

South East Schools Cell COVID-19 Frequently Asked Questions

Date: 19th June 2020

Version 0.1

This set of FAQs has been put together by a working group of representatives across the South East region from Local Authority departments of Public health and Education, Department for Education and Public Health England. The aim is to provide information about implementation of COVID-19 guidance relating to educational settings, where a more multidisciplinary perspective is required to allow educational settings to make informed policy decisions. Thus, it is not intended to replace or simplify national guidance (available from <https://www.gov.uk/coronavirus/education-and-childcare>) but to add colour to less straightforward scenarios that settings face on a day-to-day basis. This document is intended to supplement a setting's risk assessment and does not overrule any decisions that a Head, or local authority have already made, it simply aims to help explain risks in an infection control context. Educational settings should not feel that they have to change practice in light of these FAQs and should follow their own judgement.

We have attempted to use descriptive examples to illustrate the main health protection principles that should inform policies in the context of COVID-19, however it's not possible to predict every scenario. In all education, childcare and children's social care settings, preventing the spread of coronavirus (COVID-19) involves preventing direct transmission (e.g. when in close contact with those sneezing and coughing) and indirect transmission (e.g. touching contaminated surfaces). The range of measures required to substantially reduce risk of transmission, when implemented, creates an inherently safer system. These include (in order of priority):

- avoiding contact with anyone with symptoms
- frequent hand cleaning
- good respiratory hygiene practices
- regular cleaning of settings
- minimising contact and mixing

Please note that we aim to update this document on a regular basis to account for 'new' FAQs that come to local authorities and to health protection teams. We are aware of upcoming challenges around safely supporting children in school transitions (e.g. school starters and move to secondary school) and intend to offer more detailed information and advice in due course.

Contents/main themes covered:

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| 1) Social distancing | 2) Transport to school |
| 3) Infection prevention and control | 4) Bubbles |
| 5) Individual risk assessments | 6) Suspected cases |
| 7) Confirmed cases | 8) Contacts of a person with COVID-19 |
| 9) Communication | 10) New school starters |

Theme	Question/example	Response	Relevant guidance
1) Social distancing	Should schools and early years settings be following social distancing guidance as far as possible or do we accept that this will not be followed but mitigate in other ways?	<p>Where settings can keep children and young people in those small groups 2 metres away from each other, they should do so. While in general groups should be kept apart, brief, transitory contact, such as passing in a corridor, is low risk.</p> <p>The guidance acknowledges that there may be difficulties in maintaining social distancing in primary aged and early years children and that it will be difficult for pupils and staff to remain 2 metres apart from each other.</p> <p>Schools should therefore work through the hierarchy of measures set out below:</p> <ol style="list-style-type: none"> 1. avoiding contact with anyone with symptoms 2. frequent hand cleaning 3. good respiratory hygiene practices 4. regular cleaning of settings 5. minimising contact and mixing <p>It is still important to reduce contact between people as much as possible, by ensuring children, young people and staff only mix in a small, consistent group and that small group stays an adequate distance from other people and other groups.</p>	https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings
	What should/could a school do if we know that a student is not adhering to social distancing outside school?	<p>Schools are only able to control what happens within the school environment. In terms of social distancing outside educational settings, you may wish to ensure parents have access to appropriate information. Some schools have sent letters to parents reminding them of general social distancing rules (e.g. children should not be having play dates inside each other's homes). Here is a resource you might find useful</p> <p style="text-align: center;"></p> <p>20200612_Social_Distancing_Letter.docx</p>	

Theme	Question/example	Response	Relevant guidance
2) Transport to school	Should school children wear face coverings when travelling on school buses? What about if they use public transport to travel to school?	<p>Although it is now required that most people wear a face covering on public transport, there are important exemptions. Children under the age of 3 or those who may find it difficult to manage them correctly should not wear face coverings. Children aged from 4 to 11 can wear face coverings, but they are not required to.</p> <p>When deciding whether children wear a face covering on school transport, it is also important to remember:</p> <ul style="list-style-type: none"> • school transport is unlike public transport, in that it generally carries the same group of children to and from the same destination each day – this may help reduce the risk of cross infection • children and staff won't be expected to wear face coverings in school • it is important that those using face coverings are able to do so properly – guidance on how to wear and make a cloth face covering can be found opposite. • Even if face coverings are worn on public/school transport – people will still need to self-isolate if they are identified as being a close contact with a case. <p>When planning your journey to school, particularly if using public transport, you should follow the safer travel guidance for passengers (opposite). Pupils and parents should do all they can to help make sure they and others can travel safely. This can be done through:</p> <ul style="list-style-type: none"> • not leaving home if anyone in their household, has symptoms of coronavirus • avoiding travelling on public transport, particularly at peak times • maintaining a 2 metre distance from others who are not in their household • ensuring good respiratory hygiene by using the 'catch it, bin it, kill it' approach • avoiding touching their face • washing their hands thoroughly before and after removing face coverings • washing their hands thoroughly before and after travelling 	<p>https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers#face-coverings</p> <p>https://www.gov.uk/government/publications/staying-safe-outside-your-home/staying-safe-outside-your-home#face-coverings</p> <p>https://www.gov.uk/government/publications/closure-of-educational-settings-information-for-parents-and-carers/closure-of-educational-settings-information-for-parents-and-carers</p> <p>http://www.gov.uk/government/publications/how-to-wear-and-make-a-cloth-face-covering/how-to-wear-and-make-a-cloth-face-covering</p>

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	A child is using a school bus or taxi to come to school. How does this impact on the school bubbles?	<p>If possible, children sharing school transport should be grouped in the same bubble, however this will not be possible if they are in different year groups that have returned to school. If one of the children tests positive for COVID-19, their contacts may include those who have been in close contact with them on the bus or who have shared a taxi. Guidance for drivers is available on the gov.uk website</p> <p>If the children or young people being transported do not have symptoms of coronavirus (COVID-19), there is usually no need for a driver to use PPE as long as adequate social distancing can be maintained. However, a risk assessment with the driver could be undertaken.</p>	https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe#what-protection-is-needed-when-settings-organise-transport-for-children
	Is it OK for children to lift share into school?	Lift sharing should be avoided where possible. It's recommended that people find a different way to travel, to maintain social distance. For example, consider walking, cycling or using their own vehicle if they can. If lift-sharing is necessary, then they need to follow guidance opposite. Please be aware that if someone they travel with tests positive for COVID-19, then all car occupants would need to self-isolate for 14 days.	https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers#private-cars-and-other-vehicles
3) Infection prevention and control	When should staff be wearing PPE in school?	<p>PPE is only needed in a very small number of cases:</p> <ul style="list-style-type: none"> - where an individual child, young person or other learner becomes ill with coronavirus (COVID-19) symptoms and only then if a distance of 2 metres cannot be maintained - where a child, young person or learner already has routine intimate care needs that involves the use of PPE, in which case the same PPE should continue to be used 	https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe

Theme	Question/example	Response	Relevant guidance
	<p>If children come into school wearing face coverings, should the school require removal?</p>	<ul style="list-style-type: none"> - Wearing a face covering or face mask in schools or other education settings is not recommended. - Face coverings may be beneficial for short periods indoors where there is a risk of close social contact with people you do not usually meet and where social distancing and other measures cannot be maintained, for example on public transport or in some shops. This does not apply to schools or other education settings. Schools and other education or childcare settings should therefore not require staff, children and learners to wear face coverings. - Children may arrive in school wearing a mask that has been worn on public transport. - Any homemade non-disposable face coverings that staff or children, young people or other learners are wearing when they arrive at their setting must be removed by the wearer and put in a plastic bag that the wearer has brought with them in order to take it home. The wearer must then clean their hands. - Used disposable face coverings that staff, children, young people or other learners arrive wearing should be placed in a refuse bag and can be disposed of as normal domestic waste unless the wearer has symptoms of coronavirus (COVID-19). Again after removal, the wearer must then clean their hands. 	<p>https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings#personal-protective-equipment-ppe-including-face-coverings-and-face-masks</p>
	<p>If teachers choose to wear face coverings, can headteachers required their removal?</p>	<ul style="list-style-type: none"> - The majority of staff in education settings will not require the use of face coverings. - It is thought that facemasks outside the clinical setting prevent the wearer from passing the infection on, rather than protecting the wearer. - Use of face coverings does not change any requirements relating to self-isolation in the event of a case. - If staff are insistent on wearing facemasks or other items of PPE, it is essential that it is used properly. This includes scrupulous hand hygiene and following guidance on how to put PPE on and take it off safely in order to reduce self-contamination. 	<p>https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe</p>

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	Can children safely share resources, such as books, toys or outdoor equipment.	<p>Guidance recommends that schools should clean surfaces that children and young people are touching, such as toys, books, desks, chairs, doors, sinks, toilets, light switches, bannisters, more regularly than normal.</p> <p>Additionally, there should be reduced use of shared resources (see guidance opposite).</p> <p>We do not recommend the use of sand, playdough, and other tactile resources that cannot be adequately cleaned.</p> <p>Outdoor equipment should not be used unless the setting is able to ensure that it is appropriately cleaned between groups of children and young people using it, and that multiple groups do not use it simultaneously.</p>	https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings
	Should teachers be marking books?	<p>Wherever possible you should use self-assessment. If this is not possible the teacher should ensure their hands are thoroughly decontaminated before and after contact with the book and avoid touching their eyes, nose and mouth until this has been done. An alternative could be marking individual sheets, which are then disposed of.</p>	
4) Bubbles	We have staff at school who also work in other settings, including supermarkets and care homes. What are the risks and should these people be allowed to continue to work in multiple employments?	<p>If possible working across settings should be avoided due to risk of cross-infection, however we understand that it may be unavoidable in some cases. Head teachers would be responsible for undertaking a risk assessment with the staff member, which should include discussion of:</p> <ul style="list-style-type: none"> - Role of the individual in both settings - PPE requirements - Adherence to social distancing and other protective measures - Working with risk groups <p>Staff who work in care settings may receive regular testing even if they don't have symptoms, so they will need to let you know if they have a positive test result.</p>	
	Can we use a large space in the school (i.e. hall or classroom) to accommodate two bubbles?	<p>Yes this should be possible if necessary, as long as both groups remain physically separated by at least 2 metres. They should not play games or sport together. It might be helpful to use furniture as a physical barrier to ensure this distance is maintained at all times. Any shared spaces should be cleaned between groups, in addition to regular cleaning.</p>	https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings

Theme	Question/example	Response	Relevant guidance
	If a new key worker/vulnerable child returns to school, is it OK for that child to join an existing bubble (if there is space) or should we start a new bubble?	Children returning to school can join existing bubbles where there is capacity (as long as they are not symptomatic or have not been advised to self isolate as a contact). The reasons to restrict groups to one bubble is to prevent cross infection and limit the implications of contact tracing and isolation in the event of a case.	
	Should key worker children always be grouped together separately from non-key worker children?	Key worker children should ideally be placed in their year group bubble if that year group has returned to school. Of note, children shouldn't move between bubbles regularly (e.g. year group specific bubble for some of the week and key worker bubble for the remainder). The reason for this is that in the event of a confirmed case where the child has moved between bubbles, children in both bubbles would have been exposed and need to isolate.	https://www.gov.uk/government/publications/preparing-for-the-wider-opening-of-schools-from-1-june/planning-guide-for-primary-schools
	We have siblings from the same family returning to school. Should these children be placed in the same bubble even if they are in different year groups?	We would not expect them to be in the same bubble if another bubble (e.g. year group specific) is more appropriate.	https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings
	Is it safe to move a child between bubbles? If so does the child need a "quarantine" period at home first?	If children do need to move to a new bubble, this should be on a permanent basis – for example a key worker/vulnerable child moving to a year group specific bubble with wider school opening. If a move is necessary, this should ideally happen after a weekend (or after a 48 hour period when they do not usually attend school). If a child tests positive, contact tracing would go back 48 hours before they became unwell. A gap in attendance would therefore mean that only one bubble would be exposed/need to isolate in the unlikely situation that the child developed symptoms on the first day in their new bubble.	
	We want to move a teacher permanently to another bubble, do they have to isolate beforehand?	If a move is necessary, this should ideally happen after a weekend (or after a 48 hour period when they do not usually attend school). If the staff member subsequently tests positive, contact tracing would go back 48 hours before they became unwell. A gap in attendance would therefore mean that only one bubble would be exposed/need to isolate in the unlikely situation that the staff member developed symptoms on the first day in their new bubble.	

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	<p>Can staff safely work across two or more bubbles e.g. teaching two bubbles in a rota system</p>	<p>Ideally staff should not work across bubbles, since the aim of keeping staff and students in one bubble is to reduce the spread of infection and enable more effective contact tracing. Cross-bubble working therefore has both health protection and practical implications.</p> <ul style="list-style-type: none"> - In a rota system, if a pupil in one bubble tests positive for COVID-19, the teacher covering both would have to isolate for 14 days, leaving the other bubble with no teacher. - If a teacher covering two bubbles becomes positive for COVID-19, there is an infection risk to both bubbles, as well as the practical implications of isolating children in both for 14 days. - Schools are required to follow the current national guidelines on implementing protective measures in education and childcare settings as far as possible, and to conduct their own risk assessment and ensure appropriate measures are in place to protect the staff and students. - If classrooms are shared between bubbles on a rota system, all shared spaces and resources should be adequately cleaned in between. 	<p>https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings</p>
	<p>Can supply/peripatetic teachers work safely across multiple school sites?</p>	<p>We would advise that staffing arrangements are as consistent as possible. In instances where you do need to use supply staff, ensure cover is agreed on a weekly basis, not daily, to limit contacts.</p> <p>Visits from peripatetic teachers depends on the ability to socially distance from other staff and students. A risk assessment would need to be undertaken of their activities in all settings they plan to attend. Other options could be considered, such as online lessons.</p> <p>Teachers moving between schools need to consistently maintain 2 metre social distancing, in addition to good hand hygiene and other primary measures. For that reason, it is unlikely that these teachers could work across early years bubbles where these measures are more challenging.</p> <p>Ultimately this is a matter for schools to decide based on their capacity and individual circumstances.</p>	<p>https://www.gov.uk/government/publications/preparing-for-the-wider-opening-of-schools-from-1-june/planning-guide-for-primary-schools#section-2</p>

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	Is the headteacher able to move around the school?	This should be safe as long as they consistently maintain 2 metre social distancing, in addition to good hand hygiene and other primary measures.	
	Can non-teaching staff supervise more than one bubble, such as lunchtime supervisors?	This may be possible as long as they consistently maintain 2 metre social distancing, in addition to good hand hygiene and other primary measures. This is unlikely to be possible in early years settings, where other arrangements may be necessary.	
	If a new child returns to a setting where bubbles are already established, can we add them in to an existing bubble or does a new bubble need to be formed?	Bubbles can be 'added to' until they are full. No new bubble would be needed in this scenario.	
	Can you please clarify whether, if we have further KW children returning to school but are working at capacity, do we have to/should we stop provision for non-KW children?	This is ultimately up to the school and local education authority. However, guidance is clear that priority should be given to key worker and vulnerable children, followed by early years, reception, Y1, Y6.	https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings
	Can children who are part of one school bubble also attend a childcare setting where they are part of a different bubble? (e.g. wraparound care from a childminder)	<p>Children should attend just one setting wherever possible and parents should be encouraged to minimise as far as possible the number of education and childcare settings their child attends. Childminding 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 schools, to reduce the need for a provider to travel with groups of children.</p> <p>School-based wraparound providers, such as breakfast and after school clubs, can operate for children in eligible year groups (those in reception, and years 1 and 6) or those within priority groups (such as children of critical workers and vulnerable children) if they are:</p> <ul style="list-style-type: none"> - operating on the same premises as the school those children are attending only caring for children of that school and no others. - able to keep children within the groups they are in during the day or safely distanced. 	https://www.gov.uk/government/publications/coronavirus-covid-19-early-years-and-childcare-closures/coronavirus-covid-19-early-years-and-childcare-closures https://www.gov.uk/government/publications/closure-of-educational-settings-information-for-parents-and-carers/closure-of-educational-settings-information-for-parents-and-carers https://www.gov.uk/government/publications/preparing-for-the-wider-opening-of-schools-from-1-june/planning-guide-for-primary-schools#frequently-asked-questions

Theme	Question/example	Response	Relevant guidance
5) Individual risk assessment	Can staff who have been told they are clinically vulnerable opt to return to work at their own risk, even though government guidance says they should remain in isolation?	<p>Two groups of clinically vulnerable people are clearly described in guidance opposite:</p> <p>Government guidance is very clear that people who fall into the ‘clinically extremely vulnerable’ category (very high risk of severe illness from coronavirus) are strongly advised not to work outside the home and should rigorously follow shielding measures in order to keep themselves safe. This group should have received a letter of advice from their clinician.</p> <p>‘Clinically vulnerable individuals’ (those who are at higher risk of severe illness) have been advised to take extra care in observing social distancing. This includes pregnant women. Education and childcare settings should aim to support home working wherever possible (see details in guidance).</p> <p>If clinically vulnerable (but not clinically extremely vulnerable) individuals cannot work from home, they should be offered the safest available on-site roles, staying 2 metres away from others wherever possible, although the individual may choose to take on a role that does not allow for this distance if they prefer to do so. If they have to spend time within 2 metres of other people, settings must carefully assess and discuss with them whether this involves an acceptable level of risk.</p>	<p>https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/</p> <p>https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings (see Shielded and clinically vulnerable adults)</p>
	How can schools identify clinically vulnerable children and what guidance do the schools need to ensure that the children can be safe?	<p>As with staff members, two categories of vulnerability apply to children and young people:</p> <p>Those classed as ‘clinically extremely vulnerable’ due to pre-existing medical conditions have been advised to shield. We do not expect these children to be attending school or college, and they should continue to be supported at home as much as possible.</p> <p>Children who fall into 'clinically vulnerable' category will be asked to follow medical advice with respect to attending school.</p> <p>There is no specific system to alert schools about children who fit into these categories, however we would suggest existing communication with local authorities, parents and school nurses would mean that it is unlikely that any child would be ‘missed’. Extremely clinically vulnerable children should have received a letter of advice relating to their condition and implications for school attendance.</p>	<p>https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/</p> <p>https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings (see Shielded and clinically vulnerable children and young people)</p>

Theme	Question/example	Response	Relevant guidance
	How do we protect staff who may be higher risk but are not classed as clinically vulnerable?	We know that individuals from Black, Asian and Minority Ethnic (BAME) backgrounds are statistically at higher risk of poorer outcomes with COVID-19. BAME staff members, those with mental health concerns, or any other condition which is considered to place them at higher risk, should be offered individual risk assessments, with protective measures put in place that offer an acceptable level of risk to that person. Support with such risk assessments is available from local authorities.	
6) Suspected cases	Do we need to inform PHE of every suspected case	A 'suspected' case is any child/staff member who has <u>any</u> of the following, but has not had a coronavirus test: <ul style="list-style-type: none"> - new continuous cough - high temperature - loss of, or change in, normal sense of taste or smell (anosmia) Unless a case is confirmed through a coronavirus test, contact tracing and isolation of school contacts is <i>not</i> usually necessary. However, we are currently asking schools to inform their local PHE health protection team of all suspected as well as confirmed cases, in order to ensure that the correct level of support is available. This can be done via telephone, particularly if urgent advice is needed, or by email.	
	Can under 5s get tested for coronavirus?	Children under the age of 5 years with symptoms of coronavirus can access testing through the same route as the general population (see link opposite).	https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested
	If a child/staff member who is a suspected case tests negative, can they come back to school before completing 7 days of isolation?	If they feel well and no longer have symptoms of COVID-19, they can stop self isolating, as can other members of their household. The only exception to this is if they have been identified as a contact(s) of a confirmed case within the previous 14 days, in which case they would need to complete 14 days of isolation.	https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe#testing

Theme	Question/example	Response	Relevant guidance
	<p>If a child has been sent home or we have been told that they are not coming to school because they have symptoms of COVID-19, what immediate actions should we take?</p>	<p>When a child, young person or staff member develops symptoms compatible with coronavirus (COVID-19), they should be sent home and advised to self-isolate for 7 days and arrange to have a test to see if they have COVID-19. They can do this by visiting NHS.UK to arrange or contact NHS 119 via telephone if they do not have internet access. Their fellow household members and any support bubble members should self-isolate for 14 days. You do NOT need to send other children or staff home at this point – this is only for confirmed cases, so please await testing results. At the moment we are asking schools to inform their local HPT of suspected cases, to ensure access to the correct guidance.</p> <p>Children who develop symptoms at school and are awaiting collection by parents/carers should be moved, if possible, to a room where they can be isolated behind a closed door. Depending on the child’s age and other considerations, this may require adult supervision. If this is the case, a fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn (please see guidance opposite for further info).</p>	<p>https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection</p> <p>https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings</p>
	<p>Can a school refuse to receive a child who has had COVID-19 symptoms back before 7d of isolation are complete, if the parent(s) are unwilling to provide evidence of a negative test result?</p>	<p>Test results are usually delivered by email and parents will probably be keen to share this if they want their child to return to school.</p> <p>If the parent(s) of a child who is a suspected case are unwilling to arrange testing or provide evidence of a negative result, and want that child to return to school, schools should first offer a clear explanation of why this is needed, and seek support from the local authority education team. Ultimately, educational settings are within their rights to refuse attendance until the 7 day period of isolation is complete (and the child has been fever free for 48h without medication to control fever).</p>	<p>https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection</p>
	<p>What should schools do if a parent of a child with symptoms refuses to get that child tested for COVID-19?</p>	<p>In this scenario the child would remain a suspected case – self-isolation advice for the child and their household contacts should be offered accordingly (as above) and the bubble would continue to attend school. Please contact your local HPT to inform of a suspected case, particularly if you have concerns about risk assessment.</p>	<p>https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection</p>

Theme	Question/example	Response	Relevant guidance
7) Confirmed cases	If we are informed that a child/staff member has tested positive for COVID-19, what immediate actions do we need to take?	<p>You should contact your local Health Protection Team as soon as you are informed of the positive result. Contact details can be found here: https://www.gov.uk/health-protection-team</p> <p>You will be able to speak to a practitioner between 8am -10pm, 7 days a week. Within office hours, ensure you hold through the long introductory message then follow the instructions to get through to your local team.</p> <p>The health protection team will run through a detailed risk assessment with you and help you to identify the contacts the positive case has had in your setting during their infectious period (2 days before they were unwell to 7 days after). Current guidance recommends that where the child, young person or staff member tests positive, the rest of their bubble within their childcare or education setting should be sent home and advised to self-isolate for 14 days, in addition to the case's own household contacts. It will also be necessary to isolate anyone else who has had a significant contact with the person – for example if another pupil shared a taxi with them on the way to school. Any contacts that the case had outside of the educational setting will be identified and contacted by the NHS track and trace programme. You will be provided with detailed information on actions you need to take. You will be provided with template letters and advice on cleaning. There is specific advice for drivers on the gov.uk website</p> <p>You should also inform your local authority educational team about the positive case at the school.</p> <p>Please note: The other household members of that wider class or group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms.</p>	<p>https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings#when-open</p> <p>https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection</p>
	Are there any circumstances where a school should close completely?	<p>It is unlikely that a school would need to close completely, although this may rarely be necessary:</p> <ol style="list-style-type: none"> 1. If the school is unable to operate safely due to the requirement of key staff to self-isolate, or 2. On the guidance of the Health Protection Team and Local Authority Education department, for example in a situation where there are multiple cases across different bubbles. 	

Theme	Question/example	Response	Relevant guidance
	Can a child who has tested positive (or who was symptomatic of COVID-19) return to school after 7d period of isolation, even if they still have a cough?	<p>If a child or staff member has had symptoms of coronavirus (COVID-19) and/or has tested positive, then they may end their self-isolation after 7 days and return to school as long as they do not have symptoms other than cough or loss of sense of smell/taste. If they still have a high temperature, they need to keep self-isolating until your temperature returns to normal. Day 1 starts with the display of symptoms or a positive test</p> <p>After 7 days, if they just have a cough or anosmia (a loss of, or change in, their sense of taste or smell), they do not need to continue to self-isolate and can return to school. This is because a cough or anosmia can last for several weeks once the infection has gone. The 7-day period starts from the day when they first became ill (or had a test if they have not had symptoms).</p>	https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection
8) Contacts of a person with COVID-19	If we know/suspect that a child is a contact of a case outside school, but their parents are still bringing them to school, can the school refuse to allow them to attend?	If this situation occurs, then please contact your local health protection team and local authority education team for advice. Contacts of confirmed cases are required to self-isolate as instructed by NHS test and trace.	
	If a child lives with someone who is self-isolating as a contact of a confirmed case, can the child attend school? (E.g. a sibling of another child in school whose bubble has been sent home to isolate for 14d)	If someone is a contact of a confirmed case, only they need to isolate, not their household contacts. If they become symptomatic however, they should get tested and their household contacts should isolate for 14 days. In the example given – the child whose bubble has been advised to isolate for 14 days should do so, but their parents and siblings do not need to isolate as long as the isolating child remains well during that period. The sibling could continue to attend school.	https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings#when-open
	How will school pickups and drop offs be dealt with if one child is meant to stay at home and one is meant to be at school?	If one child is isolating as they have been in contact with a confirmed case, they need to stay at home. They should not be accompanying the other child to school drop off. Parents should explore their options for transporting the child who is not isolating to school.	https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/nhs-test-and-trace-if-youve-been-in-contact-with-a-person-who-has-coronavirus/

Theme	Question/example	Response	Relevant guidance
	<p>If we have a confirmed case of COVID-19 at school/nursery, must we give the details of that child/staff member to PHE, even if the parents do not want this information shared?</p>	<p>Because COVID-19 is a statutory notifiable disease, the details of any person with a suspected or confirmed case needs to be provided to PHE. 'Notification of infectious diseases' is the term used to refer to the statutory duties for reporting notifiable diseases in the Public Health (Control of Disease) Act 1984 and the Health Protection (Notification) Regulations 2010.</p> <p>Details of all people who have had a positive test for COVID-19 will also be provided to PHE by the testing laboratory. When an educational setting reports a positive case to us, we will ask the setting to report to us the numbers of children and staff who have been exposed to that person. Depending on the complexity of the situation, we may need personal details of contacts as well as numbers. All personally identifiable information will be handled in line with the obligations set on us by the General Data Protection Regulations (GDPR).</p> <p>Schools may wish to consider whether they have discussed with parents how they will communicate prior to the event, schools may choose to change their GDPR policies to reflect the above advise.</p>	<p>https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report</p>
<p>9) Communication</p>	<p>Do we need to inform parents of a confirmed case in school?</p>	<p>When a case has been confirmed within the school, the health protection team will provide you with letters to send to all parents to inform them. It is important to keep the specific details of the case confidential so no further details about the person should be provided. We will also provide specific letter for children and staff who have been identified as being a contact of the case, providing further details on isolation requirements.</p> <p>If there have been several cases over a shorter period, we may provide you with further correspondence for parents.</p> <p>If you have any concerns around communication or receive any press enquiries then contact your local health protection team and your local educational team who will be able to support you.</p>	

Theme	Question/example	Response	Relevant guidance
	Do we need to inform parents of suspected case in school?	We do not routinely advise that educational settings inform parents of a suspected case. However you may still choose to do so based on your local knowledge of your parent body. Situations when you may decide it is helpful to inform parents of a suspected case may include when there are high levels of concern or discussion amongst the parent body, if there is media interest or if there are any other complicated factors at play. The health protection team and local education team are happy to advise you in this situation and can provide communications support. You should take care not to reveal personal details of the suspected case to other parents. It is not necessary for any contacts of the suspected case to isolate, including their bubble. Only the suspected case's household contacts should isolate until a test result is available.	
	Should we tell OFSTED?	The school should follow their normal procedures in notifying the local authority or OFSTED of any case or outbreak of a communicable disease.	
10) New school starters	How do we manage meetings for parents and children who are due to start school in September?	At this stage we would not recommend parents and/or prospective students being invited into the school grounds. You could consider online meetings, a recorded tour and other digital options. It may be appropriate to offer physical meetings during holidays when no children are in attendance, as long as social distancing is maintained, and cleaning undertaken. As guidance around social distancing changes, more options are likely to become available. We expect that further information on transition arrangements will also be available in due course.	