

Covid 19 Support Pack for Schools September 2021

This pack contains updated key documents to support you in your management of Covid-19 from 16 August 2021 and includes:

- latest guidance and actions for you to consider and take,
- the role of the local authority and partners,
- general health protection measures,
- letters you can adapt
- information about how we will work with you to manage an outbreak of Covid-19, and
- risk assessment and policy templates
- ventilation guidance

If you have any concerns, or questions which are not answered within this document, please email
EmergencySchool.Closure@cambridgeshire.gov.uk

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Acronyms & Definitions

Acronyms

HPT	Health Protection Team – Public Health England (East of England)
PHE	Public Health England
LA	Local Authority
PPE	Personal Protective Equipment
DfE	Department for Education
DHSC	Department of Health and Social Care
PCR	Laboratory test for Covid-19
LFD	Lateral Flow Device test (rapid test, does not need processing in the lab)

Definitions

Possible or suspected case	<p>Most people with COVID-19 have at least one of the following symptoms:</p> <ul style="list-style-type: none">• a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)• a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)• a loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal
Confirmed case	Staff member or child with a laboratory test (PCR) positive for COVID-19 with or without symptoms.
Infectious Period	<ul style="list-style-type: none">• from two days prior to the onset of symptoms, or positive test result if asymptomatic, to 10 days after

The Schools Responsibilities

Schools should

- support and implement local processes to reduce the risk of COVID-19 transmission
- inform parents/carers of the NHS Test & Trace process and make them aware of what to expect if there is a possible or confirmed case in the setting.
- direct staff/children who have symptoms to book a PCR test.
- help, if requested, the Local Authority (LA)/ Public Health England (PHE)/ DfE to identify contacts of cases in the setting environment following national protocols.
- when an outbreak or confirmed case occurs, communicate with parents, children, and staff, making use of template letters provided by LA, DfE or PHE.
- monitor absenteeism rate, and if concerned that an increase could be related to COVID-19, should notify their LA.
- contact the Emergency school closure inbox for support if needed.

Testing and Contacts

There are 2 main types of tests to check if a person has coronavirus:

Tests for people with symptoms

People with symptoms of COVID-19 (a high temperature, a new and persistent cough or a loss or change to their sense of smell or taste) should book a PCR test. Tests can be booked online through the [NHS website](#), or ordered by telephone via NHS 119. While awaiting a PCR test the symptomatic person should self-isolate and carry on isolation for 10 days if the PCR is positive. If the PCR is negative, the person can end self-isolation and resume daily activities as normal.

Tests for people without symptoms (asymptomatic testing)

Twice weekly Lateral Flow Tests, also known as rapid tests/LFTs or LFDs, are **only** for use with asymptomatic staff in Primary Schools, and for children and staff in secondary schools. LFD test kits can be ordered online and used at home or in a workplace setting.

cambridgeshire.gov.uk/rapidtesting or peterborough.gov.uk/rapidtesting

Secondary schools are advised to have onsite facilities available for students who cannot do LFD tests at home and may be required to set these up if there is an outbreak with the agreement of the Local Authority Public Health team. All secondary school pupils should have 2 on-site tests at the start of the new academic year.

Where a **positive** LFD test is recorded from a home or workplace LFT, the member of staff immediately begins self-isolation at home and **must have a confirmatory PCR test**.

Note: *If a person has had a positive PCR test within the last 90 days, then the LFD and PCR test may remain positive even if the person is not infectious, therefore it is recommended that a person should not restart asymptomatic testing unless they have new symptoms. The person should start testing again at the end of 90 days after the date of their positive test. NHS Test and Trace will work with a positive case to identify close contacts. Double vaccinated people who are 14 days post their second dose and <18s are no longer be legally required to self-isolate if they are identified as a close contact. Instead, they will be advised to arrange for a PCR test. They do not need to isolate while waiting for the PCR test result but will need to isolate if they develop symptoms or the PCR is positive irrespective of their vaccination status. Contacts are likely to be a*

small number of individuals who would be most at risk of contracting COVID-19. Settings, parents, or carers may be contacted to help with identifying close contacts of positive cases.

As part of your procedures/policy, you may wish to consider how all staff and children's parents/carers are informed of positive cases and those that have been identified in your setting as a close contact are advised on what to do next.

Children who are aged under 5 years old who are identified as close contacts would only be advised to take a PCR test if the positive case is in their own household.

What to do if there is a POSSIBLE/SUSPECTED case of COVID-19

Where an individual is displaying symptoms of COVID-19, they should be sent home and advised to self-isolate. They, or their carers, should also arrange for a PCR test to be taken at the earliest convenience.

Awaiting collection

Whilst awaiting collection, the individual should be moved to a room where they can be isolated behind a closed door. If possible, open a window for ventilation. If it is not possible to isolate the individual, 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.

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.

Cleaning and disinfection

Public areas where a symptomatic person has passed through and spent minimal time but which are not visibly contaminated with body fluids, such as corridors, can be cleaned thoroughly as normal.

All surfaces that the symptomatic person has come into contact with, should be cleaned and disinfected, including all potentially contaminated and frequently touched areas such as bathrooms, door handles, telephones, grab rails in corridors and stairwells

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

Use one of the options below:

- a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.)

or

- a household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants **or**
- If an alternative disinfectant is used within the organisation, ensure that it is effective against enveloped viruses

Waste

Personal waste from individuals with symptoms of COVID-19 and waste from cleaning of areas where they have been (including PPE, disposable cloths and used tissues) should be handled and stored in the following way:

- Put waste in a plastic rubbish bag and tie when full.
- Place the plastic bag in a second bin bag and tie.
- Store in a suitable and secure place (marked 'for storage') until the individual's test results are known.

Further advice and guidance can be found here:

[COVID-19: cleaning of non-healthcare settings outside the home - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/covid-19-cleaning-of-non-healthcare-settings-outside-the-home)

What to do if the POSSIBLE/SUSPECTED case has received a NEGATIVE test result

Evidence of the test result

Settings do not need to request evidence of the test result or other medical evidence before admitting children or welcoming them back after a period of absence.

Returning to setting / continuing to self-isolate

If the child or member of staff has been tested because they were showing symptoms and the test has come back negative, they can return once they are well. If they still feel unwell, they should stay at home until they feel better. If the child/member of staff have vomiting or diarrhoea, they must not return to the setting for at least 48 hours after symptoms last showed.

Reporting Cases

To enable us to monitor the latest position can you please report single cases using the [short form](#) and you can request LA support by completing the [support request form](#) if the number of cases (PCR positive) within 10 days among children or staff who have mixed closely:

- Increases rapidly or
- 5 cases (2 for special schools and boarding schools) or
- 10% of the cohort (e.g. in a setting with 20 children this would be 2) or
- Single hospitalisation or death due to covid-19

Refer to you own policy and procedure for infectious illness and if you need further support please email EmergencySchool.Closure@cambridgeshire.gov.uk

Personal Protective Equipment (PPE)

Administering First Aid & Use of Personal Protective Equipment (PPE)

Some settings have chosen to designate particular members of staff to support children displaying symptoms of COVID-19.

It is vital for any member of staff who uses PPE to read the following document - [CCC & PCC First Aid Requirements](#) – and to also watch the [video](#) which runs through the basics of use of this equipment.

Staff should not use PPE unless they have followed this advice on training.

PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained. PPE should also be worn for cleaning the area where the individual with possible/suspected COVID-19 has been. At minimum, this should include gloves and an apron. Staff should wash their hands with soap and water for 20 seconds after all PPE has been removed

Useful Links

Government Guidance

[Actions for schools during the coronavirus outbreak - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/actions-for-schools-during-the-coronavirus-outbreak)

- Updated guidance including details of how to respond to a possible/suspected case of COVID-19 including the expectation that setting will engage with the Test and Trace process.

[COVID-19: Cleaning of non-healthcare settings outside the home](https://www.gov.uk/guidance/covid-19-cleaning-of-non-healthcare-settings-outside-the-home) - General principles of cleaning during the COVID-19 pandemic, as well advice for cleaning areas used by individuals with possible/suspected or confirmed COVID-19.

[COVID-19: Guidance for households with possible coronavirus infection](https://www.gov.uk/guidance/covid-19-guidance-for-households-with-possible-coronavirus-infection) - Key messages for households with possible/suspected COVID-19 including the importance of booking a test and self-isolation.

[COVID-19: Guidance for contacts of people with possible or confirmed Covid-19 who do not live with the person](https://www.gov.uk/guidance/covid-19-guidance-for-contacts-of-people-with-possible-or-confirmed-covid-19-who-do-not-live-with-the-person) - Guidance for people who have been notified by NHS Test and Trace that they are a contact of a person who has had a positive test result for COVID-19.

[Safe working in education, childcare and children's social care settings, including the use of personal protective equipment \(PPE\)](https://www.gov.uk/guidance/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe) - Strategy for infection prevention and control, including the specific circumstances in which PPE should be used, to enable safe working during the coronavirus (COVID-19) outbreak

[Contingency framework: education and childcare settings \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/guidance/contingency-framework-education-and-childcare-settings) - Details of outbreak management

General Public Health measures

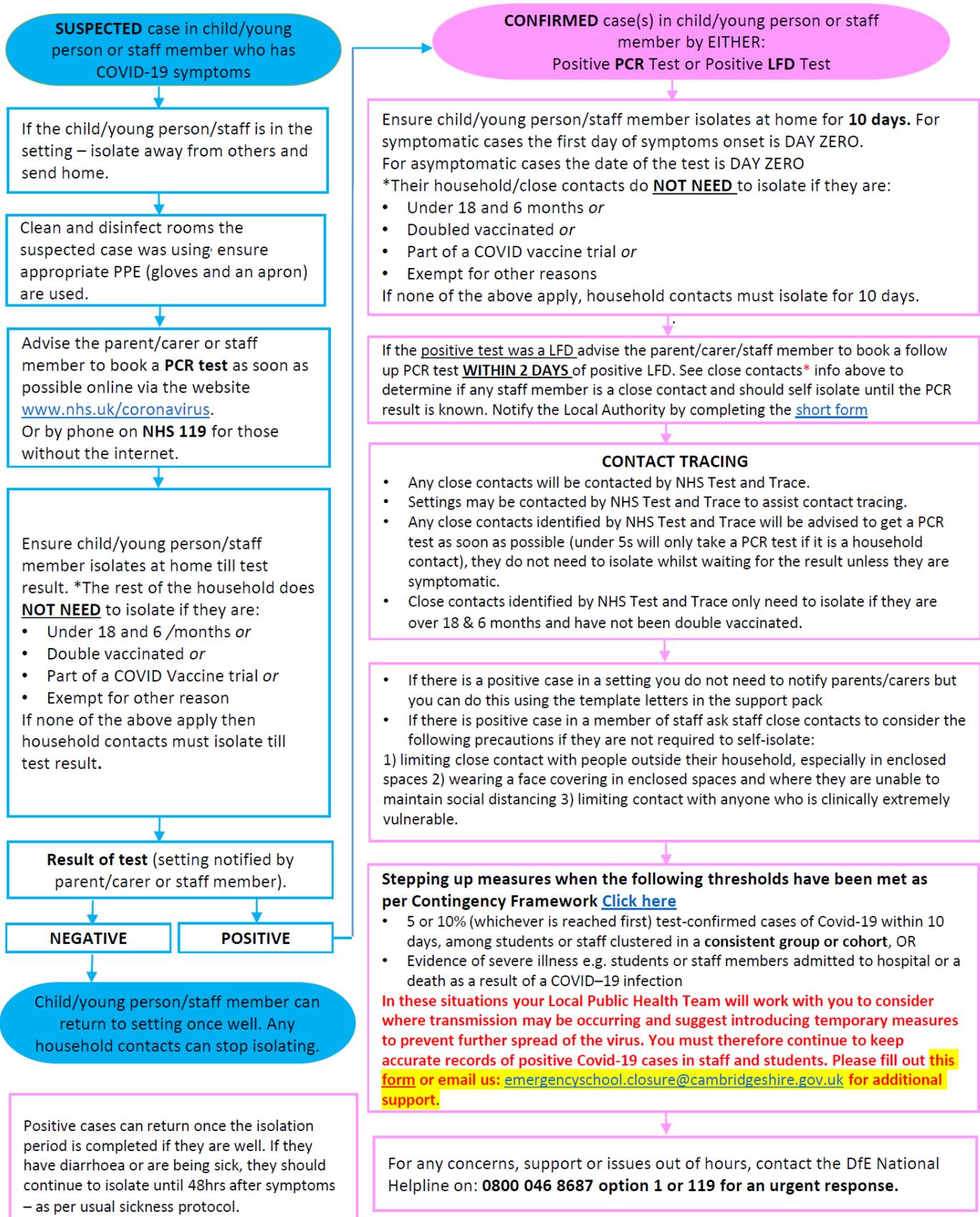
1. Encourage vaccination among all those eligible - this should be everyone >16 yrs including pregnant and clinically vulnerable staff and children between 12-15 years with certain underlying health conditions or living in households with immunosuppressed individuals <https://www.thevaccinators.co.uk/>
2. Ensure good hygiene for everyone [Information about the Coronavirus \(e-bug.eu\)](https://www.e-bug.eu/information-about-the-coronavirus)
3. Maintain appropriate cleaning regimes [COVID-19: cleaning of non-healthcare settings outside the home - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/covid-19-cleaning-of-non-healthcare-settings-outside-the-home)
4. Keep occupied spaces well ventilated [Ventilation and air conditioning during the coronavirus \(COVID-19\) pandemic \(hse.gov.uk\)](https://www.hse.gov.uk/coronavirus/ventilation); [CIBSE - Coronavirus COVID 19](https://www.cibse.org/~/media/Files/2020/04/20200420-Coronavirus-COVID-19)
5. Regular asymptomatic LFD testing for all staff and advising people with COVID-19 symptoms not to attend the setting but to isolate and take a PCR test www.nhs.uk/coronavirus
6. Self-isolation of positive cases [Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/stay-at-home-guidance-for-households-with-possible-or-confirmed-coronavirus-covid-19-infection)

Appendix 1: Guidance for managing Covid-19 in schools flow chart and guidance for parents

Guidance for Management of COVID-19 Cases in Education Settings from 16th August 2021

All settings need to have an "Outbreak Management Plan" in place to step up measures if required.

For any **SUSPECTED** or **CONFIRMED** case of COVID-19 in a staff member or child please follow the flow chart below



Appendix 2: Letter to inform parents/carers of the Test & Trace process

Dear Parents/carers,

As restrictions are lifting our process in managing positive cases of Covid-19 has changed. Within this letter, you will find details of what to expect if the setting is notified of a **possible** or **confirmed** case of COVID-19 in the setting.

Where there is a possible case of coronavirus in the setting

If a child or member of staff develops symptoms of COVID-19, the individual concerned will be sent home. They will be asked to arrange a PCR test and to share the results with us.

Where there is a confirmed case of coronavirus in the setting

If a child or member of staff tests positive for COVID-19, they will be asked not to attend the school for at least 10 full days from the day after their symptoms appeared or, if asymptomatic, the date that the PCR test was taken.

Contact tracing will no longer be done by the school but by NHS Test and Trace. Our approach to isolation has changed as legally contacts who are double vaccinated * and under 18s are no longer required to self-isolate. They will however be advised to take a PCR test, and anyone who tests positive following the PCR test will still be legally required to self-isolate, even if they have been vaccinated. Children under five don't routinely test but may be requested to take a PCR test if they are a household contact and this will be informed by NHS Test and Trace. Unvaccinated close contacts aged 18 and over should self-isolate for 10 days from when the symptomatic person first had symptoms and should continue this period of isolation even if they too have been tested and have received a negative test result.

** A double vaccinated person must have had their second vaccine at least two weeks prior to coming into contact with the positive case.*

What you can do

If your child develops any of the following symptoms, we would ask that you **notify the school immediately** and arrange a test by visiting <https://www.nhs.uk/ask-for-a-coronavirus-test> or by phoning 119.

- A high temperature – this means feeling hot to touch on the chest or back
- A new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours
- A loss or change to your sense of smell or taste

If the child has been PCR tested because they were showing symptoms and the test has come back negative, they can return to school once they are well. If they still feel unwell after a negative test they should stay at home until they feel better. If the child has been sick, has had a high temperature or diarrhoea, they must not return to the setting for at least 48 hours after symptoms last showed.

Thank you once again for all you are doing to keep our setting safe.

Yours sincerely,
Insert name as required

Appendix 3: Letter where there is a CONFIRMED CASE

Dear Parent/Carer,

I am writing to inform you that we have been notified of a confirmed case of COVID-19 within the school.

As with positive cases in other settings, and in line with national guidance, NHS Test and Trace will work with the individual who has tested positive to identify close contacts. This is no longer the responsibility of the school.

If your child is identified as a close contact by NHS Test and Trace, they will contact you. Your child will be advised to take a PCR test at the earliest opportunity and will only be asked to isolate for 10 days if they test positive. If the test is negative, they may continue to attend school as normal.

Children who are aged under 5 years old who are identified as close contacts would only be advised to take a PCR test if the positive case is in their own household.

If your child is advised to take a test, we would strongly encourage that they do so as this will help prevent further transmission. A PCR test can be booked by visiting www.nhs.uk/coronavirus or by phoning 119.

Should your child develop symptoms (high temperature, a new continuous cough or a loss or change to their sense of smell or taste), please follow the [stay at home guidance](#) and let us know as soon as possible.

Thank you once again for all you are doing to keep our school safe.

Yours sincerely,

insert name as required

Appendix 4: Outbreak Management Planning

The DfE have updated the contingency framework following the move to step 4.

The Contingency Framework describes the principles of managing local outbreaks of COVID-19 (including responding to variants of concern) in education and childcare settings, covering:

- the types of measures that settings should be prepared for
- who can recommend these measures and where
- when measures should be lifted
- how decisions are made

Benefits in managing transmission should be weighed against any educational drawbacks

Measures may be needed to

- help manage an outbreak* in a setting
- as part of a package of measures responding to a Variant of Concern (VoC) or to extremely high prevalence of COVID-19 in the community
- to prevent unsustainable pressure on the NHS

*An outbreak in a setting may be suspected if the number of positive cases substantially increases.

Action should be considered if **any** of the following thresholds are reached:

- 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period; or
- 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period.

For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students or staff at any one time:

- 2 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period.

Identifying a group that is likely to have mixed closely will be different for each setting and is detailed in the Contingency Framework.

If a pupil or staff member is admitted to hospital with COVID-19, this could indicate increased severity of illness or a new variant of concern and advice should be sought urgently.

If the setting is advised by the Government, the Local authority, Directors of Public Health (DsPH) or PHE Health Protection Teams (HPTs) that they should apply additional protective measures the setting will take action as described below:

Additional Protective Measure:	Action we will take to implement:
Review and enhance the general infection control measures	<i>Ensure: good ventilation, move activities outdoors if possible, enhanced cleaning protocols especially touch points and additional hand washing</i>
Vaccinations	<i>Promote: vaccinations for all staff and parents and for children as per JCVI criteria. - 12 to 15 with severe neurodisabilities, Down's syndrome, immunosuppression and multiple or severe learning disabilities. -12 to 15 who live with an immunosuppressed person -16 to 17 offer 1 dose -18+, 2 doses, 8 weeks apart</i>
Increased testing of staff and families	<i>Consider: monitoring of staff testing, reinstating workplace-based testing, supporting families to access Lateral Flow Testing</i>
Face coverings	<i>Consider: reintroduction of face coverings in communal areas and if necessary, in classrooms</i>
Transition or taster days or open days	<i>Consider: carrying out transition meetings outside in the garden using face coverings, holding events online wherever possible, video tours of the setting, video calls to new children</i>
Performances	<i>Consider: cancelling all performances/events until outbreak is managed</i>
Parental visits to the setting	<i>Consider: limiting visits to the setting during the outbreak, use of video tours/calls</i>
Residential educational visits	<i>Consider: cancelling all performances/events until outbreak is managed</i>
Attendance limitations (these will only be implemented as a last resort)	<i>Vulnerable children and children of critical workers should be allowed to continue attending. Provide an online learning platform to children who have to remain at home</i>

Appendix 5: Updating your Covid-19 policy

New Government [guidance](#) is now in place. You may wish to consider updating (or creating) your Covid-19 policy to make it clear the protective measures that you wish to continue implementing as part of the terms and conditions for parents to use your service.

Within the policy you may want to consider including

- How you are continuing to implement protective measures within your setting such as good ventilation, enhanced cleaning protocols and additional hand washing
- *Links to your infectious illness policy and the clarification that this covers Covid-19*
- Under what circumstances you would implement your Outbreak Management Plan (e.g. rising case numbers in your setting affecting business continuity, advice from Public Health) and how this will affect your childcare provision
- Encouraging staff and parents to test twice weekly
- Encouraging staff, parents and eligible children to take up the vaccine offer as soon as possible. Details on how to book are available here <https://www.thevaccinators.co.uk/>
- What additional measures you may wish to take to protect children who are clinically vulnerable or clinically extremely vulnerable from contracting Covid-19
- Any requirements you have for children attending other settings, such as notifying you of other settings that they attend so that you can agree protective measures
- Any changes to how information is communicated to parents at this time, e.g. email rather than verbal handover at the end of the day
- What to do if a child/family member is displaying symptoms and clarify that children displaying symptoms will not be allowed to attend the setting
- How parents can contact you to let you know that their child is displaying symptoms
- How and when you will notify parents of a positive case within the setting
- The definition of close contact which will be used in the Test and Trace process to support decisions making by NHS Test and Trace around the closure of bubbles. It is:
 - anyone who lives in the same household as another person who has COVID-19 symptoms or has tested positive for COVID-19
 - anyone who has had any of the following types of contact with someone who has tested positive for COVID-19:
 - face-to-face contact including being coughed on or having a face-to-face conversation within one metre
 - been within one metre for one minute or longer without face-to-face contact
 - been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
 - A person may also be a close contact if they have travelled in the same vehicle or plane as a person who has tested positive for COVID-19.

For further information please see [Guidance for contacts of people with confirmed coronavirus \(COVID-19\) infection who do not live with the person - GOV.UK \(www.gov.uk\)](#)

Appendix 6: Model Risk Assessment Template

This Model Risk Assessment should be used and modified to suit the School setting

“You must comply with health and safety law and put in place proportionate control measures. You must regularly review and update your risk assessments - treating them as ‘living documents’, as the circumstances in your setting and the public health advice changes. This includes having active arrangements in place to monitor whether the controls are effective and working as planned. For more information on what is required of setting leaders in relation to health and safety risk assessments and managing risk, see [health and safety responsibilities and duties for schools.](#)”, [Actions for Schools during the Covid-19 Pandemic](#)

What are the hazards?	Who might be harmed and how?	What are you doing already/what are you planning to do ?	What further action is necessary?	Action by whom?	Action by when?	Done
Workforce contracting Covid-19		<ul style="list-style-type: none"> • Staff are encouraged to take up the vaccine and enabled to attend vaccine appointments where practical. Further details here https://www.thevaccinators.co.uk/ • Staff are encouraged to notify the setting when they have completed their vaccine course (to enable long term planning) – <i>please note staff do not have to share medical information with their employer if they do not wish to</i> • Staff will be encouraged to take Lateral Flow Tests twice a week and to share results with the setting and report them to the national system online • Staff/children that meet the criteria of clinically vulnerable or clinically extremely vulnerable, have a risk assessment completed to identify any suitable control measures that must be in place to keep them safe in the setting. This should be completed with reference to the HSE guidance Protect Vulnerable Workers during the Coronavirus (Covid-19) Pandemic • Risks to new and expectant mothers in the workplace should be considered and added to this risk assessment. These should be reviewed if a member of staff notifies the provider that they are expecting. Pregnant women are considered ‘clinically vulnerable’ or in some cases ‘clinically extremely vulnerable’ to coronavirus (COVID-19) and therefore 				

What are the hazards?	Who might be harmed and how?	What are you doing already/what are you planning to do ?	What further action is necessary?	Action by whom?	Action by when?	Done
		require special consideration as set out in the guidance for pregnant employees				
Children who are clinically extremely vulnerable contracting Covid-19		<ul style="list-style-type: none"> All children who are CEV should attend their setting unless they are one of the very small number of children under paediatric or other specialist care who have been advised by their clinician or other specialist not to attend. 				
Children and staff travelling from abroad		<ul style="list-style-type: none"> Staff members should notify management if they plan to travel abroad so that contingency plans can be put into place ahead of travel in case they have to self-isolate on their return Children and staff members travelling abroad should follow government guidance on self-isolation on return and should refer to the appropriate list of countries for more information 				
Positive case within the setting		<ul style="list-style-type: none"> Close contacts will be identified by the NHS Test and Trace service and advised on requirements to self-isolate. From 16th August only adults over 18years who have not received two vaccinations will be required to self-isolate on contact with a positive case. Children under the age of 18 and adults who have received two doses of an authorised Covid-19 vaccine more than two weeks previously will no longer have to self-isolate if they are in close contact but will be advised to take a PCR test If you require further support or help, please email EmergencySchool.Closure@cambridgeshire.gov.uk If advised by Public Health the setting should implement their Outbreak Management Plan 				

What are the hazards?	Who might be harmed and how?	What are you doing already/what are you planning to do ?	What further action is necessary?	Action by whom?	Action by when?	Done
Spread of Covid 19 within the setting - hygiene		<ul style="list-style-type: none"> • The setting has a suitable supply of soap and access to warm water for washing hands. • Appropriate controls are in place to ensure the suitable sanitisation of children's hands on arrival at the setting, following outdoor play, before meals and following the use of toilets. • Monitor the use of hand sanitiser with young children to ensure it is not ingested • Staff will encourage children to learn and practise good hygiene habits through games, songs and repetition. • Staff will model the use of "catch it, bin it, kill it" to the children. Information about the Coronavirus (e-bug.eu) 				
Spread of Covid-19 within the setting – ventilation		<ul style="list-style-type: none"> • Keep windows open as much as possible to ensure good ventilation throughout the setting. Thought should also be given to thermal comfort e.g. use of higher level windows or opening windows when the room is not in use • Identify any poorly ventilated areas and take steps to ventilate these as well as possible • Plan to use outdoor space as often as possible during the day • Consider referring to Health and Safety Executive guidance on ventilation and air conditioning during the coronavirus (COVID-19) pandemic 				
Spread of Covid-19 within the setting – enhanced cleaning		<ul style="list-style-type: none"> • Follow the guidance for cleaning in non-healthcare settings COVID-19: cleaning of non-healthcare settings outside the home - GOV.UK (www.gov.uk) • Regular cleaning procedures should be in place across the site, particularly in communal areas and at touch points including: <ul style="list-style-type: none"> ○ Taps and washing facilities, ○ Toilet flush and seats, door locks, bins, sanitary bins, lavatory brush and toilet roll dispenser ○ Door handles and push plates, 				

What are the hazards?	Who might be harmed and how?	What are you doing already/what are you planning to do ?	What further action is necessary?	Action by whom?	Action by when?	Done
		<ul style="list-style-type: none"> ○ Handrails on staircases and corridors, ○ Lift and hoist controls, ○ Machinery and equipment controls, ○ All areas used for eating must be thoroughly cleaned at the end of each break, including chairs, door handles. ○ Telephone equipment, ○ Keyboards, photocopiers and other office equipment, tables and chairs. ● Where possible ensure surfaces are kept clear to enable cleaning ● Consider having clear signage in each room laminated (so that it is wipeable) detailing touch points. ● If you have been informed that someone has tested positive with covid-19 then any area/room they have accessed should undergo a thorough clean. ● Ensure the COSHH risk assessment for cleaning/caretaker activities has identified the correct process and PPE to be worn. ● Surfaces should be washed with hot soapy water, then sprayed with disinfectant and left for at least 60 seconds (or the manufacturers recommendations should be followed) prior to wiping. Care should be taken to ensure children cannot access the surfaces during this time. 				
Child or staff member displaying symptoms whilst in the setting		<ul style="list-style-type: none"> ● Ensure that all staff are aware of the symptoms of Covid-19 and are alert to how to respond: <ul style="list-style-type: none"> ○ A high temperature – this means the child feels hot to touch on their chest or back (you do not need to measure their temperature) ○ A new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if a child usually has a cough, it may be worse than usual) 				

What are the hazards?	Who might be harmed and how?	What are you doing already/what are you planning to do ?	What further action is necessary?	Action by whom?	Action by when?	Done
		<ul style="list-style-type: none"> ○ Loss or change to sense of smell or taste – this means the child noticed they cannot smell or taste anything, or things smell or taste different to normal • Adults who are displaying symptoms should self-isolate and get a PCR test. A poster will be displayed at all entrances advising adults of this. • If a member of staff has tested positive using a home based or workplace testing Lateral Flow Device test they should book a polymerase chain reaction (PCR) test immediately to confirm the result and self-isolate until that result is available. • If a child or staff member develops symptoms compatible with coronavirus, they should rapidly be sent home and advised to get a PCR test. If the test is positive they should self-isolate for 10 full days from the day after their symptoms started. Their fellow household members will be advised to self-isolate for 10 days. All children and staff will be directed to the NHS Test and Trace portal if they display symptoms of coronavirus to book a test and tracing of contacts to take place: https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/ • The isolation period includes the day the symptoms started and the next 10 full days • If any of the individual's household members are also present at the setting they will need to be sent home at the same time • The manager will support the family/staff member and ensure the outcome of the test is passed to the setting without delay. • Identify an area where any child displaying symptoms can be isolated whilst they are waiting for collection. Ensure a familiar adult, with appropriate PPE stays with them. 				

What are the hazards?	Who might be harmed and how?	What are you doing already/what are you planning to do ?	What further action is necessary?	Action by whom?	Action by when?	Done
		<ul style="list-style-type: none"> • Ensure that all children have up to date contact details to enable parents/carers to be contacted quickly. • Consider how the isolation area can be easily cleaned after use. 				

Appendix 7: Ventilation guidance

A basic guide to improving schools ventilation

Public Health Team

Why does ventilation matter?

Poor ventilation can lead to higher concentrations of coronavirus in the air, increasing the risk of airborne transmission. Improving ventilation in schools remains only one part of the ongoing multi-layered approach to minimising the risk of coronavirus transmission. Research suggests improving ventilation can also improve concentration, reduce school absences and reduce the transmission of other viruses. Below, **natural** ventilation refers to fresh air via open windows, doors or air vents, whereas **mechanical** ventilation includes fans, ducts or air conditioning systems.

How can CO2 monitors help?

They help identify poor ventilation, **not** coronavirus, by measuring CO2 levels. It is normal for the levels to vary, but by taking real time readings you can help establish typical CO2 levels for each occupied school room. CO2 monitors are not recommended for smaller areas (<50m²) and/or where occupancy varies over short periods. Understanding if there is poor ventilation can help trigger action to improve fresh air supply, reducing the concentration of coronavirus in the air.

How to use CO2 monitors

Follow instructions with monitor alongside these suggested methods:

- Ideally position at head height in centre of room, away from windows & air intakes and at least 50cm from people.
- For larger rooms with extract ducting, if possible position monitor inside extract duct.
- Take multiple readings during the school day/week & review as seasons change (e.g. colder weather).
- The following consistent readings (or 'beeps' for Honeywell HTRAM-V1-W monitor) would suggest:

LOW RISK: <800ppm CO2 = well ventilated indoor space

MEDIUM RISK (one beep): between 800 and 1500ppm = less well ventilated indoor space

HIGHER RISK (two beeps): >1500ppm = poorly ventilated indoor space

Other poor ventilation indicators include:

- Areas where people work with no obvious ventilation (e.g. no open windows, doors or vents).
- Areas that feel stuffy or smell bad.
- Mechanical systems that only recirculate indoor air.
- Ventilation systems whose performance is not known and/or has not been assessed in recent years.

Higher risk factors in poorly ventilated spaces should also be considered and include:

- Smaller rooms, larger class sizes
- Indoor activities involving physical exertion or singing
- Longer periods of occupancy in the room

What to do if the CO2 level is consistently **medium** or **high**?

Natural ventilation – can windows/vents/doors be opened or unblocked whilst maintaining thermal comfort and not compromising fire safety? Air rooms as much as possible between lessons and when children are at home.

Mechanical ventilation – can settings be adjusted to maximise fresh air intake and stop/minimise recirculation? Does the filter need cleaning or replacing? Does the system need maintaining and/or upgrading? If you are not sure about this: what visual clues are there about how your ventilation works? Are there any ventilation plans available or specifications for your systems (should be in the operations & maintenance manual)?

Other options – can different rooms be used, particularly for physical activity/ larger class sizes/ consistent **high** readings? Can you reduce the amount of time spent in the room or the number of people in there?

What to do if readings continue to be consistently **medium** or **high**?

If you have consistent medium readings, continue to try to improve the levels through the steps above. If you have consistently high readings this isn't usually immediately dangerous, but seeking further specialist help is advised (e.g. chartered engineer). HEPA or UV air filters to reduce the amount of circulating coronavirus can be considered where other options have been exhausted, although the evidence for this is limited in classroom settings and specialist advice should again be sought on their pros and cons.

Bibliography & further reading

[CIBSE Covid-19 ventilation guidance \(Version 5, July 2021\)](#)

[HSE guide to ventilation and air conditioning during the coronavirus pandemic](#)

[SAGE 2021 EMG and SPI-B: Application of CO2 monitoring as an approach to managing ventilation to mitigate SARS-CoV-2 transmission, 27 May 2021](#)