

COVID-19 Educational settings – management of cases guidance G646k

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1. Introduction and document updates

This guidance document details the actions that Educational Settings must follow in order to plan for, manage and respond to one or more suspected or confirmed case(s) of COVID-19. This guidance forms part of the coordinated approach control between Public Health England, Norfolk County Council and Educational Settings with the aim of:

- reducing transmission and limiting spread of the disease
- enabling children and young people to attend their educational setting and continue their education
- providing reassurance to staff, pupils and parents
- enabling parents to return to work
- protecting the vulnerable

Educational Settings must stringently follow Government guidance (as interpreted in the compliance code and risk assessment control measures for LA maintained settings), in order to reduce the of virus transmission by:

- Grouping/cohorting staff and pupils in order to reduce the number of people each individual has close contact with.
- Maintain physical distance between and within groups as much as possible
- Limit visitors to the setting and manage their activity on site
- Undertaking enhanced environmental cleaning and disinfection paying particular attention to hand contact points
- Ensuring good personal hygiene of everyone at all times (hand washing, use of hand sanitiser and applying catch it, bin it, kill it)
- Use PPE where it is safe and appropriate to do so as outlined in the PPE guidance

This document provides guidance on what to expect and what will be required of settings when a suspected or positive case of COVID-19 associated with the setting is identified.

Date of change	Section, Page and Change
11/06/2020	New document
16/06/2020	New information – highlight removed
10/07/2020	Contact records now require to be kept for 21 days (this was previously 14 days). Information relating to testing of children Information relating to home test kits Information relating to preparing for implementation of outbreak control plans in the wider community (local lockdown) Information relating to isolation requirements for close contacts Requirement to update the settings privacy policy relating to record keeping

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03/08/2020	Updated information on home test kits and what to do if a parent refuses to get their child tested
01/09/2020	Updated incident contact centre details to reflect new Norfolk Outbreak Management Centre Page 9 updated information about test kits and testing information
09/09/2020	Changed to reflect that schools can use Letter 4 where they establish it is appropriate for the school community
16/09/2020	Updated who to notify of cases following government changes to the process
23/09/2020	Further updates to the notification process and responsibilities. Addition of letters for staff Clarified that where shared facilities are used by a symptomatic person these must be cleaned after use
08/10/2020	Updated link regarding circumstances when test kits can be provided to staff Positive cases – how to identify close contacts Instructions regarding the NHS COVID app use in settings
13/11/2020	Update on testing priorities, cleaning after a symptomatic person has left the setting and how to contact the NOMC
31/12/2020	References to 14 day isolation period has been changed to 10. Page 4 Close contact definition update. Page 6 Reference to maintaining seating plans where possible. Page 13 Positive test actions – updated to reflect lateral flow test results. Page 14 Close contact information added. Page 16 Updated information on the provision of education contingency planning Appendix 1 – new information to assist with the identification of close contacts and the infectious period

2. Definitions

Possible or suspected case	Staff member or child with a new continuous cough and/or high temperature and/or a loss of, or change in, normal sense of taste or smell
Confirmed case	staff member or child with a positive test for COVID-19 with or without symptoms
Cluster	Two or more confirmed cases of COVID-19 among children or staff in a setting within 10 days or an 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	Two or more confirmed cases of COVID-19 among children or staff who are direct close contacts, proximity contacts or

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	in the same cohort or ‘bubble’* in the school/college within 10 days.
Close contact	<p>Close contacts in Educational Settings are people who have had any of the following types of contact with someone with a laboratory positive test for COVID-19:</p> <ul style="list-style-type: none"> • direct close contacts – face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation or skin to skin contact. • been within one metre for one minute or longer without face-to-face contact • proximity contact – extended close contact within 1 - 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day) • travelled in a vehicle, where social distance could not be maintained <p>Contact in Educational Settings where a face mask or covering was worn will also be treated as a close contact.</p> <p>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 residential settings a close contact is also:</p> <ul style="list-style-type: none"> • anyone who lives in the same household as someone with COVID-19 symptoms or who has tested positive for COVID-19
Infectious period	from 48 hours prior to symptom onset to 10 days after, or 48hrs prior to test if asymptomatic

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

3. Responsibilities

Norfolk Outbreak Management Centre (NOMC)

(as the coordinating point for local outbreak control for all educational settings)

- Receive notifications of confirmed cases in Education Settings from the settings concerned and carry out a specific assessment with the setting to identify close contacts and review the existing infection control arrangements.

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- Provide advice to settings around operational issues such as staffing and viability of keeping a school or part thereof open.
- Provide infection control and public health advice to educational settings to minimise the spread of infection
- Notify and seek the support of PHE HPT as appropriate including the need for a joint Incident Management Team (IMT)
- Respond to advice provided by PHE HPT.
- Notify PHE HPT where there are concerns relating to (but not limited to):
 - Significant health impacts for a member of staff, child or young person
 - Large number of clinically vulnerable children
 - High number of cases
 - Outbreak remains ongoing despite the required control measures
 - Concern about infection control measures impacting on safe operations
 - Factors that require multi-agency co-ordination and decision making

Education Setting

- Implement PHE infection control requirements (for LA maintained schools via the implementation of the compliance code and Risk Assessment)
- Maintain records of absence to enable timely flagging of cases with NOMC
- Maintain contact records in line with this guidance and provide said data when required by NOMC/PHE HPT to help identify close contacts following a positive case.
- Direct staff and pupils who have symptoms to their appropriate test service and request that parents and staff provide test result information.
- Where the settings have been provided with home test kits, offer these to parents of children who become ill at the setting in line with this guidance.
- Contact the NOMC to report a positive case(s) relating to your setting
- Implement contact isolation in the event of a confirmed case of a pupil or staff member as directed by NOMC/PHE HPT.
- Contact NOMC when you:
 - are concerned about a rise in absence that may be related to COVID-19
 - suspect a cluster or outbreak at the setting
 - need advice relating to any suspected or confirmed cases
- Keep parents, staff and pupils informed:
 - of the actions which are required in order to keep everyone safe
 - expectations regarding notifications of cases to the setting
 - when there is a suspected, positive case or outbreak associated with the setting making use of template letters
 - developments relating to cases

Public Health England Health Protection Team (PHE HPT)

- Inform the NOMC of any confirmed cases notified to them relating to Educational Settings
- Provide support to the NOMC as requested to provide interpretation on national guidance or in relation to cases, clusters or outbreaks

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- Work with NOMT and the setting when required to deliver effective control and management of outbreaks including the provision of infection control advice and the identification of relevant close contacts

Department for Education

- Provide advice and guidance to settings regarding the management of cases when contacted (Please note settings are not required to notify DfE but may do so if they wish)
- Refer cases to PHE HPT where appropriate (who will then notify NOMC)

4. Maintaining accurate records, data review and escalation

Contacts

Records of contacts must be kept by settings and kept up to date on daily basis, noting that it may need to be retrieved for the previous 21 days. This includes recording all visitors to the setting. A template is available for your use.

Prompt isolation of contacts is essential to preventing the spread of infection in Education Settings. Risk assessments have already established groups or “bubbles”. These groups are key to proactively reducing the risk by limiting contact with others as well as to enable effective isolation arrangements if needed. Therefore, the following contact records are required:

- Accurate details of pupil and staff “bubbles” on a daily basis (including residential information where applicable).
- Seating plans (where possible)
- Accurate details of extended groups or bubbles where used for example in Secondary Schools, to provide specialist teaching, wraparound care or for transport needs on a daily basis, Occasions when groups or bubbles have been breached by other individuals or groups.
- Any other occasions of close contact made outside of bubbles or groups within the setting

As settings return to full occupancy levels it is recognised that settings will not be able to keep records of every close contact that occurs outside of groups e.g. when children stop in corridors to talk to each other. However, by implementing the controls outlined in the Compliance Code, settings will be able to minimise these interactions. Staff and children should be encouraged to report such interactions for the purposes of record keeping.

When a positive case has been confirmed to the school NOMC must be informed of the following information as soon as it is known, therefore accurate records to enable this must be kept:

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At risk staff and pupils

Details of staff and pupils who are considered at increased risk, confirming a specific assessment has been completed.

Absence increase

Settings must record and monitor their absenteeism rate, and if concerned that an increase could be related to COVID-19, should notify NOMC. Notification is not required if absenteeism is increased due to individuals shielding or self-isolating as contacts of cases.

Confirmed cases

Details of the member of staff or pupil that has tested positive.

Cluster cases

Changes from a single case to cluster as soon as possible

Outbreak

Changes from a single case to an outbreak as soon as possible

In addition, NOMC must be informed as soon as possible in the event of:

- Significant health impacts for a member of staff or pupil
- concerns relating to the ability to follow the control measures required in the compliance code

Settings must update their Privacy Policy as required by the Data Protection Act so that anyone attending the setting is aware of what information the setting will hold and how that will be used to support the identification and management of outbreaks as well as the test and trace programme. Further information is [provided here](#).

5. Having a suspected case

Preparing a room for responding to a person becoming ill at the setting

A suitable well ventilated room should be identified to wait in which is large enough to keep a 2 metre distance between the ill person and any supervising staff (where it is possible) for use in the event of a pupil or staff member who is awaiting collection. Where possible this room should have separate use of a toilet and handwashing facilities or ensure that they are close by. Where separate facilities cannot be provided and they are used by a symptomatic person while waiting to be collected, facilities must be cleaned prior to anyone else using them. The supervising member of staff should wear a face mask and the door kept closed during this time. It is recommended therefore that the nominated member of staff is a first aider as they will already have familiarised themselves with putting on and taking off face masks in a hygienic way (see planning for emergencies in the *Compliance Code*).

If anyone becomes unwell at the school i.e. the onset of a new, continuous cough, a high temperature and/or a loss or change in their sense of smell, they should leave the premises and go home as soon as possible. In an emergency, call 999 if they are seriously ill or injured or their life is at risk.

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Complex needs residential settings should refer to *COVID-19 Guidance for complex needs residential educational settings* in order to plan their response to when a pupil who is a resident becomes unwell with symptoms.

Following a person becoming ill at the setting

It is not necessary for staff or pupils that briefly came into contact with the affected person to self-isolate unless they develop symptoms themselves or are advised by PHE HPT or NOMC to do so because the contact is considered significant or the affected person subsequently tests positive. It is however good practice for them to wash their hands thoroughly after any contact with someone who is unwell.

All surfaces that the person has come into contact with whilst symptomatic must be cleaned using disposable cloths and a cleaning/disinfectant solution at a dilution of 1000 parts per million available chlorine including:

- All potentially contaminated high-contact areas such as toilet facilities if these were used, door handles, hand rails etc in the areas they visited/used such as on the way to/from the toilet or in the room they were waiting in
- All surfaces and objects which are visibly contaminated with body fluids

When cleaning potentially contaminated areas think ***one site, one wipe in one direction***

Public areas where the person has passed through whilst symptomatic and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids do not need to be specially cleaned and disinfected.

Where there are soft surfaces such as sofas and soft furnishings that are visibly contaminated or have been in high contact these should be steam cleaned.

The minimum PPE to be worn for cleaning an area where a person with possible or confirmed coronavirus (COVID-19) is that normally worn when undertaking any cleaning duties are disposable gloves and an apron. Hands should be washed with soap and water for 20 seconds after all PPE has been removed.

The disposable gloves, apron and cleaning cloths used must all be put in a bin bag along with any tissues used by the symptomatic person. The bin bag should then be bagged again and tied. It must be kept at the premises for 72 hours and then put into the normal waste.

Where it is possible to undertake this cleaning with the setting open then you do not need to close to do this, for example, if a specific occupied area such as a classroom needs cleaning, pupils and staff can move to a different room while cleaning is being carried out.

If you do need to close the school to undertake the necessary cleaning or as a result of PHE HPT/NOMC advice, please notify NCC via:

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<http://schools.norfolk.gov.uk/go/myschool>.

Action following someone from the setting developing symptoms

As soon as a pupil or staff member develops symptoms, the following actions must be taken (where they apply) and their household must follow isolation and testing arrangements. The following actions should be taken as soon as a person develops symptoms at the setting:

Symptomatic pupil

- Parents are notified and must collect the symptomatic pupil as soon as possible.
- Parents are asked to collect all siblings, no matter which setting they attend and to notify the setting as soon as they are aware of this (you can offer to notify the setting on their behalf).
- Parent asked to arrange for testing by visiting the [get a coronavirus \(COVID-19\) test page](#) to book a visit or order a home test kit and notify the setting as soon as they know the results. Please note, settings do not need to require evidence of the test results.

Further information for parents and carers on testing is available via <https://www.justonenorfolk.nhs.uk/test-trace> Settings should share this link with parents/carers to help engage them with the test and trace service.

Further information:

- In the unlikely event that a parent/carer refuses testing for their child settings can seek advice from the NOMC. This may be escalated to the PHE HPT to undertake an assessment of the risk and advise the setting accordingly.

Symptomatic staff member

Actions for staff in the event of falling ill while at work are outlined in COVID-19 *Your health and safety when working in education settings*

Where a setting is aware that a member of staff has household members who work or children that attend other settings you should offer to notify them on the persons behalf to support appropriate isolation action.

Managers must check contact records for the previous 48 hours as soon as they are aware of a symptomatic staff member. Where they identify other staff members who are not part of that person's bubble or group who have been close contacts e.g. unintentional or adhoc close contacts, managers must ensure that these **close contact** member of staff work arrangements are altered in order to ensure they:

- Avoid staff who are at increased risk of contracting COVID-19, or becoming seriously ill if they do
- Take extra care in practising social distancing, practice good universal hygiene and watch out for symptoms. This may mean they can no longer work with the group

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they are assigned to e.g. because they are very young children who cannot socially distance as easily

Employer referral process for testing

Priority testing is available to all key workers, which includes educational setting staff. Anyone with symptoms must be advised to be tested.

Priority testing for key workers is [available through the NHS website](#)

It is also available through the local NHS trust for prioritised key workers (known as pillar 1 testing).

The employer (the setting) needs to register with the local testing service to receive their unique employer code by emailing: NorfolkRegistercovidtesting@nuh.nhs.uk providing the name of the employing organisation, their job title and a contact telephone number.

The pillar 1 testing capacity is prioritised as follows:

1. education workers working in Special Educational Needs settings (main group for pillar 1 testing)
2. Education and childcare workers working in other educational settings (eligible if capacity is available)

Further information on the full prioritisation list and how to access pillar 1 testing is available on the Norfolk Schools and Infospace sites

Please note:

- Testing should be in **the first three days of the onset of COVID-19 symptoms** at the time the swab is taken.
- The service will test all individuals with COVID-19 symptoms in your household.
- To visit a test centre you must attend the appointment in your own vehicle, with only the people who have COVID-19 symptoms and have arranged an appointment for testing.
- By attending a test you must agree that the test provider shares results with the setting in order to follow the appropriate course of action

You can also follow this link to provide staff with a short video about the drive through testing process: [COVID-19 Getting Tested.](#)

Home test kits are also available for those persons not able to visit a test centre. [Information on obtaining a test kit is available via the following link.](#)

Test kits

Schools will be provided with an initial supply of 10 home test kits which should be stored securely at ambient room temperature (5-22°C)

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Schools should follow [this link](#) for:

- circumstances when a home test kit should be provided to a pupil or staff member
- Information about usual testing options for parents to follow (where a test kit is not provided by the school)
- Details of how to order additional tests

Please note:

- Kits should not be given directly to children - only to adults over the age of 18 or a child's parent or carer. Parents and 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 testing should not take place on site (with the exception of residential settings).
- Kits are suitable for people of all ages

Contact tracing

The NHS test and trace system traces people who have had close contact with someone who has tested positive for COVID-19. The test and trace programme plays an important role in helping to minimise the spread of coronavirus.

Anyone with a positive test will be contacted and asked about people they have been in contact with for the 48 hours before symptoms and up to 10 days afterwards. They will then seek to notify those people that they may have been exposed and that they should self-isolate.

Where they identify that the person has a connection with your setting (they are a member of staff, a pupil or a recent visitor) they will notify the local PHE HPT so a rapid investigation can take place and you can be advised of the most appropriate action to take.

If you are made aware of a member of staff or child in a cohort that has tested positive by means other than through PHE HPT/NOMC you should take action to notify the NOMC straight away so a risk assessment can be conducted and instruction given regarding isolation requirements.

In some cases, a larger number of other children, young people or members of staff will be required to self-isolate at home as a precautionary measure – perhaps the whole class, site or year group, for example where a setting utilizes extended bubbles or groups. Where settings are observing guidance on infection prevention and control, which will reduce risk of transmission, closure of the whole setting will not generally be necessary.

Contact tracing may result in individual pupils or members of staff being asked to isolate due to contacts outside of the setting, the only pupils or staff who need to isolate in this instance is where they are advised to via the tracing programme. The absence should

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be recorded, there is no need to carry out increased cleaning when a person develops symptoms away from the setting. Please refer to the following section for actions to take on receipt of test results.

Please note: where a pupil or member of staff isolates because someone in their household has symptoms, or because of contact tracing outside of the setting you do not need to take any further action unless the pupil or member of staff develops symptoms (see below).

NHS Tracing App

The NHS have produced an app that can be downloaded onto smart phones, enabling the user to check in to premises by scanning a QR code. The app also uses Bluetooth technology to monitor proximity to other people who have downloaded the app enabling users to be alerted if they have been in close contact with another app user who has tested positive.

Settings need to consider how the app works and its use in relation to their settings and develop clear protocols for use while in the setting. For example, if pupils and/or staff members do not keep their phones on them throughout the day, you may need to give clear instructions to disable the tracing facility as it will not reflect the individuals contact with others. [Further details on all the necessary considerations and how the app works are available here.](#)

Asymptomatic and antibody testing

Testing is more reliable when undertaken for people with symptoms and therefore asymptomatic testing (testing where you do not have symptoms) is currently only available for health and social care settings, as part of research or trials or under specific other circumstances and therefore would not generally be available for staff or pupils in educational settings unless the PHE HPT/NOMC require it. You may however be offered testing where you have atypical symptoms (none of the 3 main symptoms) but are feeling unwell.

Similarly, antibody testing is not currently widely available. Antibody testing indicates whether or not you have had COVID-19. It cannot tell you when you had it, how immune you may be to further infection or how long any immunity you have may last. Therefore, having antibodies does not impact on control measures. You must still maintain distancing and implement hygiene measures.

6. Test result actions

Positive results

Settings should plan how they will sensitively respond to receiving confirmation of a positive case involving a pupil or member of staff.

Where a member of staff or pupil isolates because a member of their household has symptoms and/or is tested positive, the associated grouping does not need to isolate (unless required through contact tracing).

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If positive result confirmation is received while close contacts are at the setting then arrangements must be made for them to leave the setting as soon as possible to start their isolation (see above).

Please note: Where a positive result has been achieved through lateral Flow Testing this must be backed up by a confirmatory PCR laboratory test. Anyone with a positive Lateral Flow Test must isolate until they have the results of the PCR test.

Contacting NOMC

All educational settings are required to take swift action and contact NOMC where:

- they have been notified of a positive case associated with the setting from either a test and trace service or from a parent, carer or staff member
- where they have identified an increased level of absence relating to COVID-19 (a cluster)
- where they think there may be an outbreak relating to the setting.

Please **email** the following information to the NOMC: phnorfolkcomc@norfolk.gov.uk.

- Name of the setting
- Address and post code
- Name of main contact
- Contact phone number (main setting and alternative landline/mobile number)
- Brief outline of the situation including
 - Details of the positive case (name, D.O.B. pupil or staff)
 - Class/year group if pupil, role if staff
 - date of symptom on set,
 - date of positive test,
 - date last in attendance at setting,
 - number of close contacts identified (think widely e.g. consider classes, friendship groups, break times, extra curricular activities, additional support/tutoring etc)
 - action taken by the setting (e.g. case and contacts advised to isolate, letters sent out)
 - total number of current cases at the setting
 - whether you require an urgent call back/support

This information will be reviewed by the NOMC team and where necessary you will receive a follow up call

The NOMC hours of operation are 8am to 5pm, Monday to Friday. Outside of these hours the email in box continues to be monitored regularly.

Please only telephone the NOMC if you require urgent advice or support. The contact number is: 01603 223219

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The NOMC contact number is for use by settings only and should not be shared with parents or carers.

For advice and guidance relating to management of your setting during this COVID-19 pandemic please email covid.schools@norfolk.gov.uk

Identifying close contacts of a positive case in the setting

A 'contact' is a person who has been close to someone who has tested positive for coronavirus whilst they were infectious (**Infectious Period:** from 48 hrs prior to symptom onset to 10 days after, or 48 hrs prior to test if asymptomatic).

Close contacts in Educational Settings are people who have had any of the following types of contact with someone with a laboratory positive test for COVID-19:

- direct close contacts – face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation or skin to skin contact.
- been within one metre for one minute or longer without face-to-face contact
- proximity contact – extended close contact within 1 - 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
- travelled in a vehicle, where social distance could not be maintained

Contact in Educational Settings where a face mask or covering was worn will also be treated as a close contact.

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 residential settings a close contact is also:

- anyone who lives in the same household as someone with COVID-19 symptoms or who has tested positive for COVID-19

Please note: close contacts also include those who were wearing a face covering or face mask at the time. Please refer to Appendix 1 for further information that will assist with the identification of close contacts.

Communication

Letter 1 should be provided to all parents in the setting when there is a single case (where their child is not required to isolate with their group).

Letter 2 should be provided to all parents where their child has been asked to isolate due to their close contact. Ensure that parents are aware of the need to notify you if their child develops symptoms and is tested positive during the isolation period.

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Letter 3 should be provided to all parents where an outbreak has been declared

Letter 4 can be used to inform all parents of a possible case in the setting

Letter 5 should be used to inform parents following the use of letter 4 where the case has been tested as negative

Letter 6 should be provided to all members of staff when there is a single case in the setting and they are not required to isolate

Letter 7 should be provided to all members of staff identified as a close contact to instruct them of the action to take

All these templates have been translated into a number of different languages. These are available via the website. Please consider using the translated versions where you have families for whom English is a second language.

Staff communication.

Settings should ensure staff are kept informed of any developments relating to cases in a timely way. In particular, where letters are sent to parents/pupils they should be aware of the contents therein. Letters 6 and 7 should be used where a positive case has been identified.

Settings may also be informed that visitors to the setting have subsequently tested positive. In such cases the setting should use records to identify close contacts of these visitors and take action accordingly.

Negative result

The person who was isolating can return to the setting providing that:

- Their result is negative (and further testing is not required)
- They are fit to return (due to other illness)
- They are not isolating as a result of being a close contact
- Other members of their household do not have symptoms and waiting for test results.

A template letter is available to notify parents (letter 5)

Inconclusive result

Isolation must continue where an inconclusive result has been provided. The person must follow arrangements for re-testing.

Action for close contacts

Close contacts of positive cases must isolate for 10 days. Close contacts will not ordinarily be eligible for testing unless and until they develop symptoms (see above for exceptions). Where a close contact subsequently develops symptoms and tests

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negative they must continue their 10 day isolation period as they may still have contracted the virus but it was not detected.

Outbreaks

As soon as you are aware of an outbreak, Letter 3 *Outbreak advice for parents* must be provided to all parents instead of Letter 1 which is intended for a single case in the setting.

The **outbreak can be declared over** once no new cases (symptomatic or asymptomatic) have occurred in the 28 days since the appearance of symptoms /from the date of testing in the most recent case. NOMC/PHE HPT will confirm when this is the case

7. Provision of education contingency planning

Remote education was a significant feature of the previous restricted opening of settings. Settings should be prepared and able to provide remote education to children who are:

- Isolating as a symptomatic, positive or close contact case
- Staying at home following instruction to do so under localised outbreak control arrangements

Further information on the arrangements expected to be in place are [available here](#)

Information on the possible restrictions placed on educational establishments and the plans that need to be in place in specific circumstances are available [here](#).

This plan outlines the possibility of a rota system being introduced in specific circumstances and guidance on how schools can plan for this is available [here](#)

8. Single point of contact details

The single point of contact is:

- NOMC is phnorfolkcomc@norfolk.gov.uk or 01603 223219 and operates between 0800 – 1700 Monday to Friday. **Please use the email address in the first instance unless your request is urgent.** Outside of these hours the email address is monitored seven days a week.

Please note: enquiries regarding operational issues are forwarded to NCC education team, settings should try to send these enquiries to the appropriate NCC contact in the first instance. The NCC email contact for operational and other enquiries is covid.schools@norfolk.gov.uk

Other numbers of use:

- DfE – 0800 046 8687, select the option for reporting a positive case. The line will be open Monday to Friday from 8am to 6pm, and 10am to 4pm on Saturdays and

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Sundays. Please note you are not required to contact the DfE but may do so if you wish

- PHE HPT is eeo.crc@phe.gov.uk or 0300 303 8537.

Appendix 1 – Information to assist in the identification of: close contacts and the infectious period

The following information provides a guidance to assist Educational Settings with the identification of close contacts.

EYFS and Key Stage 1 (Foundation to Year 2)

- Usually children who had shared a 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 are known to have had definite face to face 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? (Refer to the standard contact definitions for this)

Key Stage 2 (Year 3 and 6)

- If children mix a lot within the classroom then the whole class would usually be defined as contacts.
- If there is a seating plan for all lessons and it is felt that social distancing has been observed in the classroom then look at seating plans instead. Identify contacts as children who sat within 2 metres of the case during their infectious period in school only.
- Check friendship groups. Identify contacts as children who are known to have had definite face to face 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? (Refer to the standard contact definitions for this and only ask staff to self-isolate if they have had definite contact with the case).
- Are there any other people who they have had definite face to face contact with at break times or in an other group activities such as sport or music lessons? This should be specific identifiable individuals

Key Stage 3, 4 and 5 (Year 7 -13)

- The default should NOT be to self-isolate the whole class or bubble in a secondary setting
- Look at the student timetable to identify classes during the infectious period
- Look at seating plans. Identify contacts as children who sat within 2 metres of the case during their infectious period in school
- Check friendship groups. Identify contacts as children who are known to have had definite face to face 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? (Refer to the standard contact definitions for this and only ask staff to self-isolate if they have had definite contact with the case)

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- Are there any other people who they have had definite face to face contact with at break times or in an other group activities such as sport or music lessons? This should be specific identifiable individuals

The Infectious period

The infectious period is “48 hours prior to the onset of symptoms” however, the way that the infectious period is determined will depend on the information that is available:

Some 48 hour periods can be quite easy to establish in terms of when the person was last in a school, for example, where a teacher says they felt well all day at school but started to feel unwell during Wednesday evening. The 48 hour period in this case is Monday evening through to Wednesday evening.

The application of the 2 day infectious period approach is more suited to a situation where a pupil said they started to feel unwell “during the day” on Wednesday. The infectious period would then be treated as two days (Monday and Tuesday) because the timing of symptom onset is unclear apart from the fact it happened on Wednesday. **Where a positive test is received and the person is asymptomatic, the infectious period should be treated as the two days prior to the test being carried out.**