

# **COVID-19 FAQs – EDUCATIONAL SETTINGS**

## **1. What happens if there is a suspected case of COVID-19 on the premises?**

If anyone in the education or childcare setting becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), they must be sent home and advised to follow the [COVID-19: guidance for households with possible coronavirus infection guidance](#).

If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. 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 should be cleaned and disinfected using standard cleaning products before being used by anyone else.

PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

If a member of staff has helped someone with symptoms, they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. See the [COVID-19: cleaning of non-healthcare settings guidance](#).

If a member of staff or pupil has a positive test for COVID-19, the individual who has tested positive should remain off school or work, and should self-isolate for 10 days from the first onset of symptoms. If a member of staff or a child has a household member who has a positive test for COVID-19, then they should self-isolate as a household for 14 days from the first onset of symptoms, and remain vigilant for symptoms. Please see the [stay at home guidance](#) for further information.

If you have a confirmed case of COVID-19 in a child or staff member attending your school, people who have had contact with the child or staff member will need to self-isolate. Please contact your school liaison officer who will escalate to the required education contacts.

## **2. What do we mean by a ‘contact’?**

A ‘contact’ is a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic up to 10 days from onset of symptoms (this is when they are infectious to others). For example, a contact can be:

- a. people who spend significant time in the same household as a person who has tested positive for COVID-19
- b. sexual partners

- c. a person who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:
  - d. being coughed on
  - e. having a face-to-face conversation within one metre
  - f. having skin-to-skin physical contact, or
  - g. contact within one metre for one minute or longer without face-to-face contact
- h. a person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes
- i. a person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19

### 3. A pupil, staff or member(s) of their households have one or more of the symptoms of COVID-19

Public Health England uses the following as a [case definition](#) for possible cases COVID-19

The most important symptoms of coronavirus (COVID-19) are recent onset of any of the following:

- a new continuous cough
- a high temperature
- a loss of, or change in, normal sense of taste or smell (anosmia)

If **anyone** has **any of the symptoms above** they must stay at home and arrange to have a test to see if they have COVID-19.

Whilst waiting for test results

- The symptomatic person should stay at home and follow the national guidance here: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>
- All their household contacts should also isolate (even those without symptoms), as per guidance above

If the test result is negative

- The symptomatic person with the negative result does not require to self isolate any more for COVID-19 risk reduction purposes, but if they have a temperature or cough, they should discuss with their employer or school before return to work/school as these symptoms could indicate they have another infectious disease.
- The people in their household do not need to stay at home unless they have one of the 3 symptoms themselves, in which case they should follow the advice in the section above.

If the result is positive

- The symptomatic person with the positive result should self isolate for **10 days** from the day they first started with symptoms: this is the duration of **the infectious period**, where they can pass the infection on to others. Detailed guidance here: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>
- All their household members need to self-isolate for **14 days** from the day the symptomatic person with the positive result first started with symptoms: this is the duration of **the incubation period**, where people exposed to an infectious case may develop the illness and themselves become infectious to others (the full infectious period start 2 days before the that day the symptoms develop and ends 10 days after that day). Detailed guidance

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

#### **4. What if a staff member/pupil only has one of the symptoms, for example only a temperature, we really think this because of something else than COVID-19, for example teething?**

Naturally the symptoms of fever (high temperature) or new continuous cough can be caused by many other things than COVID-19, and will become more common in the winter months. The PHE case definition for a possible COVID-19 applies nonetheless. It is a precautionary approach based on the available intelligence on the virus and its spread, and takes account risk assessment and impact.

The impact on an individual and their household who self-isolates whilst waiting for a test result can of course be significant, but where an infectious case fails to follow self-isolation advice, the impact on other children and staff in the school (and all their households) is usually much greater and also influences on wider public health as the risk of onwards transmission in these households and beyond is amplified further.

The only possible exception is where a person has a fever (and no other of the three COVID-19 symptoms) following receiving a vaccine.

#### **5. How will parents and carers know when their baby/child develops fever after their regular immunisations whether it is an expected reaction or COVID-19?**

The vaccines given may cause a fever which usually resolves within 48 hours (or 6 to 11 days following MMR). This is a common, expected reaction and isolation is not required, unless COVID-19 is suspected.

Fever is more common when the MenB vaccine (Bexsero) is given with other vaccines at 8 and 16 weeks of age. Where parents are able to obtain liquid infant paracetamol, they should follow existing PHE guidance on its prophylactic use following MenB vaccination:

<https://www.gov.uk/government/publications/menb-vaccine-and-paracetamol>

As has always been recommended, any infant/child with fever after vaccination should be monitored and, if parents or carers are concerned at any time, they should seek advice from their GP or NHS 111.

This advice also applies to recently vaccinated people of all ages.

#### **6. What should people do if they have symptoms which may be COVID-19?**

Staff, young people and children should stay at home and follow the [stay at home guidance](#) if they are unwell with:

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

**Staff are advised to assess symptoms and if any child becomes unwell whilst at school with any of the above symptoms, they should be sent home with their parent/ carer. Staff members becoming unwell while at school should also go home immediately.**

## 7. What are the routes of transition of Covid-19?

The main modes of transmission are assumed to be droplet and contact with contaminated objects (fomite). Respiratory droplets carrying infectious pathogens can transmit infection when they travel directly from the respiratory tract of an infectious individual to susceptible mucosal surfaces of a recipient, generally over short distances. This can be in the form of sneezing, coughing or speaking. A fomite is defined as an object that becomes contaminated with infected organisms and which subsequently transmits those organisms to another person. E.g. different surfaces, toys, mobile telephones or any inanimate objects.

## 8. How should we be cleaning after someone has been symptomatic or has had confirmed COVID-19?

Environmental cleaning will be needed for infection control when there has been someone symptomatic or with confirmed COVID-19 on the premises. Your usual regular cleaning will suffice where the child or staff member in question has not been on the premises in the last 72 hours.

Please follow [guidance on cleaning in non-healthcare settings](#) for further information and be aware of and adhere to the COVID-19 cleaning risk assessment below:



COVID Cleaning  
SWP Schools 20.05.

## 9. What infection control measures should we be using?

There are extremely important steps that can be taken to reduce the risk of transmitting infection in mainstream schools. Important and effective ways of controlling the spread of COVID-19 include:

- minimising contact with individuals who are unwell by ensuring that those who have coronavirus symptoms, or who have someone in their household who does, do not attend childcare settings, schools or colleges
- cleaning hands more often than usual - wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered
- ensuring good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
- cleaning frequently touched surfaces often using standard products, such as detergents
- minimising contact and mixing by altering, as much as possible, the environment (such as classroom layout) and timetables (such as staggered break times).

Schools might also at this time want to introduce a 'bare below the elbows' policy (as used routinely in hospitals for infection control). This is exactly what it says – bare arms from the elbow down with no watches or other jewellery except a plain gold wedding band if worn. The forearm and wrists are included in handwashing and evidence shows this to be a very effective method of infection control. A poster showing the [correct way to wash hands](#) can be found here.

Schools might also want to make sure rooms are well ventilated by opening windows (the use of fans should be discouraged). Schools should also, if possible, provide disposable paper towels for drying hands rather than electric hand dryers.

## 10. Do we need to use PPE?

PPE in mainstream schools and settings is not required, in general. However, if child becomes unwell and is awaiting collection, PPE might be required for staff to provide personal care, or to clean the area after a child has been coughing, sneezing, or having diarrhoea/ vomiting.

The role of PPE is to provide additional protection to staff and to patients/ clients/ pupils from the transmission of infection, over and above standard hygiene measures. It should be considered as having two elements: the protection of staff from pupils, and the protection of pupils from staff.

When PPE is used, it is essential that it is used properly. This includes meticulous hand hygiene and following guidance on [how to put PPE on and take it off safely](#) in order to reduce self-contamination.

## 11. What is the guidance on wearing face coverings and face masks?

From 1 September new advice will apply to the use of face coverings by staff and pupils in some schools, and to learners in further education.

In education settings where Year 7 and above are educated, [face coverings](#) should be worn by adults (staff and visitors) and pupils when moving around, such as in corridors and communal areas where social distancing is difficult to maintain. It is not usually necessary to wear face coverings in the classroom, where protective measures already mean the risks are lower, and they may inhibit teaching and learning.

It is vital that face coverings are worn correctly and that clear instructions are provided to staff, children 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.

Safe wearing of face coverings requires cleaning of hands before and after touching – including to remove or put them on – and the safe storage of them in individual, sealable plastic bags between use. Where a face covering becomes damp, it should not be worn and the face covering should be replaced carefully.

## 12. What is an aerosol generated procedure (AGP)?

There are a small number of medical procedures which increase the risk of transmission through aerosols (tiny droplets) being transferred from the patient to the care giver. These are known as aerosol generating procedures (AGPs). Within education and children's social care settings, these are only undertaken for a very small number of children with complex medical needs, such as those receiving tracheostomy care.

Staff performing AGPs in these settings should follow PHE's [personal protective equipment \(PPE\) guidance on aerosol generating procedures](#), and wear the correct PPE, which is:

- a FFP2/3 respirator
- gloves
- a long-sleeved fluid repellent gown
- eye protection

The respirator required for AGPs must be fitted by someone trained to do so. This is known as 'fit testing'. Staff in education and children's social care settings who need support with fit testing should contact the schools team to arrange a training.

Children and young people should be taken from the classroom or shared area for any AGP to be carried out in a designated room with the doors closed and any windows open. If this is not possible, for example in children and young people who require sporadic care, such as urgent tracheostomy tube suction, individual risk assessments should be carried out. In all instances, efforts should be made to:

- ensure that only staff who are needed to undertake the procedure are present and that no other children or young people are in the room
- minimise clutter to make the process of cleaning the room as straightforward as possible
- clean all surfaces and ventilate the room following a procedure and before anyone not wearing appropriate PPE enters. Clearance of infectious particles after an AGP is dependent on the ventilation and air change within the room. For a room without ventilation, this may take an hour

### **13. Where can we access a test for COVID-19?**

From Wednesday 26 August, test can be booked and accessed at the local walk-in sites in Rochdale, 7 days a week between 8am - 8pm by calling on **08081964100** or visit [nhs.uk/coronavirus](https://nhs.uk/coronavirus) to book

- In the marquee on the car park at the rear of Rochdale Town Hall, Packer Street.
- In the marquee on the Market Place Car Park next to Middleton Arena, Old Hall Street, Middleton M24 1AG.
- Heywood Civic Centre

Alternatively, testing could also be accessed via the NHS website at [www.nhs.uk/ask-for-a-coronavirus-test](https://www.nhs.uk/ask-for-a-coronavirus-test) and can choose to visit one of the regional test sites close by at the Etihad Stadium, Manchester Airport or request a home testing kit to swab themselves. For more information visit the NHS website: [www.nhs.uk/conditions/coronavirus-covid-19/testing-for-coronavirus/ask-for-a-test-to-check-if-you-have-coronavirus/](https://www.nhs.uk/conditions/coronavirus-covid-19/testing-for-coronavirus/ask-for-a-test-to-check-if-you-have-coronavirus/)

### **14. What should I do if a member of staff also works at another school/establishment?**

It would be appropriate to undertake a specific risk assessment with this employee to see if there are any other additional safer working practices that may be appropriate, particularly where the worker may be attending school straight from having undertaken their work at the other establishment.

### **15. If children of key workers join their relevant peer group bubble and this peer group are in school for shorter daily hours, can the key worker children move from their peer group bubble to join the remainder of key worker children for the rest of the day?**

It is important, where possible to reduce contact between people as much as possible, and we can achieve that and reduce transmission risk by ensuring children, young people and staff where possible, only mix in a small, consistent group and that small group stays away from other people and groups. Recognising that each settings circumstances will be different and where this is not

possible encourage the children to wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered before joining another group.

## **16. What is the current advice about pregnant members of staff returning to school?**

Pregnant employees fall under the category of *clinically vulnerable*, meaning they are at higher risk of severe illness from coronavirus and have been strongly advised to take social distancing additional measures to keep themselves safe. The latest guidance on [www.gov.uk](http://www.gov.uk) – ‘Guidance for full opening: schools’ which has been updated on 7/8/2020 stipulates that: *Employers should conduct a risk assessment for pregnant women in line with the Management of Health and Safety at Work Regulations 1999 (MHSW).*

*The Royal College of Obstetrics and Gynaecology (RCOG) has published <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/> This document includes advice for women from 28 weeks gestation or with underlying health conditions who may be at greater risk. We advise employers and pregnant women to follow this advice and to continue to monitor for future updates to it*

We have sort confirmation from the Local Government Association who have advised that pregnant staff 28 weeks or more – or pregnant staff who have an underlying medical condition (any period throughout the pregnancy) it is recommended for them to stay at home as they are classed as a high risk group. They should work from home and not be brought into the workplace.

If a member of staff wishes to come in then can only do so in a none facing role or if you cannot make the workplace 100% safe they advise to look at redeployment or suspend on full pay due to risk relating to pregnancy.

This position will be reviewed / updates will be provided on receipt of further guidance.

## **17. What happens if an anxious member of staff doesn't want to return? Are they to be paid or unpaid?**

Where there is medically no requirement for an employee to self-isolate and they are not experiencing symptoms or living with someone with symptoms in their household, however they have concerns about attending work, it is important school leaders discuss with the employee their concerns and provide them with further support and reassurance. Discuss with them the risk assessments you have undertaken and the safer working practices you have put in place. Ongoing dialogue with staff is key. In the extreme cases of an employee continuing to advise they are anxious about attending their workplace you should seek further guidance from HR.

## **18. Where can I go for further information?**

For further information on managing possible COVID-19 in educational settings, please visit for [full list of national guidance for schools](#). Please also read the national [guidance on how to implement protective measures in education and childcare settings](#) for further information.

For detailed information on preparation for the wider opening of nurseries, schools and colleges, please see further advice in [FAQ for Parents and Carers](#). National guidance continues to be updated and you are advised to keep reviewing this website.