

# Procedure for Managing Covid-19 Cases in Educational Settings in Solihull *Updated 26/08/21*



**Schools/settings are no longer required to inform Solihull Council**

**Public Health of individual confirmed Covid-19 cases, however, cases should be recorded on a log and the following procedure must be followed in the event of cases within the school/setting:**

*[NB: For secondary schools, this process begins after the first pupil LFD test on return to school]*

## START HERE:

When a pupil/staff member develops Covid-19 symptoms, **they should not come into school/the setting** (see [full guidance](#)). If anyone develops **COVID-19 symptoms** at school/the setting, however mild, they need to go home avoiding using public transport with pupils, wherever possible, being collected by a member of their family or household and **access a PCR test**.

*See appendix A: Symptomatic pupils/staff in school/settings.*

or START HERE:

## Pupil/staff member receives a positive Covid-19 test result

*(NB: all positive lateral flow test (LFT) results need to be confirmed with a PCR test **within 2 days** whilst the individual continues to self-isolate. Isolation ends if their PCR test result is negative).*

**All cases should be recorded on a Covid-19 log - see appendix B**

Confirmed Covid-19 cases **MUST** isolate for 10 days from their first symptoms (or test date if asymptomatic). Anyone who tests positive having taken a PCR test will still need to self-isolate regardless of their age or vaccination status.

*For isolation details, please see appendix C.*

## Pupil Covid-19 cases

Contact tracing is not undertaken by the school/setting. **NHS Test and Trace/local Contact Tracing Teams will directly contact parents/carers of pupil cases to identify close contacts.** Schools/settings may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.

## Staff Covid-19 cases

For all cases relating to **staff**, please also see the guidance for workplaces: [NHS Test and Trace in the workplace](#)

Employers should call the **Self-Isolation Service Hub** on

**020 3743 6715**

as soon as they are made aware that any of their staff have tested positive (**close contact info in appendix D**)

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**FOR REFERENCE: Close contacts (including household contacts) who:**

- are under the age of **18 years and 6 months**
- are adults who have had their **second Covid-19 vaccine more than 14 days ago**
- have taken part in/are currently part of an **approved COVID-19 vaccine trial**
- are **not able** to get vaccinated for medical reasons

**DO NOT NEED TO ISOLATE**

but **should book a free PCR Covid-19 test** and follow the **guidance to reduce the risk to others**. Close contacts who are aged under 5 years are advised to take a PCR test **only if the positive case is within their own household**. *(NB: close contacts do not have to isolate whilst awaiting the result) Close contacts should not have a PCR test within 90 days of a previous positive Covid-19 test unless they have symptoms. A close contact not identified by NHS Test and Trace/local teams but known by the school/setting to have been in close contact with the case, can be advised to access a free PCR test (not whole groups/classes).*

**Close contacts not within the exemption definition above** (i.e. over the age of 18 years and 6 months who have not had a second Covid-19 vaccine more than 14 days ago, in a vaccine trial or not able to have the vaccine)

**need to ISOLATE FOR 10 DAYS from their last contact with the confirmed Covid-19 case**

**(day 0 being the last contact, day 1 the next day and so on).**

*For isolation details, please see appendix C.*

**Have:**

- **5 children, pupils, students or staff, who are likely to have mixed closely\***, tested positive for COVID-19 within a 10-day period (**2 in a special school or setting with fewer than 20 people** (including children/young people and staff)?
- 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

**WHICHEVER IS REACHED FIRST**

**OR**

- **Has the confirmed Covid-19 case been hospitalised or died?**

*\*Identifying a group that is likely to have mixed closely will be different for each setting – see appendix E for details.*

Threshold for reporting Covid-19 outbreaks

From previous page

**NO**

No further action/escalation required by the school/setting.

**Continue to keep a log of confirmed Covid-19 cases – see appendix B**

**YES**

**If the answer is yes to any of the above questions, please contact Solihull Council by either:**

Time:	How?	Where to?
Anytime	Via email	Send case log/details to <a href="mailto:contacttracing@solihull.gov.uk">contacttracing@solihull.gov.uk</a>
8.30am – 5.00pm MONDAY to FRIDAY	Phone	<b>Covid-19 Response Line: 0121 704 6892</b> <i>Outbreak management actions will not need to be taken out-of-hours with decisions taken and advice given in school/office hours only</i>

School/setting will be advised on **Covid-19 outbreak management** in line with infectious disease management in educational settings. *This is likely to include actions as described in appendix F.*

*Links to guidance and further information in appendix G.*

**If cases amongst staff mean a setting meets the threshold described above, employers (the school/setting)**

**will need to provide the 8-digit NHS Test and Trace Account ID (sometimes referred to as a CTAS number) of the person who tested positive, alongside the names of co-workers identified as close contacts when they call the Self-Isolation Service Hub on**

**020 3743 6715**

*This will ensure that all workplace contacts are registered with NHS Test and Trace/local teams and can receive the necessary public health advice, including the support available to help people to self-isolate. Further guidance is available [here](#)*

## Important Considerations

### 1. School/Setting Contingency/Outbreak Management Plan

A template Contingency (Outbreak Management) Plan which is partially completed for your school/setting to adapt if this is useful can be found [here](#) [link to latest version on Extranet] or:

Template COVID-19: Contingency (Outbreak Management) Plan (Name/Logo)

### Outbreak Plan Management Version:

Date completed:

Review Date:

Plan Owner:

### 1. Scope of Plan

Some educational organisations may have multiple sites included within the scope of this plan. Out of scope of this plan but should be mostly covered by your COVID-19 Risk Assessment.

### 2. Related Resources

*List relevant national and local guidance, plus other relevant documents and plans*

National guidance for each setting published on GOV.UK (links below):

[Early years](#) [Schools](#) [FE colleges and providers](#) [Contingency Framework](#)

### 3. Introduction

This plan outlines how we will manage cases of COVID-19, as well as how we would operate if we have measures/mitigations in our setting or area to prevent transmission of COVID-19 in the context of a school. We would ensure every child, pupil or student receives the quantity and quality of education and care they are entitled to. Outbreak prevention is partly within scope of this plan but should be mostly covered by your COVID-19 Risk Assessment.

Outbreaks can differ significantly with regard to scale and significance. Whilst the measures used to prevent and control outbreaks may be the same, the number of measures and extent of measures taken, alongside the degree to which they are implemented, will vary.

All education and childcare settings should have contingency plans (sometimes called outbreak management plans) describing what they would do if children, pupils, students or staff test positive for Covid-19, or how they would operate if they were advised to reintroduce any measures to help break chains of transmission.

COVID-19 resilience and planning is now more important than ever. Settings do not need to reformat their existing contingency plans to specific templates, but the plans should be kept robust and up to date in light of the advice set out here.

A good plan should cover:

- roles and responsibilities
- when and how to seek public health advice
- details on the types of control measures you might be asked to put in place (described in measures that settings should plan for and your sector's guidance)

For each control measure you should include:

- actions you would take to put it in place quickly.
- how you would ensure every child, pupil or student receives the quantity and quality of education and support to which they are normally entitled.
- how you would communicate changes to children, pupils, students, parents, carers and staff.

Settings should make sure their contingency plans cover the possibility they are advised to limit:

- residential educational visits
- open days
- transition or taster days
- parental attendance in settings
- live performances in settings

Local authorities, Directors of Public Health and/or Health Protection Teams may recommend these precautions in individual settings or across an entire area.

## **2. Clinically Extremely Vulnerable (CEV) Staff/Pupils**

### **2.1 Shielding**

Shielding is currently paused. In the event of a major outbreak or variant of concern that poses a significant risk to individuals on the shielded patient list (SPL), ministers can agree to reintroduce shielding. Shielding would be considered in addition to other measures to address the residual risk to people on the SPL, once the wider interventions are taken into account. Settings should make sure their contingency plans cover this possibility. Shielding can only be reintroduced by national government.

### **2.2 Clinically Extremely Vulnerable Staff**

Clinically extremely vulnerable (CEV) people are advised, as a minimum, to follow the same guidance as everyone else. It is important that everyone adheres to this guidance, but CEV people may wish to think particularly carefully about the additional precautions they can continue to take. Further information can be found in the [guidance on protecting people who are CEV from COVID-19](#).

For queries on CEV staff, **please contact your HR provider.**

### **2.3 Clinically Extremely Vulnerable Pupils**

Clinical studies have shown that children and young people, including those originally considered to be clinically extremely vulnerable (CEV), are at very low risk of serious illness if they catch the virus. The UK Clinical Review Panel has recommended that all children and young people under the age of 18 should no longer be considered CEV and should be

removed from the Shielded Patient List, the national database of people considered clinically extremely vulnerable.

All children and young people should continue to follow the same guidance as everyone else, which can be found at [www.gov.uk/coronavirus](http://www.gov.uk/coronavirus). For a very few individual children specific clinical advice may be given and this should continue to be followed. The Department for Health and Social Care have developed an [FAQ](#) that can be accessed online.

Although shielding was paused on 1 April 2021, we know that for some this may be a significant change and they may be anxious about returning to face-to-face education for the Autumn Term. Whilst attendance is mandatory, we recommend that leaders in education work collaboratively with families to reassure them and to help their child return to their everyday activities. Discussions should have a collaborative approach, focusing on the welfare of the child or young person and responding to the concerns raised.

[Children and young people aged 12-15 with certain conditions are being offered the Covid-19 vaccine](#) as well as young people aged 12-15 who live with an immunosuppressed person in their household.

**If Covid-19 cases increase in a school/setting, there may be a need to have a discussion with families with a child/young person with a medical condition to remote learn at home in exceptional cases where needed.** Further information is available in the guidance on [supporting pupils at school with medical conditions](#). Key contractors need to be made aware of the school's control measures and ways of working.

### 3. Infection Prevention



#### 3.1 Vaccination

Vaccination is the single, most effective means we have for protecting people from Covid-19 and reducing transmission risk in educational settings. Schools/settings should continue to **encourage vaccination uptake** for eligible students and staff whenever possible.

#### 3.2 Cleaning, hand hygiene and ventilation

All education and childcare settings should continue to ensure **good hygiene** for everyone, maintain appropriate **cleaning regimes**, keep occupied spaces **well ventilated**, and follow public health advice on testing and managing confirmed cases of COVID-19.

#### 3.3 Pupil Groups and Mixing

It is no longer necessary to keep children in consistent groups ('bubbles'). As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and you no longer need to make alternative arrangements to avoid mixing at lunch. **School/settings should ensure contingency (outbreak management) plans cover the possibility that in some local areas it may become necessary to reintroduce 'bubbles' for a temporary period**, to reduce mixing between groups.

#### 3.4 Face Coverings

Face coverings are **no longer advised for pupils, staff and visitors either in classrooms or in communal areas. Face coverings should still be worn, however, on public transport and dedicated transport** to a school/setting or college.

Education settings should ensure their **contingency plans cover the possibility that face coverings may be temporarily re-introduced** in settings in their area. This may include face coverings in communal areas and/or classrooms, for pupils, students and staff. Children of primary school age and early years children should not be advised to wear face coverings.

Any guidance should allow for reasonable exemptions for their use and in all cases any educational and wellbeing drawbacks in the recommended use of face coverings should be balanced with the benefits in managing transmission.

Reasonable adjustments will be made for pupils with special educational needs and disabilities which would include a risk assessment on the use of face coverings in special schools if a re-introduction more widely was advised.

Close contacts who are exempt from isolating do not need to wear a face covering within the school/setting, but it is expected and recommended that these are worn when travelling on public or dedicated transport.

**Parents/carers are no longer expected to wear face coverings** when dropping off or collecting pupils from school/settings.

### **3.5 Continue clear messaging to parents/carers on spotting symptoms**

All settings should continue their **strong messaging about signs and symptoms**, isolation advice and testing, to support prompt isolation of suspected cases.

### **3.6 Open Evenings, Parent Consultations and other school events**

School events can proceed as normal but the following measures should be in place:

- Hand sanitiser should be used by visitors on entry and exit and hand washing facilities should be available.
- The school/setting should be well ventilated throughout the event where possible
- The parts of the school/setting site where visitors have been should be cleaned thoroughly following the event, especially frequent touch-points. This is particularly important after open evenings/tours where visitors should follow a set-route through the school/setting if possible which can be thoroughly cleaned afterwards.
- Face coverings can be recommended although this cannot be mandated.

Schools/settings should make sure their contingency plans cover the possibility they are advised to limit, move online, change or postpone:

- residential educational visits
- open days
- transition or taster days
- parental attendance in settings
- live performances in settings

Local authorities, Directors of Public Health and/or Health Protection Teams may recommend these precautions in individual settings or across an entire area.

## **4. Variants of Concern (VOC)**

If Public Health are notified that there is a Covid-19 case (or cases) in a school/setting that is a 'variant of concern' (VOC), **public health advisers will contact the school/setting and advice must be followed immediately.**



## Appendices A-G

### Appendix A: Symptomatic pupils in school/settings

If a pupil is awaiting collection, they should be left in a room on their own if possible and safe to do so and a window should be opened for fresh air ventilation. Appropriate PPE should also be used if close contact (within 2 metres) is necessary. Further information on this can be found in the [use of PPE in education, childcare and children's social care settings](#) guidance. Any rooms they use should be cleaned after the symptomatic person has left.

If a parent or carer insists on a symptomatic pupil attending the school/setting, a decision can be taken to refuse the pupil if, in the reasonable judgement of school leadership teams, it is necessary to protect other pupils and staff from possible infection with Covid-19.

### Appendix B: Log for recording confirmed Covid-19 cases

School/settings should record their confirmed Covid-19 cases on this log [here](#) [link to latest version on Extranet] or in the embedded document here:



SMBCPHCOVID-19ReportingLogForEducation

### Appendix C: Isolation information

The isolation period for close contacts of a confirmed Covid-19 case **WHO ARE NOT EXEMPT FROM ISOLATION** (i.e. adults who are not fully vaccinated) is **10 days from the last contact so in a school/setting, that is 10 days from the last day the infected pupil/staff member attended the setting.** Day 1 of isolation is the next day.

The confirmed case should isolate for **10 days** from the date of the onset of symptoms (or test date if asymptomatic).

***If the case was not symptomatic when they tested positive and then develop symptoms, their isolation needs to be extended to 10 days from the first symptom.***

If a close contact of a case in the school/setting is not exempt from isolation, only the close contact themselves (not their household members) have to isolate. If they become symptomatic during isolation, they should access a PCR Covid-19 test.

**If they test negative, they must complete the full 10 day isolation as they could develop Covid-19 at any time during the 10 days. Full details are in the [guidance](#)**

## Appendix D: Identification of close contacts

Contact tracing for confirmed Covid-19 cases in schools/settings will be conducted by NHS Test and Trace or through local contact tracing teams. In exceptional circumstances, education and childcare settings may be contacted by contact tracers if deemed necessary by local health protection teams in response to a local outbreak, as currently happens in managing other infectious diseases.

In this scenario settings may share proportionate and relevant information as requested by NHS Track and Trace/local contact tracing team/Solihull Council without consent. The sharing of information in these **exceptional circumstances** does not require consent as it is enabled by specific legislation, but to support this, the existing privacy notices should continue to be in place and be easily accessible.

### FOR REFERENCE: Identification of close contacts of Covid-19 cases:

- 1) The **infectious period** of the confirmed case is considered:  
**2 days prior to symptoms showing (or 2 days prior to test for asymptomatic cases) and 10 days afterwards** **WHEN THE CASE WAS IN THE SCHOOL/SETTING**
- 2) **FOR THIS PERIOD**, the school/setting consider the close contact types –  
**Pupils/Staff/Contractors/Visitors**

#### Definition of a Close Contact:

- anyone who lives in the same household as another person who has Covid-19 symptoms or has tested positive for Covid-19
- a person who has had **face-to-face contact** (within **one metre**), with someone who has tested positive for Covid-19, including:
  - being **coughed on**
  - having a **face-to-face conversation** within one metre
  - having **skin-to-skin physical contact**, or
  - contact within one metre for **one minute or longer** without face-to-face contact
- a person who has been **within 2 metres of a confirmed case for 15 minutes or longer** (either as a one-off contact, or added up together over one day)
- travelling in a **small vehicle**, like a car, or aeroplane with a confirmed case

**If a school/setting is aware that there are close contacts who have not been notified they are a contact, they can advise them to access a free PCR test (not whole classes)**

Full guidance on contact definitions is [here](#) Full Infectious period: from **2 days prior to symptom onset (or the date of the test if asymptomatic) to 10 days after**

In **exceptional cases** only, settings may decide to refuse a pupil if, in the setting's reasonable judgement, it is necessary to protect those within the setting from possible infection with Covid-19. The decision would need to be carefully considered in light of all the circumstances and current public health advice.

Individuals should only be asked to stay home for Covid-related reasons if:

- they are symptomatic
- they have tested positive with a PCR or LFD (they may return to the setting if a positive LFD result is followed by a negative PCR within 2 days)

**Settings should consider whether individuals in their setting (taking account of factors such as known vulnerability) need to be informed of a positive case.** When informing individuals of a positive case, the setting should not disclose any information that could result in an individual being identified. Settings may make their own decisions on how they wish to communicate the information.

## **Appendix E: Guidance for defining cases who have mixed closely**

Identifying a group that is likely to have mixed closely will be different for each setting as follows:

### **In early years:**

- a childminder minding children, including their own
- childminders working together on the same site
- a nursery class/group and their staff
- a friendship group who often play together
- staff and children taking part in the same activity session together

### **For primary, secondary, special schools and alternative provision:**

- a form group or subject class
- smaller intervention groups
- a friendship group sat together/mixing at lunch/break times
- a sports team
- a group in before after-school care or activity session
- pupils or staff who travel to and from school together (including walking groups, cycling groups and school transport)

### **For wraparound childcare or out-of-school settings:**

- a private tutor or coach offering one-to-one tuition to a child, or to multiple children at the same time
- staff and children taking part in the same class or activity session together
- children who have slept in the same room or dormitory together

### **For further education colleges:**

- students and teachers on practical courses that require close hands-on teaching, such as hairdressing and barbering
- students who have played on sports teams together
- students and teachers who have mixed in the same classroom/seminar/teaching space
- students who have mixed socially during break/ lunchtimes

## Appendix F: Possible Covid-19 outbreak management actions

### Actions to consider once a threshold is reached

At the point of reaching a threshold, education and childcare settings should review and reinforce the testing, hygiene and ventilation measures they already have in place. Settings should also consider:

- whether any activities could take place outdoors, including exercise, assemblies, or classes
- ways to improve ventilation indoors, where this would not significantly impact thermal comfort
- one-off enhanced cleaning focussing on touch points and any shared equipment
- whether bubbles/ zoning to keep classes/year groups apart could be introduced.

**Schools/settings may wish to seek additional public health advice from Solihull Council** if they are concerned about transmission in the setting, either by emailing [contacttracing@solihull.gov.uk](mailto:contacttracing@solihull.gov.uk) or phoning **0121 704 6892**.

A Director of Public Health or Health Protection Team may give settings advice reflecting the local situation. In areas where rates are high, this may include advice that local circumstances mean that the thresholds for extra action can be higher than set out above.

### Additional actions that could be advised by public health experts:

If you have contacted Solihull Council Public Health and they subsequently judge that additional action should be taken because they have assessed that transmission is likely to be occurring in the setting, they may advise settings take extra measures such as:

1. **Strengthened communications** to encourage pupils / students to undertake twice weekly rapid asymptomatic home testing and reporting
2. **Temporarily reinstating face coverings** for pupils/students, staff and visitors in indoor and/or communal spaces in secondary schools, colleges and for staff in primary, early years, out-of-school and specialist settings. This should be for two weeks in the first instance, pending regular review
3. **Reinstating on-site rapid LFD testing** in secondary schools and colleges for a two-week period to encourage uptake of twice weekly testing
4. **Increased frequency of testing**
5. **Consider limiting:**
  - residential educational visits
  - open days
  - transition or taster days
  - parental attendance in settings
  - live performances in settings

**Local authorities, Directors of Public Health and/or Health Protection Teams may recommend these precautions in individual settings or across an entire area.** They will work closely with their Regional Partnership Teams and keep the situation under regular

review. *They will inform settings when it is appropriate to stop additional measures, or if they should be extended.*

## Attendance restrictions

High quality face-to-face education remains a government priority and research has shown that the impacts of missing face-to-face education during the pandemic are severe for children, young people and adults. In all cases, any benefits in managing transmission should be weighed against any educational drawbacks.

**In extreme cases, and as a last resort where all other risk mitigations have not broken chains of in-school transmission**, a Director of Public Health may advise **introducing short-term attendance restrictions in a setting, such as sending home a class or year group** (as they could any workplace experiencing a serious infectious disease outbreak).

High-quality remote learning should be provided for all students well enough to learn from home. On-site provision should in all cases be retained for vulnerable children and young people and the children of critical workers.

Attendance restrictions should only ever be considered as a **short-term measure and as a last resort**:

- for individual settings, on public health advice **in extreme cases** where other recommended measures have not broken chains of in-setting transmission; or
- across an area, on government advice in order to suppress or manage a **dangerous variant** and to **prevent unsustainable pressure on the NHS**.

## Appendix G: Further information

### NATIONAL GUIDANCE

National guidance for each setting published on GOV.UK (links below):

[Early years](#) [Schools](#) [FE colleges and providers](#) [Contingency Framework](#)



DFECovid19ContactTracingInEducationSetting

Contact Tracing Information [here](#) [link to extranet] or:

Public Health  
Solihull Metropolitan Borough Council  
[contacttracing@solihull.gov.uk](mailto:contacttracing@solihull.gov.uk)  
August 2021