

Schools & Early Years Settings - COVID-19 Case/Outbreak Guide

This document contains sensitive information. Not for sharing beyond Buckinghamshire Council, Public Health England and Buckinghamshire Educational Settings.

Aim

The aim of this document is to provide an overview of the framework for the response to COVID-19 outbreaks that occur in schools and other early years settings (EYS) within Buckinghamshire. Those affected by outbreaks in schools/EYS may include (but are not limited to) staff, pupils, families, catering facilities and transport providers.

Education providers are expected to base their provision on the latest public health guidance, updates to which can be found [here](#). This document is intended to help Buckinghamshire schools and EYS to manage any suspected or confirmed COVID-19 cases or outbreaks in a way that minimises risks for all members of their community.

Prevention

All school/EYS providers should take steps to minimise COVID-19 transmission risk in their settings as far as possible. Examples of such measures include:

- Reinforcing the importance of good hand and respiratory hygiene measures with pupil and staff.
- Reinforcing the importance of self-isolation and testing for anyone with symptoms.
- Adhering to social distancing and consistent pupil groups where possible.
- Implementing enhanced cleaning measures.
- Carrying out risk assessments to assess specific COVID-19 vulnerabilities and the need to protect people who are at higher risk.

Identification

COVID-19 case definitions

- A **suspected case** is an individual with a new continuous cough or high temperature or a loss of, or change in, normal sense of taste or smell (anosmia)
- A **confirmed case** is a laboratory positive case of COVID-19 with or without symptoms
- A **cluster** is two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days
- An **outbreak** is two or more confirmed cases of COVID-19 among individuals who are linked by being direct close contacts, proximity contacts or in the same cohort/bubble within 14 days

Reporting

Via NHS Test and Trace/Thames Valley Health Protection Team

- The Thames Valley Public Health England (PHE) Health Protection Team will take the lead on managing COVID-19 cases in schools/EYS settings. These include confirmed single cases, clusters or outbreaks.
- The Health Protection Team will inform Buckinghamshire Council on a daily basis of all the cases or situations that they are managing in school/EYS settings.

Via Schools/EYS directly

- The first point of call for Schools/EYS who have concerns about a COVID-19 related situation should be to contact the Thames Valley Health Protection Team who will perform a risk assessment (see below).
- The Buckinghamshire Council Public Health Team will liaise with the Health Protection Team following the risk assessment to discuss what (if any) follow-up actions are required by the Council.

Key symptoms

- A high temperature/fever (above 37.8°C)
- A new continuous cough
- A loss of, or change to, the sense of taste or smell

Follow-up of suspected cases

If any pupil or staff member is sent home with any of the symptoms listed above please follow up with them 48-72hrs later to ask about their test results.

No one can be forced to take a COVID-19 test. The operating principle for schools and EYS should be that anyone who experiences or reports any of the above symptoms should be excluded from the setting until either:

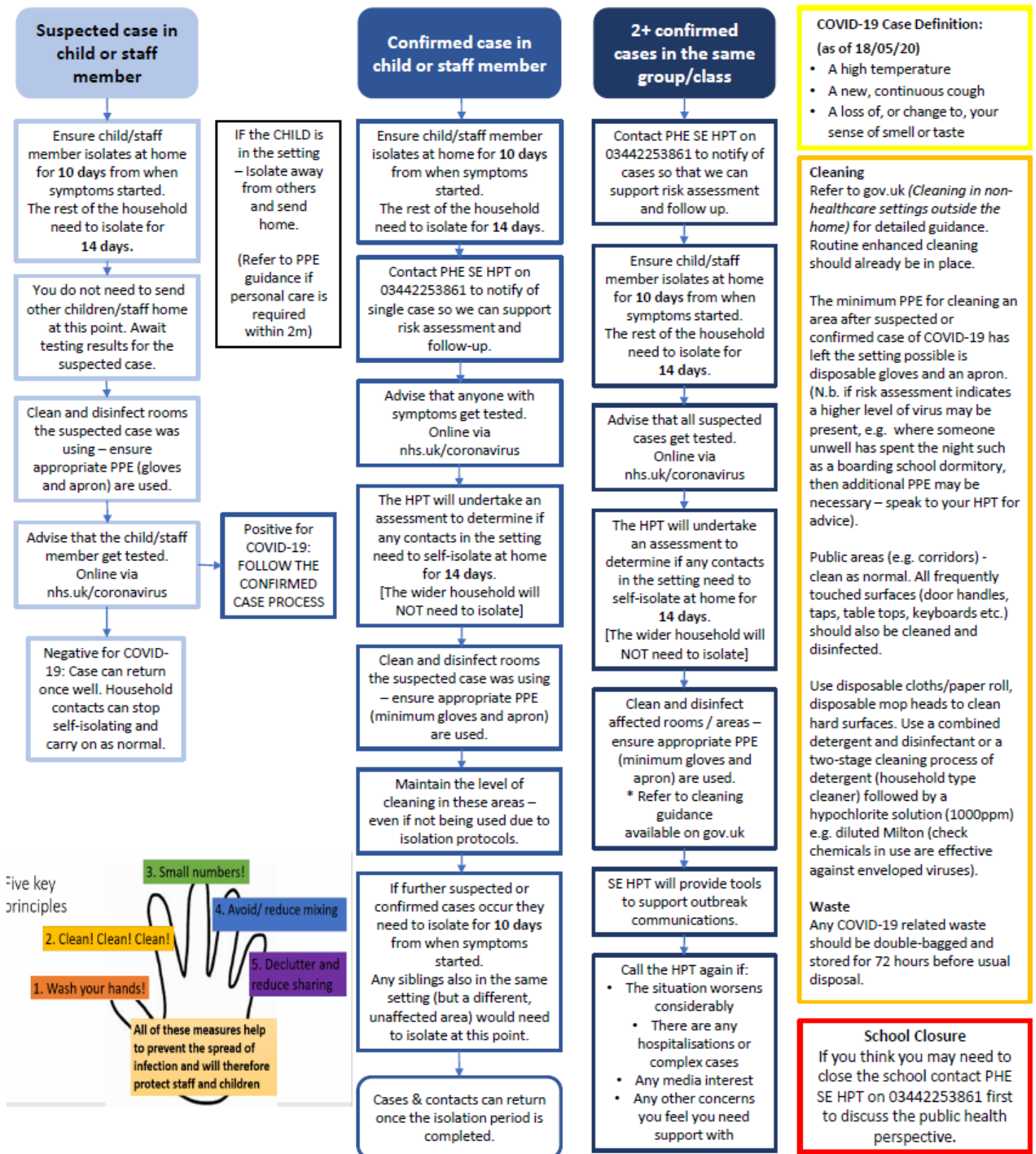
1. They receive a negative COVID-19 test result, or
2. After a full 10 days have passed from the start of their symptoms (whichever happens first).

Any identified household or otherwise close contacts of that person should self-isolate for 14 days, unless or until the suspected case receives a negative COVID-19 test result. See Appendix 1 for a fuller definition of who counts as a close contact.

The PHE flowchart (overleaf) should be consulted initially in any possibly COVID-related situation. If you are concerned about a possible outbreak then skip to page 4.

Management

Please follow the PHE flowchart (v2.0) below for any suspected or confirmed cases in schools or EYS contexts:



Possible or confirmed outbreak

Two or more individuals within the school/EYS community have tested positive for, or are showing symptoms of, COVID-19.

School actions

1. Follow the steps outlined in the flowchart above for each individual, depending on whether they are a suspected or confirmed case.
2. Inform the Thames Valley Health Protection Team of any new suspected cases.
3. Follow-up with any suspected cases in order to encourage them to access testing and to compile a list of test results that are reported to you.
4. Be prepared to nominate a representative to join an Incident Management Team/Outbreak Control Team (IMT/OCT) if required.

Thames Valley Health Protection Team actions

1. Conduct a risk assessment and provide infection control advice as required.
2. Notify Buckinghamshire Council of suspected or confirmed school outbreak.
3. Discuss with Buckinghamshire Council Public Health Team whether there is a need to form an IMT/OCT.
4. Provide comms assistance, including letter templates to send out to parents if required.

Buckinghamshire Council actions

1. Follow-up with the school/EYS to check on any further test results, and how they are managing. Consider whether comms support is required.
2. Discuss with PHE whether there is a need to form an IMT/OCT.

Possible triggers for setting up an IMT/OCT:

- Type of setting (Primary, Secondary, Special School, PRU, Nursery, Child-minder)
- Current numbers of staff and pupils in school/EYS
- Total number of staff and children confirmed or symptomatic
- Trajectory of case numbers (i.e. rising significantly)
- Number of different bubbles affected/potential number of contacts
- Vulnerability of the school/EYS population
- Severity of cases (hospitalisations/deaths)
- Current social distancing and IPC measures
- Anxiety levels in school community
- Media interest/coverage

Incident Management Team/Outbreak Control Team (IMT/OCT)

The purpose of the IMT/OCT is to agree and coordinate the activities involved in the management, investigation and control of the incident/outbreak. The IMT/OCT will:

- assess the risk to the public's health
- ensure that the cause, vehicle and source of the outbreak are investigated and control measures implemented as soon as possible
- seek legal advice where required

The chair of the IMT/OCT should be appointed at the first meeting. This will usually be a PHE Consultant in Communicable Disease Control (CCDC)/Consultant in Health Protection (CHP), the LA Director of Public Health (DPH) or Consultant in Public Health (CPH). Key membership considerations:

- members must be of sufficient seniority to implement decisions and allocate resources
- at the first meeting terms of reference should be agreed, a preliminary risk assessment conducted and incident level decided (according to national incident response plan (NIRP) or other organisational incident levels as appropriate)
- a communications strategy should be agreed early and reviewed as necessary

IMT/OCT priorities:

- To manage and review data relating to the outbreak
- To deliver swift resource deployment in response to the outbreak (testing, expert advice, communication)
- To escalate any significant concerns to the Health Protection Board (HPB) or operational group.

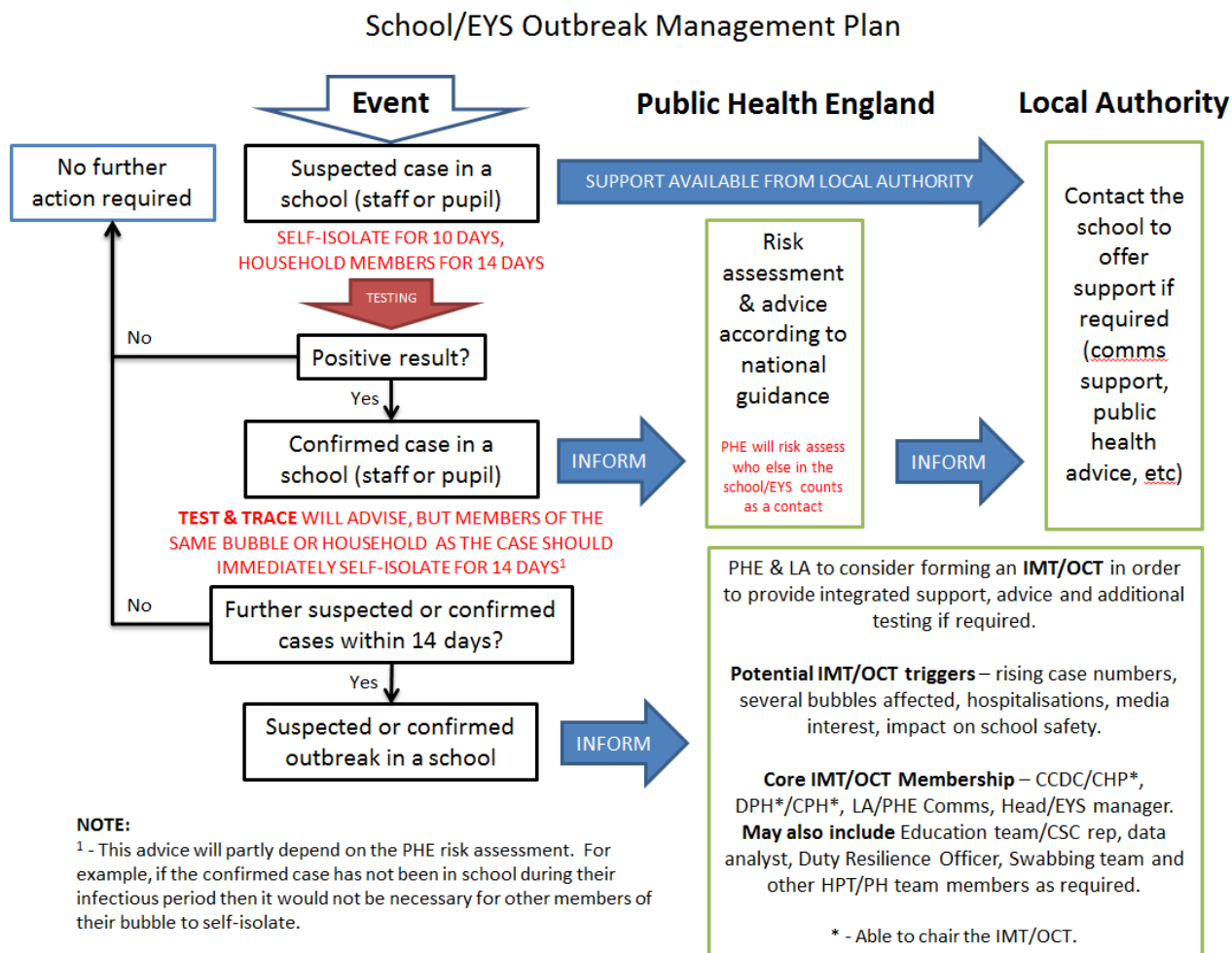
Core membership:

- DPH and/or CPH (LA)
- CCDC/CHP (PHE)
- Head teacher/educational setting manager
- Representative of the Education/Children's team (LA)
- Communications officer (PHE and/or LA)
- Minute taker

Optional membership, depending on the type of outbreak (will be identified and contacted by the chair):

- Data analyst if complex or large datasets are involved
- PHE Field Epidemiology Service team representative if required
- Other members of the public health or health protection teams for support as required

- Local health system partners, such as the Community Swabbing team, depending on the need for their involvement in testing arrangements.



If there is any uncertainty within the setting about who counts as part of the same “bubble” as a case then PHE can advise.

School/EYS closure

With good case-finding and collaborative working between the school/EYS, PHE and the Local Authority most outbreaks can be controlled without needing to resort to closure. However, a school/EYS experiencing an outbreak may occasionally need to close for operational reasons, for example if a large proportion of staff are unwell or self-isolating. If a school/EYS is contemplating this action it is advisable to first discuss it with the Local Authority (or IMT/OCT, if one has been set up).

Declaring the end of an outbreak

PHE or the IMT/OCT will declare the outbreak over, usually after 28 days from onset of symptoms in the last case.

Mass Testing

If the IMT/OCT establish that large scale testing is required then the following principles should be considered key:

- Anyone who has symptoms should be advised to arrange their own testing through the [national testing website](#)
- If bespoke large scale testing of asymptomatic individuals is required then one of two options will be chosen
 - Up to their current maximum capacity - 50-100 people per day - FedBucks (community swabbing team) will be deployed.
 - Above current FedBucks capacity, a Mobile Testing Unit (MTU) will be deployed (possibly with FedBucks support to undertake the swabbing, depending on the age group).
- Schools/EYS are encouraged to identify in advance areas in or near their grounds/buildings where these two mass testing resources could operate. Specifically:
 - FedBucks - a well-ventilated room with separate entry and exit points, nearby handwashing facilities and space outside for socially distanced queuing and registration.
 - MTU - a flat outdoor space with enough room for two/three large gazebos, three transit vans and an area suitable for socially distanced queuing.

Contact list:

Thames Valley PHE Health Protection Team <i>For <u>urgent</u> public health enquiries (such as confirmed cases or suspected/confirmed outbreaks)</i>	Within hours call 0344 225 3861 (option 4, then option 1) or out of hours call 0844 967 0083 .
Buckinghamshire Council Public Health team <i>For non-urgent public health enquiries</i>	publichealth@buckinghamshire.gov.uk
Buckinghamshire Council Education team <i>For non-urgent educational enquiries</i>	sis@buckinghamshire.gov.uk

Appendix 1

Close Contact definitions

A 'close contact' is a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic up to 7 days from onset of symptoms (this is when they are infectious to others). For example, a close contact can be:

- people who spend significant time in the same household as a person who has tested positive for COVID-19
- sexual partners
- 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 someone who has tested positive for COVID-19 for more than 15 minutes
- 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.