

COVID-19

FREQUENTLY ASKED QUESTIONS DOCUMENT FOR EDUCATIONAL SETTINGS

PLEASE NOTE

As COVID-19 is a rapidly evolving situation, guidance may change at short notice. We advise that you refer to the educational settings guidance on [gov.uk](https://www.gov.uk) in addition to this document, and updates from PHE and NYCC. We will always aim to keep you informed of any changes in guidance as soon as possible.

FACE COVERINGS

1. Should face coverings be used in early years settings?

No, face coverings are not advised for early years settings.

2. Should face coverings be used in primary schools?

Generally no, face coverings are not advised for children under 12 years of age. However, national guidance states:

In primary schools where social distancing is not possible in indoor areas outside of classrooms between members of staff or visitors (for example, in staffrooms), head teachers will have the discretion to decide whether to ask staff or visitors to wear, or agree to them wearing face coverings in these circumstances. But children in primary school do not need to wear a face covering.

3. Should face coverings be used in secondary schools?

NYCC recommends the use of face coverings in accordance with the national guidance recently published (<https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools#section-1-public-health-advice-to-minimise-coronavirus-covid-19-risks>).

The national guidance states that:

Schools that teach children in years 7 and above and which are not under specific local restriction measures will have the discretion to require face coverings for pupils, staff and visitors in areas outside the classroom where social distancing cannot easily be maintained, such as corridors and communal areas and it has been deemed appropriate in those circumstances.

In areas where local lockdowns or restrictions are in place, face coverings should be worn by adults and pupils (in years 7 and above) in areas outside classrooms when moving around communal areas where social distancing is difficult to maintain such as corridors.

Face coverings will not be necessary in the classroom even where social distancing is not possible.

This is an ever evolving situation and we will be following it closely. Should anything change nationally around face coverings, we will be in touch with all our educational settings to advise on next steps. In the meantime, NYCC can advise individual schools on any questions on face coverings. Contact details are at the end of this document.

CASES AND CONTACTS

1. What is a household?

A household is taken to mean anyone who the child or staff member lives with. Some people may have multiple households. It also includes anyone in their 'support bubble' (currently one other person who lives alone can join a [support bubble](#) and not maintain social distancing).

2. Should a child/staff member come to an educational setting if a member of their household is unwell?

No. If a member of the child's/staff member's household is unwell with COVID-19 symptoms then the child/staff member should isolate for 14 days starting from the day the household member(s) became ill and follow the [Stay-at-home-guidance](#).

If the child/staff member subsequently develops symptoms, they should isolate for 10 days from the date they developed symptoms. See [Stay-at-home-guidance](#).

3. If I am notified by a parent that their child is ill, do I need to advise the other children in their class to self-isolate?

No. Children and staff can attend the educational setting as normal. The child who is ill should stay at home ([Stay-at-home-guidance](#)) and be advised to get tested. If the child has any siblings who attend the educational setting, they should also be self-isolating at home for 14 days. You should inform your NYCC contact that you have a suspected COVID-19 case in your setting (a list of contacts is in the flowchart you have received).

If the child tests positive for COVID-19, you should call the Health Protection Team for support with identifying contacts for further advice. Contacts should self-isolate for 14 days.

4. If I am notified by a parent that their child has had a positive test, do I need to advise the other children in their class not to attend the educational setting or notify anybody?

You should call your local PHE Health Protection Team to notify them of this confirmed case. The Health Protection Team will support you to identify their contacts and provide further advice. Direct and close contacts will be advised to self-isolate for 14 days. You should also inform your NYCC contact that you have a confirmed case in your setting.

5. If I am notified by a parent that their child's test was inconclusive, what do I do?

You should advise the parent to get the child re-tested. There is no need to be concerned if a test is inconclusive but you do need to ask that the child gets another test to make sure they are negative before they return to the setting (see also the flowchart).

6. If I am notified that a parent has tested positive, do I need to do anything for the bubble their child is in?

If a parent tests positive, their child needs to be at home isolating with their parent. You **do not** need to take any action with regards to the bubble unless the child develops symptoms and tests positive, in which case you need to inform NYCC and ring the local PHE Health Protection Team for advice.

7. A household member of a child/staff member is a contact of someone who tested positive for COVID-19, what should we do?

Nothing. If a household member is known to be a contact of a confirmed case they will be advised to self-isolate and follow the [guidance for contacts](#). Their contacts **do not** need to self-isolate, so a child or partner in the household would not need to self-isolate as long as no one in the household has symptoms or has tested positive.

If someone in the household develops symptoms or tests positive, the household should follow the guidance to stay at home and self-isolate.

8. Who is considered a contact in an educational setting?

This will usually be the teacher (and teaching assistant) and other students in a bubble/class.

A contact is defined as a person who has had contact with a confirmed case of COVID-19 (see below) at any time from **48 hours** before onset of symptoms (or test if asymptomatic) to 10 days after onset of symptoms (or test)

- a person who has had face-to-face contact (within one metre) with someone who has tested positive for coronavirus (COVID-19), including:
 - being coughed on, or
 - having a face-to-face conversation, or
 - having skin-to-skin physical contact, or
 - any contact within one metre for one minute or longer without face-to-face contact
- a person who has been within 2 metres of someone who has tested positive for coronavirus (COVID-19) for more than 15 minutes
- a person who has travelled in a small vehicle *with* someone who has tested positive for coronavirus (COVID-19) or in a large vehicle *near* someone who has tested positive for coronavirus (COVID-19)
- people who spend significant time in the same household as a person who has tested positive for coronavirus (COVID-19)

Please note: The other household members of that wider class or group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms.

9. Can the siblings of a child who has been self-isolating because they are a contact of a case attend an educational setting?

Yes, other household members of the contact do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms.

10. A child/parent reports to us that they have had contact with someone with symptoms – what should we do?

Until/unless contacted by Test and trace, the pupil can remain in school, provided they are not displaying symptoms. You need to remind parents of the [government guidance](#) not to leave home if anyone in the household has symptoms and to seek a test via [NHS Test and Trace online](#) or calling 119.

No-one with symptoms should be attending the setting and anyone who develops symptoms while at the setting should be isolated and sent home as soon as possible.

11. If a child has COVID-19 symptoms, gets tested and tests negative, can they return to the educational setting even if they still have symptoms?

If the child is NOT a known contact of a confirmed case the child can return to the setting if the result is negative provided they feel well and they have not had a fever for 48 hours.

If the child is a contact of a confirmed case they **must stay off school/nursery** for the 14 day isolation period, **even if they test negative**. This is because they can develop the infection at any point up to day 14 (the incubation period for COVID-19), so if a child tests negative on day 3 they may still go on to develop the infection.

12. If a child who was a contact of a confirmed case tests negative, can they return to the setting?

No, the child should complete 14 days of isolation.

13. If I get confirmed cases does the setting need to close?

Where settings are observing guidance on infection prevention and control, which will reduce risk of transmission (e.g. minimise contact between people, good hand and respiratory hygiene protocols, enhanced cleaning, social distancing where possible) closure of the whole setting will not generally be necessary.

Please note: if the school has decided on a whole school bubble (i.e. up to 50 pupils) and one person tests positive then it is likely that the whole school would need to self-isolate.

Educational settings will generally only need to close if they have staff shortages due to illness or being identified as contacts. It is expected that only the contacts of a confirmed case will need to be advised not to attend the setting and self-isolate at home. If there are a number of confirmed cases across different classes and year groups at the same time, then the setting may be advised to close by the PHE Health Protection Team in consultation with other partners.

TESTING

1. How can a parent arrange testing?

A parent can arrange for any child to be tested via [nhs.uk](https://www.nhs.uk) or by contacting NHS 119 via telephone if they do not have internet access.

2. How can a staff member get tested?

All education and childcare workers can apply for a test if they are symptomatic via <https://www.gov.uk/apply-coronavirus-test-essential-workers>

3. Can people be tested if they do not have symptoms?

No. Current national guidance is that people should only be tested if they have symptoms.

HIGH RISK GROUPS

1. Can our pregnant members of staff work? What if staff have pregnant household members?

Pregnant women are currently advised to work from home where possible. Education and childcare settings should support this, for example, by asking staff to be involved in remote education, carrying out lesson planning or other roles which can be done from home.

If they cannot work from home, they should be offered the safest available on-site roles, staying 2 metres away from others wherever possible, although the individual may choose to take on a role

that does not allow for this distance if they prefer to do so. If they have to spend time within 2 metres of other people, settings must carefully assess and discuss with them whether this involves an acceptable level of risk. If a staff member lives with someone who is pregnant, they can work.

2. Should children or staff who are shielding (classed as clinically extremely vulnerable due to pre-existing medical conditions) attend an educational setting?

You should consult the latest [guidance on gov.uk](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19) as the guidance has changed on 14 July 2020. The advice below is correct as of this date.

Until 1 August 2020 children and staff who fall into this group should not be attending educational settings or work.

From 1 August the government will be advising that shielding will be paused. From this date, the government is advising people who were previously shielding to adopt strict social distancing rather than full shielding measures. Strict social distancing means clinically extremely vulnerable people may wish to go out to more places and see more people but they should take particular care to minimise contact with others outside their household or support bubble.

In practice this means that from 1 August children who are clinically extremely vulnerable can return to their education settings if they are eligible and in line with their peers. Some pupils and students will no longer be required to shield, but those who generally remain under the care of a specialist health professional may need to discuss their care with their health professional before returning to school in September (usually at their next planned clinical appointment).

As guidance can change, the most up to date guidance should always be checked and is available online at:

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

3. Should children or staff who have family in the shielding group be coming to school/nursery or work?

Settings should bear in mind the potential concerns of pupils, students, parents and households who may be reluctant or anxious about returning and put the right support in place to address this. This may include pupils who have themselves been shielding previously but have been advised that this is no longer necessary, those living in households where someone is clinically vulnerable, or those concerned about the comparatively increased risk from coronavirus (COVID-19), including those from Black, Asian and Minority Ethnic (BAME) backgrounds or who have certain conditions such as obesity and diabetes.

If parents of pupils with significant risk factors are concerned, we recommend settings discuss their concerns and provide reassurance of the measures they are putting in place to reduce the risk in school. Settings should be clear with parents that pupils of compulsory school age must be in school unless a statutory reason applies (for example, if the pupil has been granted a leave of absence, is unable to attend because of sickness, is absent for a necessary religious observance).

We recognise that some children and young people with EHC plans will need preparation for their return to full provision. This might include, for instance, visits to the setting, social stories, and any other approaches that settings and local authorities would normally use to enable a child or young person with SEND who has spent some time out of education, to return to full time attendance.

STAFF

1. We have staff who are asymptomatic but wish to be tested is this possible?

Currently, only people who are symptomatic are advised to access a test via nhs.uk or calling 119.

2. Can an educational settings still have supply teachers/staff come in if there have been multiple cases?

If there have been multiple cases in a setting, you should ensure the local PHE Health Protection Team and NYCC are aware. NYCC will be able to advise regarding operational issues with staffing caused by self-isolation of staff.

3. Can non-teaching staff, for example cleaners and caterers, work for two or more settings?

Supply teachers, peripatetic teachers and/or other temporary staff can move between settings. They should ensure they minimise contact and maintain as much distance as possible from other staff. Specialists, therapists, clinicians and other support staff for pupils with SEND should provide interventions as usual. If a staff member has not been identified as a close contact in any of their workplaces, they can continue to work as normal but should do so following the relevant guidance for the setting to minimise contact and ensure social distancing is in place.

4. Why are staff and children not advised to wear PPE?

The majority of staff in education, childcare and children's social care settings will not require PPE beyond what they would normally need for their work. This is because transmission in education settings is low and other infection control measures such as:

- Minimising contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend childcare settings, schools or colleges
- Cleaning hands more often than usual - wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered
- Ensuring good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
- Cleaning frequently touched surfaces often, using standard products
- Minimising contact and mixing by altering, as much as possible, the environment (such as classroom layout) and timetables (such as staggered break times)

CLEANING

1. What additional cleaning is necessary following a symptomatic or confirmed case?

It is important to concentrate on regular cleaning of frequently touched items / surfaces. This is likely to be highly effective as high contact surfaces will present the main risk in terms of indirect transmission. Regular cleaning should be thorough and maintained at all times so there is no need for additional cleaning.

Cleaning should include:

- Cleaning an area with normal household disinfectant after someone with suspected coronavirus (COVID-19) has left will reduce the risk of passing the infection on to other people.
- Wear disposable or washing-up gloves and aprons for cleaning.
- Using a disposable cloth, first clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles.
- If an area has been heavily contaminated, such as with visible bodily fluids, use protection for the eyes, mouth and nose, as well as wearing gloves and an apron.
- All the disposable materials should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished.
- Wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning.

2. Do toilets need to be cleaned after every use?

Toilets are frequently touched surfaces, so they need to be cleaned frequently throughout the day, but not after every use (except if used by a symptomatic person whilst waiting to go home).

Educational settings are advised to increase the frequency of cleaning toilets. Apart from gloves and apron, there is no need for additional PPE.

Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings. Use the D-10 cleaning product that NYCC have provided to clean surfaces.

Avoid creating splashes and spray when cleaning.

All the disposable materials should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished.

SPECIAL SCHOOLS

1. How do we need to group children in bubbles?

Maintaining distinct groups or bubbles that do not mix makes it quicker and easier in the event of a positive case to identify those who may need to self-isolate, and keep that number as small as possible. The use however of small groups restricts the normal operation of education settings and presents both educational and logistical challenges. Maintaining consistent groups remains important, but given the decrease in the prevalence of coronavirus (COVID-19) and the resumption of the full range of curriculum subjects, settings may need to change the emphasis on bubbles within their system of controls and increase the size of these groups.

Settings should assess their circumstances and look to implement 'bubbles' of an appropriate size, to achieve the greatest reduction in contact and mixing, without unduly limiting the quality or breadth of teaching, or access for support and specialist staff and therapists.

2. Can specialists, therapists and supply teachers move between settings?

Yes. Specialists, therapists, clinicians and other support staff for pupils with SEND should provide interventions as usual. Supply teachers, peripatetic teachers or other temporary staff can move between settings. They should ensure they minimise contact and maintain as much distance as possible from other staff.

FURTHER SUPPORT FOR EDUCATIONAL SETTINGS

We hope that this document is helpful in answering some of your questions. We appreciate that it does not cover everything and you may have more questions. As a Local Authority, we are here to support you as much as possible and therefore if you do have any further questions, please get in touch with us. There are several teams dedicated to supporting educational settings through COVID-19, the details of which are in the flowchart you have received.

For any Public Health specific queries, please send an email to nypublichealth@northyorks.gov.uk. The email is monitored daily (in hours) and we will aim to get back to you as soon as we can.