

## North Yorkshire County Council

### Education settings Q&A

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#### What classes as a ‘close contact’?

- A person who has had face-to-face contact (within one metre) with someone who has tested positive for COVID-19, including:
  - o being coughed on
  - o having a face-to-face conversation within one metre, or
  - o 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 COVID-19 for more than 15 minutes (either as a one off contact or added up together over one day)

- A person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19

Where an interaction between 2 people has taken place through a Perspex (or equivalent) screen, this would not be considered sufficient contact, provided that there has been no other contact such as any of those indicated above.

Full guidance here - <https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/>

### **Who is exempt from self-isolation as a close contact?**

Individuals are not required to self-isolate if they live in the same household as someone with COVID-19 or are a close contact of a positive COVID-19 case and any of the following apply:

- they are fully vaccinated (i.e. had a second dose of COVID vaccine more than 14 days ago)
- they are below the age of 18 years 6 months
- they have taken part in or are currently part of an approved COVID-19 vaccine trial
- they are not able to get vaccinated for medical reasons

Instead they will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a PCR test. We would encourage all individuals to take a PCR test if advised to do so.

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

### **Should people who are household contacts of a case be allowed to attend school?**

Provided the individual meets the exemption criteria listed above then household contacts are not required to isolate unless they develop COVID-19 symptoms. Concerns have been expressed about close contacts in particular attending school as they are likely to be more high risk than transient contacts due to more prolonged contact with the case. However, national guidance for education is clear that keeping pupils in face-to-face education is a priority to prevent other non-COVID harms.

In order to mitigate the risk household contacts should all be directed to take a PCR test as 'close contacts', even if exempt from isolation. They should also continue with regular lateral flow testing if eligible (twice a week is standard but it may be suitable to advise daily testing for 7 days given the increased short-term risk). If schools are concerned about LFDs not being conducted at home, as per the Operational Guidance for education settings secondary schools should have retained a small asymptomatic testing site (ATS) on site so they can offer testing to pupils who are unable to test themselves at home, and this route could be used to ensure testing of these close contacts.

Household contacts should also have a low index of suspicion regarding isolation and PCR testing should they become symptomatic. The 3 main symptoms of COVID-19 remain a fever (temperature 37.8°C or higher), a new continuous cough, or a change to/loss of taste or smell. However, other commonly reported symptoms of the Delta variant include headache, sore throat, tiredness, and cold-like symptoms, so individuals need to be aware of these as well and stay at home and seek

further testing if they are in any doubt. Household contacts (as with other close contacts) should be particularly reminded about good prevention measures e.g. hand and respiratory hygiene.

### **What could be identified as ‘close mixing’ groups in educational settings?**

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

For early years, this could include:

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

For schools, this could include:

- staff and students mixing a form group or subject class
- a friendship group mixing at breaktimes
- a sports team
- a group in an after-school activity

For FE, this could include:

- 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, for example rugby
- students and teachers who have mixed in the same classroom.

For wraparound childcare or out-of-school settings, this could include:

- 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 as part of a residential visit, for example.

For boarding schools, this could include:

- Staff and children taking part in the same class or activity session together
- Children who share the same common space in a boarding house
- Children who have slept in the same room or dormitory together.

### **What are the ‘threshold levels’ set out by DfE?**

The Operational Guidance sets out the measures that all education settings should have in place to manage transmission of COVID-19 day to day. For most settings it will make sense to think about taking extra action if the number of positive cases substantially increases. This is because it **could** indicate transmission is happening in the setting. The thresholds, detailed below, can be used by settings as an indication for when to seek public health advice if they are concerned.

For most education and childcare settings, whichever of these thresholds is reached first:

- 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

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

Settings **may** wish to seek additional public health **advice if they are concerned about transmission in the setting**, either by phoning the DfE helpline (0800 046 8687, option 1) or by contacting the NYCC public health team ([education.COVID19@northyorks.gov.uk](mailto:education.COVID19@northyorks.gov.uk)).

### **Do schools need to report all situations where they reach the 5 person/10% threshold?**

Not necessarily. From a local perspective, it's absolutely fine to seek advice before this threshold is reached if you need to, and equally to not ring at that threshold if you don't need to (for example, cases all from same household so there are no concerns about in-setting transmission between the cases).

### **What classifies as an 'outbreak'?**

Public Health England guidance on epidemiological definitions of outbreaks can be found here: [COVID-19: epidemiological definitions of outbreaks and clusters - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/covid-19-epidemiological-definitions-of-outbreaks-and-clusters). Current definitions for schools (September 2021) are:

- **Cluster criteria**
  - o Two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within a 14-day period. (In the absence of detailed information about the type of contact between the cases).
- **Outbreak criteria**
  - o Two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within 14 days, and one of:
    - identified direct exposure between at least 2 of the test-confirmed cases in that setting (for example under one metre face to face, or spending more

than 15 minutes within 2 metres) during the infectious period of one of the cases

- when there is no sustained local community transmission - absence of an alternative source of infection outside the setting for the initially identified cases

Schools are no longer required to undertake detailed contact tracing on individual cases, which can make it more difficult to identify whether there is shared exposure between two cases. The Department for Education thresholds set out above provide a trigger point for settings to review and see if there are concerns about in-setting transmission.

Although it may be difficult to definitively confirm whether a situation is a cluster or an outbreak, minimising any potential in-setting transmission is the key factor in either case. Suggested wording for documentation refers to single case vs. multiple cases, although some schools may choose to include reference to outbreaks if there is high likelihood of in-setting transmission and it is felt the terminology will improve compliance with measures.

### **What information do settings need to provide when asked for a line list?**

You may be asked to complete a line list with information on the cases. It is good practice to keep a list of cases within the setting anyway as it may be possible to retrospectively identify links as more cases are added.

Key information to provide:

- Individual identifier – just initials (not full names unless specifically requested)
- Whether or not the case is a pupil or staff member (if pupil – what year group. If staff – what role)
- Classes or other definable ‘group’ (e.g. 3/20 people from reception class, or 3/15 people from the Year 11 rugby team)
- Date test was taken AND type of test (i.e. LFD/PCR), plus result (if available)
- Denominators – e.g. if telling us there are 5 cases in a class or 8 cases in a year group, tell us how many people in total (i.e. 5/25 people in Class 1A; or 8/130 people in year 6 (5/25 in class 1A, 3/30 in class 1B, none in class 1C/D/E)). This will help identify whether there is a particular cohort affected where interventions can be targeted appropriately. Small numbers of sporadic cases are less likely to be linked; however, large numbers spread right across a year group could indicate more widespread transmission.
- Any other relevant information (e.g. links to sibling cases, whether case was already isolating)

### **What is the advice if a parent tries to send a symptomatic child to school?**

“In most cases, parents and carers will agree that a pupil with symptoms should not attend the school, given the potential risk to others.

If a parent or carer insists on a pupil attending your school, you can take the decision to refuse the pupil if, in your reasonable judgement, it is necessary to protect other pupils and staff from possible

infection with COVID-19. Your decision would need to be carefully considered in light of all the circumstances and current public health advice.”

[Schools COVID-19 operational guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

### **What is the advice on children’s attendance at school when parents are isolating?**

Advice from DfE:

“Parents should make alternative arrangements wherever possible to ensure that their child can continue to attend their education setting. Where they cannot do so, education settings and local authorities may help families to agree alternative travel arrangements which mean that a pupil or student who is not required to self-isolate is able to continue to attend.

As usual, school leaders have discretion to grant leaves of absence in exceptional circumstances. If this leave of absence is granted, the education setting should provide remote education to the affected pupil or student.

Where a school is not satisfied with the reason given for the absence, they may record this using the unauthorised absence codes in line with the school attendance guidance.”

In addition:

If a household contact is in isolation because they have tested positive for COVID then it is strongly advised for the child to take a PCR test. If the test is positive they should isolate at home for 10 full days. If the test is negative they can continue attending school; however, if they develop symptoms at any point they should isolate and take another PCR test.

### **How do we support those previously identified as Clinically Extremely Vulnerable?**

The Schools Operational Guidance has been updated on 27<sup>th</sup> September to include the following advice:

For pupils:

- “Clinical studies have shown that children and young people, including those previously 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 no children and young people under the age of 18 should be considered CEV and under-18s should be removed from the shielded patient list. The chief executive of the UK Health Security Agency and head of NHS Test and Trace has written to parents of these children to inform them.
- Children and young people previously considered CEV should attend school and should follow the same [COVID-19 guidance](#) as the rest of the population. However, if a child or young person has been advised to isolate or reduce their social contact by their specialist, due to the nature of their medical condition or treatment, rather than because of the pandemic, they should continue to follow the advice of their specialist.”

For staff:

- “The shielding programme has now come to an end and adults previously considered CEV should, as a minimum, continue to follow the same [COVID-19 guidance](#) as everyone else. It is important that everyone adheres to this guidance but people previously considered CEV may wish to consider taking extra precautions. In some circumstances, staff may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice.
- Employers should be able to explain the measures they have in place to keep staff safe at work. The Health and Safety Executive (HSE) has published guidance on [protecting vulnerable workers](#), including advice for employers and employees on [how to talk about reducing risks in the workplace](#).”

Individuals should have specific risk assessments in place in line with previous guidance. Should further advice be needed in addition to these risk assessments (for example in relation to specific outbreaks) then please contact the public health team.

### **What is the advice on the provision of immunisation sessions in schools where there are cases or outbreaks of COVID-19?**

Latest government guidance on this is available here: [Advice to SAIS on the provision of immunisation sessions in schools where there are cases or outbreaks of COVID-19 - GOV.UK \(www.gov.uk\)](#)

In summary:

“Given the longer-term benefits of vaccines, immunisation sessions should still go ahead as planned when a school has a COVID-19 outbreak, unless specifically advised not to by a health protection team (HPT) or Director of Public Health (DPH). Other factors that may impact on the ability to offer immunisation sessions include the number of children still in school and whether the school has had to send some year groups home or close due to lack of staff.”

### **What is the advice if an affected cohort is expected to sit (mock) exams?**

The risk of an outbreak needs to be considered against the risk to education from disrupting exams. Depending on how fixed the exams are, there are several measures that could be implemented. In order of preference (i.e. least risk option first):

- Rearrange or delay the exams until after the outbreak/cluster has concluded (this may be feasible for internal/mock exams but unlikely to be an option for national exams).
- Sit the exam in separate cohorts (i.e. have each class sit it separately in individual classrooms, rather than bringing everyone together into a shared location).
- If neither of the above is feasible, the setting will need to put into place as much mitigation as possible:
  - Significant ventilation (open windows/doors, appropriately placed fans, ventilation breaks between sessions)
  - Social distancing of desks as much as possible
  - Face coverings advised for pupils aged 11 or over (plus staff/invigilators)

### **Is there a need to notify Ofsted about cases?**

Early years/childminder cases should be reported to Ofsted:

“You must notify Ofsted, or the childminder agency with which you are registered, of any confirmed cases in the setting, whether a child or a staff member. You should also tell Ofsted if you have to close the setting as a result. It is a legal requirement as set out in paragraph 3.51 of the statutory framework for the early years foundation stage. Report as soon as you are able to, and in any case within 14 days. See tell Ofsted if you have a COVID-19 incident at your childcare business to assure all the information required is included.”

[Actions for early years and childcare providers during the COVID-19 pandemic - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/actions-for-early-years-and-childcare-providers-during-the-covid-19-pandemic)

### **What out of hours support is available for schools?**

DfE helpline 0800 0468687 Sat & Sun 10am-6pm

For public health emergencies, the PHE regional Health Protection Team out of hours 0151 9091219

In an emergency COVID-19 situation that cannot wait until the next working day and needs a local response, email [dph@northyorks.gov.uk](mailto:dph@northyorks.gov.uk).

### **Who should schools contact if they want to close on operational grounds rather than public health grounds?**

Questions about operational closures (for example, if the class/school/setting does not have enough staff to open safely) should go through their CYPS link – we are unable to advise on these.

### **What happens if someone wants to dispute their LFD or PCR result or contact status?**

If any individual expresses unhappiness with a positive result and wants to dispute advice to self-isolate on the grounds they don't agree that they are either a case or a contact then they can complete the webform here [Home \(test-and-trace.nhs.uk\)](https://www.test-and-trace.nhs.uk) or e-mail [dhsctesttrace.customerfeedbackteam@nhs.net](mailto:dhsctesttrace.customerfeedbackteam@nhs.net) or call 119 directly.

### **What should I do if a member of staff / student thinks they are a close contact but has not been identified by NHS test and trace?**

They should be advised to get a PCR test. Following the guidance outlined here: [https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person#i-think-i-have-had-contact-with-someone-who-has-tested-positive-for-covid-19-but-i-have-](https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person#i-think-i-have-had-contact-with-someone-who-has-tested-positive-for-covid-19-but-i-have)

[not-been-notified-and-advised-to-self-isolate-what-should-i-do](#). They do not need to isolate whilst awaiting the results unless they are symptomatic.

### **What is the advice if someone receives a negative COVID-19 PCR test result after being tested because they had symptoms?**

From gov.uk guidance: [Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection - GOV.UK \(www.gov.uk\)](#)

“If your PCR test result is negative but you still have symptoms, you may have another viral illness such as a cold, flu or a stomach bug. You should stay at home until you feel well and for at least 2 more days if you have had [diarrhoea or vomiting](#). Seek medical attention if you are concerned about your symptoms.

You can stop isolating as long as:

- you are well and have not had diarrhoea or vomiting for at least 2 days
- no one else in your household has symptoms
- no one else in your household has tested positive for COVID-19
- you have not been advised by [NHS Test and Trace that you are legally required to self-isolate](#)

Anyone in your household who is isolating because of your symptoms can also stop isolating.”

### **What is the evidence to support use of face coverings in education settings?**

(N.B. these are key examples of advice and do not represent a full summary of all published data)

SAGE have provided a summary of evidence on face coverings as part of their analysis of Plan B measures (including Consensus Statement (Annex 1)): [S1393 SPI-B SPI-M EMG Considerations for potential impact of Plan B measures 13 October 2021.pdf \(publishing.service.gov.uk\)](#)

Both CDC and WHO currently support the use of face coverings in education settings.

- WHO guidance: <https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-schools2021>
- CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#mask-use>

American studies show COVID-19 incidence in schools is lower where face coverings have been worn:

- Georgia, USA – COVID-19 incidence 37% lower in elementary schools in schools that required teachers and staff members to use masks ([Mask Use and Ventilation Improvements](#))

[to Reduce COVID-19 Incidence in Elementary Schools — Georgia, November 16–December 11, 2020 | MMWR \(cdc.gov\)](#)

- Maricopa and Pima Counties, Arizona: the odds of a school-associated COVID-19 outbreak in schools with no mask requirement were 3.5 times higher than those in schools with an early mask requirement ([Association Between K–12 School Mask Policies and School-Associated COVID-19 Outbreaks — Maricopa and Pima Counties, Arizona, July–August 2021 | MMWR \(cdc.gov\)](#))

Another American study also highlights the positive impact school-based mitigation measures for COVID-19 have on reducing household COVID-19 risk: [Household COVID-19 risk and in-person schooling - PubMed \(nih.gov\)](#)

A UK study found that masks in secondary schools would have reduced the impact of COVID-19 in schools and wider society (N.B. pre-Delta): [Modelling the potential impact of mask use in schools and society on COVID-19 control in the UK | Scientific Reports \(nature.com\)](#)

As always face coverings are intended to be one of a range of measures against COVID-19 and work best when combined with other measures, particularly good ventilation.