occurring within the school/college setting.

Aim: To manage outbreaks of COVID-19 efficiently and effectively in order to:

- reduce the number of cases and potential complications
- reduce disruption to educational establishments

Objectives:

1. All appropriate measures are taken to prevent and control COVID-19 outbreaks.
2. Suspected outbreaks are detected early and control measures are initiated promptly.
3. All relevant information is documented, to allow review by the school and the Health Protection Team.

Key information about the setting

- Onset date & time in first case:
- Total number of children at the school/nursery:
- Total number of staff employed in the school/nursery:
- For the affected class/ group:
 - Total number of children in the affected class/ group:
 - Total number of staff in the affected class/ group:
- Number of symptomatic students (at time of reporting the outbreak):
- Number of symptomatic staff (at time of reporting the outbreak):
- Numbers of Staff/ Children in risk groups:

Clinically extremely vulnerable:

- have had a solid organ transplant – kidney, liver, pancreas, heart, or lung
- are having treatments for some cancers
- have severe long-term lung disease including cystic fibrosis and severe asthma
- have rare diseases that increase their risk of infection
- are pregnant with significant heart disease

Clinically vulnerable:

- 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, treatments like chemotherapy, or medicines such as steroid tablets
 - being seriously overweight (a body mass index (BMI) of 40 or above)
 - pregnant women

Checklist for a single suspected case		
Action	Date	Signature
<p>Send symptomatic cases home until at least 7 days after the onset of symptoms (The day of symptom onset is Day 0). If fever persists on day 7, isolation is needed until temperature returns to normal.</p> <p>Children who develop symptoms should be isolated in a room behind closed doors until collected by parent/guardians/carers. Young people who can make their own way home can do so but should avoid using public transport or coming into contact with others. If isolation is not possible, they should be moved to an area at least 2 metres from other people.</p>		
<p>Advise anyone with symptoms to get tested via the staff online testing portal/ NHS 111 systems or by calling 119</p>		
<p>Report suspected cases of COVID-19 to the head teacher (pupils, staff and visitors) to help to identify cases early</p>		
<p>Telephone the Health Protection Team (HPT) to inform them of the suspected case 0300 303 8162 (Health Protection)</p> <p>This will enable you to discuss infection control measures that are needed and the information to be communicated to others</p>		
<p>Inform the Local Education Authority</p>		
<p>Check test result within 48 hours. If no test available, then risk assess the need for further public health actions as per a confirmed case. The HPT will help you do this.</p>		
<p>Cleaning: Please follow guidance as described on page 6. The HPT can advise you on this if anything is unclear.</p>		
<p>PPE (see page 7)</p> <ul style="list-style-type: none"> Those undertaking cleaning of an area where a suspected case has spent significant time should wear disposable gloves and aprons as a minimum. Adults who accompany/ care for a symptomatic child in isolation and coming within 2 m distance of the child should wear gloves, aprons and masks. Risk assess need for eye, nose and mouth protection whilst cleaning/ accompanying symptomatic child (see page 6). 		
<p>Residential schools: see page 8</p>		

Checklist for a single case of confirmed COVID-19																
Action		Date	Signature													
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Track and trace <ul style="list-style-type: none">Staff and children who have been in close contact with the confirmed case will be tracked and traced.The HPT can help with identifying those who are in the ‘track and trace’ category and those who do not require this.The HPT will provide template letters which can be used for informing all staff and children of the situation.Household contacts of contacts do not need to self-isolate. Isolation of those who are identified as contacts: <table><tr><th></th><th>Swab positive</th><th>Swab negative</th><th>No swab taken</th></tr><tr><td>Symptomatic</td><td>7 days isolation from date of onset</td><td>14 days isolation</td><td>14 days isolation</td></tr><tr><td>No symptoms</td><td>7 days isolation from date of swab</td><td>14 days isolation</td><td>14 days isolation</td></tr></table>			Swab positive	Swab negative	No swab taken	Symptomatic	7 days isolation from date of onset	14 days isolation	14 days isolation	No symptoms	7 days isolation from date of swab	14 days isolation	14 days isolation			
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Residential schools- see page 8																

Checklist for outbreak of confirmed COVID-19

Action	Date	Signature												
Send symptomatic and confirmed cases home until <u>at least 7 days</u> after the onset of symptoms or date of test if asymptomatic. (The day of symptom onset is Day 0). If fever persists on day 7, isolation is needed until temperature returns to normal. Children who develop symptoms should be isolated in a room behind closed doors until collected by parent/guardians/carers. Young people who can make their own way home can do so but should avoid using public transport or coming into contact with others. If isolation is not possible, they should be moved to an area at least 2 metres from other people.														
Report cases of COVID-19 to the head teacher (pupils, staff and visitors) to help to identify cases early														
Telephone the Health Protection Team (HPT) to inform them of the possible outbreak 0300 303 8162 Option 1, Option 1 (Health Protection) This will enable you to discuss infection control measures that are needed and the information to be communicated to others. You do not have to call the HPT every time you get a new case. For ongoing operational support (e.g. supply issues, staffing) please contact your local authority. However, call the HPT for advice if: <ul style="list-style-type: none">○ The situation worsens considerably e.g. cases spreading to unaffected areas of the school○ Any hospitalisations/ deaths○ Any media interest○ Any other concern you feel you need support with														
Inform Local Education Authority														
Track and trace <ul style="list-style-type: none">○ Staff and children who have been in close contact with the confirmed case(s) will be tracked and traced.○ The HPT can help with identifying those who are in the ‘track and trace’ category and those who do not require this.○ The HPT will provide template letters which can be used for informing all staff and children of the situation○ Household contacts of contacts do not need to self-isolate. Isolation of those who are identified as contacts: <table><tr><th></th><th>Swab positive</th><th>Swab negative</th><th>No swab taken</th></tr><tr><td>Symptomatic</td><td>7 days isolation from date of onset</td><td>14 days isolation</td><td>14 days isolation</td></tr><tr><td>No symptoms</td><td>7 days isolation from date of swab</td><td>14 days isolation</td><td>14 days isolation</td></tr></table>		Swab positive	Swab negative	No swab taken	Symptomatic	7 days isolation from date of onset	14 days isolation	14 days isolation	No symptoms	7 days isolation from date of swab	14 days isolation	14 days isolation		
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If parts of the school are unaffected , try to keep staff and pupils in unaffected areas away from affected areas if possible.														
Reinforce infection control messages:														

<p>Reinforce good hand hygiene among all (including visitors, staff, and children/ students). Ensure hand wash basins are accessible and are well stocked with liquid soap and paper towels.</p> <p>Emphasize respiratory etiquette (cover cough and sneezes, dispose of tissues properly) e.g. Catch it, Bin it, Kill it.</p> <p>Use posters to back up verbal instructions on respiratory etiquette and hand hygiene.</p> <p>Lesson plans for primary and secondary schools about respiratory hygiene are available at eBug.</p> <p>Discourage sharing water bottles or water fountains.</p>		
<p>Cleaning: Please follow guidance as listed on page 6. The HPT can advise you on this if anything is unclear.</p>		
<p>PPE (see page 7)</p> <ul style="list-style-type: none"> Those undertaking cleaning of an area where a confirmed case has spent significant time should wear disposable gloves and aprons as a minimum. Adults who accompany/ care for a confirmed child in isolation and coming within 2 m distance of the child should wear gloves, aprons and masks. Risk assess need for eye, nose and mouth protection whilst cleaning/ accompanying symptomatic child (see page xxx). 		
<p>Consider whether a press statement should be prepared / released. The local authority/ HPT can assist you with this if required.</p>		
<p>Consider whether school closure is required. The most important factor in this decision is whether the school could function normally with depleted staff numbers. It might also allow cleaning and disinfection to take place. Closing the school is not routinely advised during an outbreak but should be discussed with the Health Protection Team and the LEA.</p>		
<p>Residential schools: please see page 8</p>		

Cleaning after a suspected or confirmed COVID-19 case has been in the school whilst symptomatic

Schools are already undertaking enhanced and more frequent cleaning as routine practice. This will help to minimise transmission of infection within the school setting.

The following guidelines are reinforcing what is already being done routinely.

- 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.
- 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 frequently touched surfaces e.g. door handles, taps, light switches, call bells, telephones, computer key boards
- The regular cleaning of frequently touched surfaces should continue

- Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings.
- Use combined detergent disinfectant solution or a household detergent followed by hypochlorite solution 1000ppm (e.g. diluted Milton). If an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses
- Avoid creating splashes and spray when cleaning.
- When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.
- Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below.
- Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.
- If cleaning staff develop symptoms, they must inform their manager immediately and stay off work for at least 7 days (48 hours after resolution of fever if person has fever on day 7).
- Hypochlorite is a bleach solution, which must be made up freshly to be effective (examples of chlorine releasing tablets are Haztabs® and Sanichlor®). Instructions on how to make the solution to the correct strength can be seen on the packet and some manufacturers provide a mixing container to accurately mix the solution in.

Personal protective equipment (PPE)

- As a minimum, disposable gloves and aprons should be worn during cleaning.
- Adults who accompany/ care for a suspected or confirmed child in isolation and coming within 2 m distance of the child should wear gloves, aprons and masks.
- Wash hands thoroughly after removing PPE.
- If a risk assessment of the setting indicates that a higher level of virus may be present (for example, where unwell individuals have slept such as a boarding school dormitory) or there is visible contamination with body fluids, then the need for additional PPE to protect the cleaner's eyes, mouth and nose might be necessary. Eye, mouth and nose protection may be required when coming into close contact with a person who is vomiting/ coughing/ spitting. Again, these situations need to be risk assessed.
- The local Public Health England (PHE) Health Protection Team (HPT) can advise on risk assessing complex scenarios.

Laundry

- Wash items in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. Dirty laundry that has been in contact with an unwell person can be washed with other people's items.
- Do not shake dirty laundry, this minimises the possibility of dispersing virus through the air.
- Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above.

Waste

- Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and 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.
- Waste should be stored safely and kept away from children. You should not put your waste in communal waste areas until negative test results are known or the waste has been stored for at least 72 hours.

- If storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by your local waste collection authority if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.

Advice specific for residential or special schools:

Guiding principles:

- Residential school settings are considered as a household for the purposes of isolation. The isolation unit will depend on individual circumstances e.g. could be a dormitory or an isolated building. The HPT can help schools with the risk assessment and the defining of a group/ household that needs isolation.
- If a student/ staff member develops symptoms whilst away from the school setting they should NOT return to school and must self- isolate at home.
- If a student/ staff member has been in contact with someone with symptoms at home, they need to self-isolate at home and not return to the school.
- These settings are likely to have staff visiting rather than residing on site. In such circumstances, infection control procedures for staff entering and leaving the site are crucial.

If a student/ staff member develops symptoms:

Isolate:

- Guidance on self-isolation can be found [here](#).
- Isolate the child asap
- Decide whether the child is best kept in the school or can safely (and without using public transport) be sent home to isolate at home.
- If possible, decide pre-emptively for each resident child whether the child will stay in the school/ or return home should he/ she develop symptoms.
- Contacts of the child, both in the school setting and their home setting (if they decide to go home), will need to isolate for 14 days. The HPT can help with identifying the group(s) who need to isolate.
- If it is not possible to send students home, cohort symptomatic students in one area and keep them away from others.

Cleaning:

- Clean the places that the symptoms in line with the guidance above and found online [here](#).

PPE:

- Only people coming within 2m of a person with symptoms needs to wear PPE.
- Those coming within 2m and giving personal/ nursing care should follow the guidance set out above (i.e. gloves, apron, fluid repellent mask and eye protection if risk of splashes).

On line resources

Specific for schools

1. [Coronavirus \(COVID-19\): implementing protective measures in education and childcare settings](#)
2. [Safe working in education, childcare and children's social care settings, including the use of personal protective equipment \(PPE\)](#)
3. [Actions for schools during the coronavirus outbreak](#)
4. [Guidance on isolation for residential educational settings](#)
5. [Infection Prevention Control and Outbreak guidance](#)

On cleaning

[COVID-19: cleaning in non-healthcare settings](#)

Teaching and training

1. Teaching children about infections, infection control and hygiene: please visit [eBug](#)
2. Links to handwashing videos
[For adults](#)
[For children](#)
3. Links to webcast
[Prevention webcast – NO MUSIC](#)

[Prevention webcast – WITH MUSIC](#)

[Management of a SINGLE Case WITH MUSIC](#)

[Management of a SINGLE Case WITHOUT MUSIC](#)