

## Standard Operating Procedure (SOP) 01.09.21 v9

### Responding to Cases and Outbreaks of COVID-19 in Schools and Educational Settings (including Early Years and Childcare)

#### 1. Introduction

Step 4 of the roadmap started on 19<sup>th</sup> July and marks a new phase in the government's response to the pandemic, moving away from stringent restrictions on everyone's day-to-day lives towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risks.

We need to continue to proceed with caution and find the right balance between protecting public health and living with COVID-19 as more of the population is vaccinated.

The Government's priority is to maximise face-to-face education and minimise control measures that disrupt education, balanced against COVID-19 transmission.

**Thresholds** have now been introduced to shift the balance between managing COVID-19 transmission and learning to live with the virus. However, it is important for education settings to be able to identify when they have reached these thresholds and it is strongly recommended that education settings continue to report confirmed cases to Shropshire Council Public Health on 01743252633 / by emailing the team on [shropshirepublichealth@shropshire.gov.uk](mailto:shropshirepublichealth@shropshire.gov.uk) Early reporting of confirmed cases in the setting will allow targeted interventions to be introduced in a timely manner when required.

The local Shropshire Council Public Health Team will also continue to report confirmed cases to education settings to ensure that confirmed cases do not attend the setting during their period of isolation. It will also help schools to identify contacts in staff who may need to isolate because they do not meet the criteria for self-isolation exclusion (See table 1).

**Table 1:** From 16 August, you will not be required to self-isolate if you live in the same household as someone with COVID-19 and any of the following apply:

- you are fully vaccinated (see table 2)
- you are below the age of 18 years 6 months
- you have taken part in or are currently part of an approved COVID-19 vaccine trial
- you are not able to get vaccinated for medical reasons

Note: It is important for schools to keep a record of staff and pupils who have been vaccinated to be able to determine who meets the criteria for self-isolation exemption.

## 2. What is a suspected case?

A suspected case is anyone in the setting with at least one of the 3 COVID-19 [symptoms](#) . These are a:

- **high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **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)
- **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

Most people with coronavirus have at least one of these symptoms.

**Note:** Public Health England is clear that routinely taking the temperature of pupils is not recommended as this is an unreliable method for identifying infection with COVID-19.

There is no need to notify the Local Authority or DfE of one **suspected case** of COVID-19 and the only **contacts** of a suspected case that need to self-isolate are household contacts (pending result of PCR test), unless they meet the criteria for self-isolation exemption (table 1). The setting can contact the Public Health Team to ask for further advice if required on: 01743 251234 9am-5pm Monday-Friday and 9am-1pm on weekends and bank holidays / by emailing the team at [shropshirepublichealth@shropshire.gov.uk](mailto:shropshirepublichealth@shropshire.gov.uk) This will be picked up by one of the health protection practitioners / on-call consultants in the Shropshire Council COVID-19 cell.

## 3. Management of a suspected case

Anyone who develops symptoms of COVID-19 should immediately self-isolate and have a PCR test. Their household members should also self-isolate unless they meet the exemption criteria for self-isolation (table 1). The suspected case should not attend the setting until 10 full days after the onset of their symptoms unless they have a negative PCR result, are well, do not have any household members with symptoms awaiting a test result and they have not been asked by Test & Trace to self-isolate.

If anyone is in the setting when they become unwell with a new continuous cough, a high temperature or a loss of or change in their normal sense of taste or smell, they must be sent home as soon as possible.

#### 4. What is a possible case?

Anyone who tests LFD +ve following an **assisted test\*** or a **home self-reported test\*\*** is a **possible case** and requires a PCR test to confirm diagnosis. The confirmatory PCR test should be completed within two days of the positive lateral flow test.

\*person takes the test themselves under supervision of a trained operator & operator processes the test, reads & reports the results

\*\*person takes the test themselves and reads and reports their own results

The possible case should isolate and have a PCR test as soon as possible and within 48 hours of the positive LFD result. Household contacts should also isolate until the results of the PCR are reported unless they meet the criteria for self-isolation exemption (table 1). If the result of the confirmatory PCR is negative, then the possible case and their household contacts can stop isolating.

#### 5. What is a confirmed case?

A **confirmed case** is an individual who has received notification of a positive PCR test result.

##### Contacts of a confirmed case of COVID-19

A **contact** of a **confirmed case** is a person who has been close to someone who has tested positive for COVID-19. You can be a contact anytime from 2 days before the person who tested positive developed their symptoms /tested positive if they do not have any symptoms, and up to 10 days after, as this is when they can pass the infection on to others. A risk assessment may be undertaken to determine this, but a contact can be:

- 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)
  - travelled in the same vehicle or a plane

**Note:** if someone has travelled in the same school bus as someone who tested COVID-19 positive a risk assessment may determine that they are not a contact

depending on factors such as the spacing of seats, size of vehicle & ventilation. Further advice is available in [Shropshire Council's Guidelines for school transport](#) and from Shropshire Council COVID-19 cell if required.

Government Guidance for contacts of people with confirmed coronavirus infection, who do not live with the person, can be found by clicking [here](#).

Government Guidance for household contacts of confirmed cases can be found by clicking [here](#).

**Update for contacts of confirmed cases:** From 16 August 2021, anyone under the age of 18 years and 6 months is no longer required to self-isolate if they are a close contact of a confirmed COVID-19 case.

Instead, they will be contacted by NHS Test and Trace, informed that they have been in close contact with a confirmed case and advised to take a PCR test. They do not have to isolate when waiting on the PCR result unless they have symptoms of COVID-19.

18-year-olds will be treated in the same way as children until 6 months after their 18th birthday, to allow them the opportunity to get **fully vaccinated**. At which point, they will be subject to the same rules as adults and so if they choose not to get vaccinated, they will need to self-isolate if identified as a close contact.

**Fully vaccinated** people / anyone who meets any of the self-isolation exemption criteria are no longer legally required to self-isolate if they are identified as a close contact of a positive COVID-19 case, but they will also be strongly advised to take a PCR. These contacts can continue to work until the results of the PCR are available.

Table 2: Fully vaccinated means that you have been vaccinated with an MHRA approved COVID-19 vaccine in the UK, and at least 14 days have passed since you received the recommended doses of that vaccine.

## 6. Management of a confirmed case / PCR positive result.

Pupils, students and staff who have received a positive COVID-19 PCR result should isolate immediately along with close contacts and other household members, in line with NHS Test and Trace guidance. The self-isolation exemption rules in table 1 should be applied to contacts only.



Test & Trace, according to DfE operational guidelines will now contact single confirmed cases linked to an education setting and attempt to identify their close contacts. This might not always be possible, and your setting can still contact Shropshire Public Health for advice and support if required. Shropshire public health will not be responsible for directly communicating with contacts of confirmed cases in the school setting.

It is recommended that you have processes in place to record confirmed cases connected to your setting so that you can identify clusters / outbreaks and easily recognise when you have reached the thresholds described in Appendix 3, that should initiate targeted interventions to prevent additional cases.

If you are aware of 2 / more confirmed cases linked to your setting in a 14 day period, please continue to contact the Shropshire public health team on: 01743 251234 9am-5pm Monday-Friday and 9am-1pm on weekends and bank holidays / by emailing the team at [shropshirepublichealth@shropshire.gov.uk](mailto:shropshirepublichealth@shropshire.gov.uk)

## 7. What is a cluster in an education setting?

A cluster is where **two or more** test-confirmed (PCR positive) cases of COVID-19 occur that are associated with an education setting with illness onset dates within a 14-day period, but the cases are not linked.

## 8. What is an outbreak in an education setting?

An 'outbreak' is where **two or more** test confirmed (PCR+ve) cases of COVID-19 occur that are associated with an education setting with illness onset dates within 14 days and one of the following:

- Identified direct exposure between at least two of the test-confirmed cases in that setting during the infectious period of one of the cases.

- No sustained local community transmission & the absence of an alternative source of infection outside the setting for the initially identified case.

An **'incident'** has a broader meaning and refers to events or situations which warrant investigation to determine if corrective action or specific management is needed.

Reporting of cases, clusters and outbreaks to Shropshire Council Public Health team **has not changed**. The main difference is that targeted interventions will be only be recommended by our team if considered necessary with minimum disruption to face-to-face learning.

**Note:** You may be asked by Shropshire Council's COVID-19 cell to provide a list of positive COVID-19 cases as part of an incident management process.

## 9. Management of a suspected or confirmed outbreak

If an education setting has two or more confirmed cases inside a 14-day timeframe, or there is a high reported absence which is suspected to be COVID-19 related, the PHE (West Midlands) and Shropshire Council Public Health Team's COVID-19 cell should both be contacted and informed of the suspected / confirmed outbreak. They will offer advice and support in relation to outbreak control & management.

### Contact PHE (West Midlands)

Contact PHE (West Midlands) and report the outbreak using the following [link](#)

### Contact Shropshire Council Public Health COVID-19 cell

Contact the COVID-19 cell via the service desk on 01743 251234 9am-5pm Monday-Friday and 9am-1pm on weekends and bank holidays / by emailing the team at [shropshirepublichealth@shropshire.gov.uk](mailto:shropshirepublichealth@shropshire.gov.uk) This will be picked up by one of the health protection practitioners in the Shropshire Council COVID-19 cell.

## 10. Strategic Co-ordination (Outbreak)

Once PHE (West Midlands) and the Local Authority have been informed of an **outbreak** the Local Authority (Shropshire Council's COVID-19 cell) will risk assess the need for an **incident meeting**. If an **incident meeting** is required, the Local Authority will lead the response by contacting the setting and organising a virtual meeting (usually via Microsoft teams). The Local Authority will invite key members of staff from the educational setting, PHE, the local authority's communications team and the Infection Prevention & Control Team to the meeting. In advance of the meeting a line-list of positive COVID-19 cases will be provided by the educational setting/ Early Years and the meeting will be chaired by either a member of Shropshire Council's COVID-19 cell / PHE (West Midlands). Please see Appendix 1 for the Outbreak Management Agenda.

As part of the incident management process, the setting will review its own current risk assessment to check if any control measures need to be put in place. This will be completed with support from Shropshire Council's COVID-19 cell, if required.

## **11. Infection Prevention and Control**

Advice will be provided by Shropshire CCG Infection Prevention and Control Team, who will provide telephone support / on-site visits following referral by Shropshire Council's COVID-19 Cell in accordance with Government [Guidance for schools](#) and [infection prevention and control guidelines](#).

### **Asymptomatic Testing**

Testing remains important in reducing the risk of transmission of infection within schools. As pupils will potentially mix with lots of other people during the summer holidays, all secondary school pupils & staff in all settings should receive 2 on-site lateral flow device tests, 3 to 5 days apart, on their return in the autumn term. All staff in education settings and pupils in secondary schools should do twice weekly LFD tests throughout the month of September and this will then be reviewed. The approach to testing may change as the term progresses.

Asymptomatic testing may be increased during an outbreak where the threshold (see appendix 3) has been met for targeted interventions. Secondary schools should retain a small asymptomatic testing site (ATS) on-site until further notice so that they can offer testing to pupils who are unable to test themselves at home.

**Note:** LFD tests should only be carried out if the person does not have symptoms of COVID-19. PCR tests should always be used when someone has symptoms of COVID-19.

### **90-day rule**

Following a positive PCR additional testing of the confirmed case **should not** be carried out for 90 days following the submission of the positive sample unless the individual has completed their self-isolation period and has developed new onset of symptoms of COVID-19. See appendix 2 re asymptomatic LFD testing.

## **12. High risk (Clinically extremely vulnerable) groups - children and staff**

All clinically extremely vulnerable (CEV) children and young people can attend their education setting unless they are one of the very small number of children and young people under paediatric or other specialist care who have been advised by their clinician or other specialist not to attend.

Further information is available in the guidance on [supporting pupils at school with medical conditions](#).

### 13. Cleaning

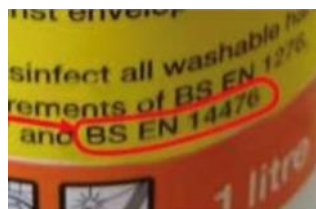
You should put in place an appropriate cleaning schedule. This should include regular cleaning of areas and equipment (for example, twice a day) with a focus on frequently touched surfaces. Any cleaning of the premises should be done in line with Government guidance [cleaning in non-healthcare settings](#).

#### Cleaning Products

Utilise one of the following methods:

- A combined detergent/disinfectant solution giving 1000 ppm (0.1%) of available chlorine.
- A separate detergent followed by a disinfectant solution giving 1000 ppm (0.1%) available chlorine e.g.: Milton disinfectant/tablets.
- An alternative sanitiser effective against enveloped viruses and tested to BS EN 14476.

See Picture:



We recommend a two-stage physical clean - i.e. use of detergent followed by disinfectant, or a good clean using a combined product. Fogging can be used for cleaning but must be in addition to physical cleaning & disinfection process described. Fogging machines should be decontaminated and used in accordance with manufacturer's guidelines.

### 14. PPE

[Guidance for Schools](#) states that most staff in education settings will not require PPE beyond what they would normally need for their work. Staff who are working in asymptomatic testing centres should however wear the appropriate PPE and should have received training on correct use of PPE, donning & doffing. Additional guidelines can also be found on the following [link](#).



Face coverings are no longer advised for pupils, staff and visitors either in classrooms or in communal areas.

The government has removed the requirement to wear face coverings in law but expects and recommends that they are worn in enclosed and crowded spaces where you may come into contact with people you don't normally meet. This includes public transport and dedicated transport to school or college.

If you have an outbreak in your school, our local director of public health might advise you that face coverings should temporarily be worn in communal areas or classrooms (by pupils staff and visitors, unless exempt). You should make sure your outbreak management plans cover this possibility.

## 15. Communications

**It is important that representatives in Schools, Educational, Early Years and Childcare settings take advice before communicating with parents/staff or media during an outbreak.** Any communications relating to an outbreak will be managed through liaison between PHE, the Local Authority and the Sustainability and Transformation Partnership (STP).

Schools must not publish any communication about a potential outbreak without prior consultation with the Shropshire Public Health team  
[Shropshirepublichealth@shropshire.gov.uk](mailto:Shropshirepublichealth@shropshire.gov.uk) or by telephone 01743 251234

The importance of those who are eligible for the COVID-19 vaccine receiving the vaccine should be communicated with staff, pupils and parents. 16 & 17 year olds are now eligible for their first vaccine. You can keep up to date with who is eligible to be vaccinated using the following [link](#)

**Key Documents referenced in this SOP include:**

[School COVID-19 operational guidance](#)

[Contingency Framework:: Education & Childcare settings](#)

## Appendix 1

### Template Outbreak Agenda

#### COVID-19 incident/outbreak meeting

Date, Time, via Microsoft Teams

1. Introductions & apologies
2. Purpose of the meeting
  - a. At first meeting agree Chair and Terms of Reference
3. Summary of situation- situation updates (for subsequent meetings)
  - a. Epidemiological
    - a. Number of cases according to case-definitions and description by person, place and time
    - b. Clinical management & outcome
  - b. Suspected cases - staff and pupils in the setting
4. Infection prevention and control
  - a. Case isolation/ cohorting facilities
  - b. Environmental cleaning
5. Current Risk assessment
  - a. Implication for finding further case(s) as per case definition
  - b. Implications for current control measures
  - c. Potential for review of control measures
  - d. Contacts identification/management - staff and students in the setting
6. Communications
  - a. Internal – staff
  - b. External: NHSE, PHE, Media statement, Families
7. Agreed actions
8. Any other business & date of the next meeting

APPENDIX 2: ASYMPTOMATIC LFD TESTING IN SCHOOLS EARLY YEARS (UPDATED 1/9/21)

Twice weekly LFD tests (Home self-reported / assisted) are recommended for all staff and secondary pupils attending education settings

**Negative Result:**  
 No action required unless symptomatic / asked to isolate as close contact of a confirmed case. Continue to complete twice weekly LFD self-testing. If symptoms develop follow [Stay at Home Guidance](#)  
 Note: PCR test is required if staff member / pupil develops [symptoms](#). **Do not** complete an LFD test if symptomatic.

**Positive Result:**  
 Person who tests +ve needs to self-isolate in line with the [stay-at-home guidance](#). They should arrange a polymerase chain reaction (PCR) test ASAP and within 2 days of the +ve LFD test to confirm the result. Immediate public health actions are required on receipt of a positive LFD result and household contacts should also self-isolate until the result of the PCR test is known unless they are exempt from isolation (see table 1).

If Confirmatory is PCR positive

If Confirmatory PCR is negative & test taken within 2 days of +ve LFD test.

Confirmed case and close contacts should continue to self-isolate as per [Stay at Home Guidance for](#)

- 10 full days from positive **assisted** LFD test date / from PCR test date if a **home self-reported** LFD test was completed for the case \*\*
- 10 full days from last contact with confirmed case for those identified as [close contacts](#) \*\*

Person who tested LFD positive and household contacts are no longer required to self-isolate unless they have developed symptoms of COVID-19 / have been advised by Test & Trace to isolate.  
 Note: If confirmatory PCR test is delayed case and contacts should complete self-isolation. The exception to this is contacts who are exempt from self-isolation (Table 1)

Please refer to table 1 & 2 of the SOP when making decisions about who is exempt from self-isolation

\*Staff & pupils who previously tested PCR +ve < 90 days should not be retested unless they develop symptoms again after completion of 10 days self-isolation. Anyone who is symptomatic should be retested using PCR test.  
 \*\* Anyone who tests +ve when they are asymptomatic should restart 10 full days of isolation from onset of symptoms if they develop symptoms during their original 10 days of isolation. Contacts should also have a PCR test if they develop symptoms and if +ve should start another 10 full days of self-isolation from date of onset of symptoms.

## Appendix 3

### Thresholds that will be used to trigger additional targeted interventions

(Reference [Contingency Framework: Education & Childcare settings](#))

#### Thresholds

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 and staff at any one time:

- 

2 children, pupils, students and 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. Examples of these are provided in the [contingency framework](#) (annex), but education settings should not wait until thresholds have been reached to contact Shropshire public health team. The team will help you to risk assess when targeted interventions may be required. We would like you to have a clear message that **we are still here to help you manage cases, clusters / outbreaks.**

**Note:** Cases identified in the test-on-return period should not trigger extra measures