



Association of Directors of Public Health; North East

Q&A for teachers on COVID 19 in schools

05/06/20

Introduction

The decision to re-open a school, or to increase pupil numbers, requires a balanced assessment of risk, informed by a range of professional contributions. We want to support this decision process and recognise the important role schools play in promoting children's health, social and mental wellbeing. We know that disadvantaged children are likely to suffer most from not being at school; their life chances may be affected, and inequalities widened. We are working to prevent this wherever possible within the context of the ongoing risk represented by this pandemic.

Risk assessments will balance local insight about the workforce; areas where social distancing may be difficult, the risk to children and teachers once mitigation measures are in place; and the long-term consequences for children if they're kept out of school. The guidance described below will support this assessment process.

The responses are correct at the time of writing and reflect our developing understanding of COVID-19. Please check the latest information published on relevant sections of <https://www.gov.uk/coronavirus>. Links to relevant guidance are embedded following each response.

Section A) Risk to and from children returning to school

Section B) Infection Prevention & Control

Section A) Risk to and from children returning to school

1. How risky is it for children to return to school?

Many north east schools have remained open throughout the restrictions, supporting the children of colleagues who provide vital functions in our communities. During this time, we have seen the rate of infection from COVID-19 fall because of the protective measures; regular handwashing, social distancing, staying at home and following guidance. As we move towards increasing the number of children in school settings from 1st June, our understanding of the risk to children based on the recent overview of scientific advice is as follows.

- There is a high degree of confidence that the severity of disease in children is lower than in adults.
- There is a moderate to high degree of confidence that the susceptibility to clinical disease of younger children (up to age 11 to 13) is lower than for adults. For older children there is not enough evidence yet to determine whether susceptibility to disease is different to adults.
- The susceptibility to infection of younger children (up to age 11 to 13) might be lower than for adults, but the degree of confidence in this is low. For older children there is not enough evidence yet to determine whether susceptibility to infection is different to adults.
- There is no evidence to suggest that children transmit the virus any more than adults. Some studies suggest younger children may transmit less, but this evidence is mixed and provides a low degree of confidence.

Despite the low number of child deaths from COVID19, each case is tragic for those affected. ONS COVID 19 mortality data ([here](#)) reports that 4 deaths of children aged 0-14 years in the UK were registered up to the 15th May 2020. To put that into context, PHE has advised that 11 children died of seasonal flu in Nov/Dec 2019.

Recently, there have been concerns about a possible rare new inflammatory type illness in children, with some reports of Kawasaki disease. We don't yet know whether this is related to COVID 19 because not all children tested positive at the time of diagnosis - it could be caused by something else. This doesn't change the fact that in otherwise healthy children, severe COVID-19 is as rare as many other serious infection syndromes in children that do not cause schools to be closed.

If a child is unwell with suspected covid-19, particularly those under 5, it is essential that in addition to a covid-test they also access appropriate healthcare and clinical assessment, through 111, the local GP or hospital if required. NHS services are open and ready to care for patients. Further specific advice for testing children under 5 years old, including the role of appropriate clinical assessment, is anticipated in the near future.

Reference:

Overview of scientific advice 17th May 2020

2. What if children at my school are 'shielding' or have an existing medical problem?

Specific guidance is available for clinically vulnerable, or clinically extremely vulnerable people (those advised to shield), including children. Key points include:

- children, young people and staff who have been classed as clinically extremely vulnerable due to pre-existing medical conditions have been advised to shield. We do not expect people in this category to be attending school or college, and they should continue to be supported to learn or work at home as much as possible.
- clinically vulnerable (but not clinically extremely vulnerable) people are those considered to be at a higher risk of severe illness from coronavirus. Medical advice should be followed for children in this category.
- a child/young person or a member of staff who lives with someone who is clinically vulnerable (but not clinically extremely vulnerable), including those who are pregnant, can attend their education or childcare setting
- if a child/young person or staff member lives in a household with someone who is extremely clinically vulnerable, as set out in the guidance on shielding, it is advised they only attend an education or childcare setting if stringent social distancing can be adhered to and, in the case of children, if they are able to understand and follow those instructions. This may not be possible for very young children and older children without the capacity to adhere to the instructions on social distancing. If stringent social distancing cannot be adhered to, we do not expect those individuals to attend. They should be supported to learn or work at home
- staff and children or young people should not attend if they have symptoms or are self-isolating due to symptoms in their household
- protective measures will be put in place for staff and pupils, as far as is possible, to ensure that the risk of transmission is reduced

References:

[actions-for-educational-and-childcare-settings-to-prepare-for-wider-opening-from-1-june-2020](#)
[coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people](#)
[coronavirus-covid-19-coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings](#)
[guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19](#)
 Clinically vulnerable - [Staying at home and away from others \(social distancing\) guidance](#)

3. What's the risk for teachers?

Whilst our understanding of COVID-19 is developing all the time, currently there is no evidence to suggest that children transmit the virus any more than adults. Some studies suggest younger children may transmit less, but this evidence is mixed.

The likelihood of dying of COVID-19 in working age adults is much lower than in people of retirement age - in people in their early 50s, rates are about a third of those in their early 60s and much lower in those who are in their early 40s or early 30s.

Clinically extremely vulnerable individuals are advised not to work outside the home. We are strongly advising people, including education staff, who are clinically extremely vulnerable (those with serious underlying health conditions which put them at very high risk of severe illness from coronavirus and have been advised by their clinician or through a letter) to rigorously follow shielding measures in order to keep themselves safe. Staff in this position are advised not to attend work. Read [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](#) for more advice.

Clinically vulnerable individuals who are at higher risk of severe illness (for example, people with some pre-existing conditions as set out in the [Staying at home and away from others \(social distancing\) guidance](#)) have been advised to take extra care in observing social distancing and should work from home where possible. Education and childcare settings should endeavour to support this, for example by asking staff to support remote education, carry out lesson planning or other roles which can be done from home. If clinically vulnerable (but not clinically extremely vulnerable) individuals 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.

References:

[Overview of scientific advice 17th May 2020](#)

[actions-for-educational-and-childcare-settings-to-prepare-for-wider-opening-from-1-june-2020](#)
[coronavirus-covid-19-coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings](#)

[COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](#)

[Staying at home and away from others \(social distancing\) guidance](#)

Section B) Infection Prevention & Control

4. How can I prevent and control infection in a school setting

In all education, childcare and children's social care settings, preventing the spread of coronavirus involves preventing:

- direct transmission, for instance, when in close contact with those sneezing and coughing
- indirect transmission, for instance, touching contaminated surfaces and then touching the mouth, eyes or nose

A range of approaches and actions should be employed. These can be seen as a prioritised list of measures that, when implemented, create an inherently safer system where the risk of transmission of infection is substantially reduced. These include:

1. Minimise contact with individuals who are unwell

If you have, or are showing symptoms of, coronavirus (a new continuous cough, or fever, or a loss of, or change in, your normal sense of taste or smell (anosmia)), or have someone in your household who is, you should not be in a childcare setting, school or college. You should be at home, in line with the [guidance for households with possible coronavirus infection](#).

When working with children in residential schools and homes, you should follow the [guidance on isolation for residential educational settings](#).

2. Clean your hands often

Clean your hands more often than usual, particularly after arriving at your setting, touching your face, blowing your nose, sneezing or coughing, and before eating or handling food.

To clean your hands, you should wash your hands thoroughly for 20 seconds with running water and soap and dry them thoroughly, or use alcohol hand rub/sanitiser ensuring that all parts of the hands are covered.

3. Respiratory hygiene (catch it, bin it, kill it)

Avoid touching your mouth, eyes and nose. Cover your mouth and nose with disposable tissues when you cough or sneeze. If one is not available, sneeze into the crook of your elbow, not into your hand. Dispose of tissues into a disposable rubbish bag and immediately clean your hands with soap and water or use a hand sanitiser.

4. Clean surfaces that are touched frequently

To prevent the indirect spread of the virus from person to person, regularly clean frequently-touched surfaces, such as:

- door handles
- handrails
- table tops
- play equipment
- toys
- electronic devices (such as phones)

When cleaning, use your standard cleaning products, (like detergents or bleach), as these will be very effective at getting rid of the virus on surfaces. All education, childcare and children's social care settings should follow the Public Health England (PHE) [guidance on cleaning for non-healthcare settings](#).

5. Minimise contact and mixing

You should, as much as possible, alter the environment of your setting (such as classroom layout) and your timetables (such as staggered break time) to minimise contact and mixing.

6. Personal protective equipment (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, even if they are not always able to maintain distance of 2 metres from others.

PPE is only needed in a very small number of cases:

- children, young people and learners whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way
- PPE should be worn if a distance of 2 metres cannot be maintained from any child, young person or other learner displaying coronavirus symptoms

Education, childcare and children's social care settings and providers should use their local supply chains to obtain PPE.

References:

[guidance for households with possible coronavirus infection](#).

[guidance on isolation for residential educational settings](#).

[safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe](#)

[guidance on cleaning for non-healthcare settings](#).

[coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings](#)

[Coronavirus \(COVID 19\) guidance for educational settings poster](#)

5. Will equipment used by Reception children e.g. construction, need to be cleaned down between each Pupil using it?

The guidance below applies to early years settings though may also be helpful in responding to this question.

Because it is challenging to reduce contact between young children in early years settings, regular cleaning and disinfection of surfaces, objects and toys, as well as handwashing, are particularly important. The use of soft toys and toys with intricate parts or that are otherwise hard to clean should be avoided.

Settings should manage risks by keeping children in small groups and trying, as far as possible, to keep the same children and staff members together from day to day. Settings should consider staggering mealtimes and should discourage parents and carers from gathering at setting entrances. As far as possible, parents and carers should not enter early years premises.

References:

[safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe](#)
[guidance on cleaning for non-healthcare settings.](#)

6. Whilst there are sufficient first aid trained staff on site, there are not enough First Aiders to allocate one per “Pod” or “Bubble” of pupils. How best could schools manage this in order to minimise cross contamination between the Pupil/Staff groups.

COVID-19 cases in schools should be limited given the advice for pupils to remain at home if symptomatic (or if anyone in their household is symptomatic). In addition, the risk of cross contamination between groups of pupils will be reduced by following infection prevention and control advice.

References:

[coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings](#)
[COVID 19 Guidance for first responders](#)

7. If we can manage to keep children apart in classrooms what happens when they change rooms between lessons?

The guidance is to keep your distance from people outside your household, recognising this will not always be possible. The risk of infection increases the closer you are to another person with the virus **and** the amount of time you spend in close contact therefore you are very unlikely to be infected if you walk past another person in the corridor or street. Public Health England recommends trying to keep 2m away from people as a precaution. There are practical steps that may be taken to help staff and children in trying to maintain the distance in school.

Where settings can keep children and young people in those small groups 2 metres away from each other, they should do so. While in general groups should be kept apart, brief, transitory contact, such as passing in a corridor, is low risk.

The range of approaches and actions (described in the guidance below) to reduce the spread of coronavirus are seen as a list of measures that, when implemented, create an inherently safer system, where the risk of transmission of infection is substantially reduced.

Reference:

[coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings](#)

8. Why do I not have to wear any PPE when it will be impossible to keep a 2m distancing from small children?

Wearing a face covering or face mask in schools or other education settings is not recommended. Face coverings may be beneficial for short periods indoors where there is a risk of close social contact with people you do not usually meet and where social distancing and other measures cannot be maintained, for example on public transport or in some shops. This does not apply to schools or other education settings.

The wearing of PPE is only advised to support staff who are performing specialist care procedures and for episodes of care within 2m if a child is SYMPTOMATIC i.e. whilst awaiting collection from school if symptoms developed during the day. No child should be in school if they have displayed any symptoms prior to the school day or live in a household where someone is symptomatic. This disease is far more contagious through direct exposure to coughs and sneezes which is why this guidance advises PPE is only required for the situations described above.

The most effective way of reducing spread is:

1. To stay at home for 7 days if you develop any symptoms.
2. Follow social distancing guidance ([staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing](#)) when out of the home environment - it is safe to pass in corridors or on streets but not to gather together for periods
3. Regularly wash hands (especially before eating or drinking) and regularly clean surfaces

Individual risk assessments are advised for staff depending on their needs. Clinically vulnerable members of staff should follow the appropriate guidance.

References:

[coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings](#)

Guidance for donning, doffing PPE: [COVID 19: personal protective equipment use for non – aerosol generating procedures](#)

[staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing](#)

Clinically vulnerable - [Staying at home and away from others \(social distancing\) guidance](#)

9. How do we access PPE - can we make our own face masks?

Education, childcare and children's social care settings and providers should use their local supply chains to obtain PPE.

Please source your usual aprons, gloves and hand sanitiser where possible. The Local Authority will supply the Fluid Resistant Masks to each school which should be used as part of First Aid or in

cases where a child becomes symptomatic during the school day and where the 2m distancing rule cannot be maintained.

Reference:

[coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings](#)

10. What should I do if children turn up to school with face coverings on?

In accordance with guidance, please advise parents not to send children to school with face coverings as they are not appropriate. There is a risk of contamination of face coverings because of constant adjustments with hands that may have been exposed. Also face coverings are a barrier to communications, may frighten children and can be uncomfortable to wear for even short periods of time

Face coverings should not be used by children under the age of 2 or those who may find it difficult to manage them correctly. For example, primary age children unassisted, or those with respiratory conditions.

Reference:

[Guidance on face coverings](#)

11. What happens if there is a possible case of COVID-19 in a pupil or member of staff on site?

If anyone in an education or childcare setting becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), they must be sent home, advised to self-isolate for 7 days and follow guidance: <https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>. Their fellow household members should self-isolate for 14 days.

All staff and students who are attending an education or childcare setting will have access to a test if they display symptoms of coronavirus, and are encouraged to get tested in this scenario. At this point, no action is required for other staff and children who do not have symptoms (unless they are from the same household as the person who is unwell). This is because most children with symptoms will not have COVID-19.

If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.

PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

If a member of staff has helped someone with symptoms, they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child subsequently tests positive (see 'What happens if there is a confirmed case of coronavirus in a setting?' below). They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. See the [COVID-19: cleaning of non-healthcare settings guidance](#).

Where the child, young person or staff member tests negative, they can return to their setting when they no longer have symptoms. Fellow household members can end their self-isolation provided that they, too, are well.

References:

<https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>
[COVID-19: cleaning of non-healthcare settings guidance](#).

12. What happens if there is a confirmed case of coronavirus in a setting?

You may receive information about a positive test direct from the child's family or member of staff or from Public Health England's local health protection team. Where the child, young person or staff member tests positive, the rest of their 'bubble', class or group within their childcare or education setting should be sent home and advised to self-isolate for 14 days. 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. You should inform Public Health England's local health protection team if they have not already contacted you (0300 303 8596 option 1; please wait for the option list before choosing option 1). They will provide template text for you to incorporate into a letter informing parents.

As part of the national test and trace programme, if other cases are detected within the cohort or in the wider setting, Public Health England's local health protection team will conduct a rapid investigation and will advise schools and other settings on the most appropriate action to take, working with the Local Authority. In some cases a larger number of other children, young people may be asked to self-isolate at home as a precautionary measure – perhaps the whole class, site or year group. Where settings are observing guidance on infection prevention and control, which will reduce risk of transmission, closure of the whole setting will not generally be necessary.

References:

[coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings](#)
<https://www.gov.uk/government/publications/guidance-to-educational-settings-about-covid-19/guidance-to-educational-settings-about-covid-19>
[safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe](#)

13. What measures do I need to take if there is a minor accident in the playground and a child requires care and comfort?

Adopt the usual infection control measures but be particularly mindful to wash your hands thoroughly after the event. In recognition these events happen spontaneously remember the mode of transmission of Covid 19:

- a) Directly through [a symptomatic person](#) coughing or sneezing into your personal space which you then breathe in and

- b) Transference of virus from hard surfaces picked up on hands and then transferred to your own eyes, nose or mouth.

References:

[coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings](#)
[safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-](#)
[personal-protective-equipment-ppe](#)
[COVID 19 Guidance for first responders](#)

14. What PPE is required when working in close contact (1:1 work) and when a child requires restraint and social distancing is not possible. This type of close contact is sometimes necessary to safeguard the pupil in question and other pupils/staff.

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, even if they are not always able to maintain distance of 2 metres from others.

PPE is only needed in a very small number of cases:

- children, young people and learners whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way
- PPE should be worn if a distance of 2 metres cannot be maintained from any child, young person or other learner displaying coronavirus symptoms

Education, childcare and children's social care settings and providers should use their local supply chains to obtain PPE.

In addition, further guidance is available for pupils with SEND (see link below). This guidance refers to circumstances which may require staff to increase their level of self-protection.

For information about putting on (donning) and taking off (doffing) PPE please refer to [covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures](#)

References:

[safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-](#)
[personal-protective-equipment-ppe](#)
[coronavirus-covid-19-send-risk-assessment-guidance](#)
[covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures](#)

15. Will we be able to get tests even when not symptomatic to reassure parents and how often will we be tested in the longer term?

No. Testing of teachers should only be done if they develop symptoms (currently a new persistent cough OR a fever OR a loss of taste or smell) or on the advice of Public Health England in an outbreak situation. The test which is routinely available looks for bits of virus in nose and throat swabs. It is a test designed to establish whether someone currently has the infection, rather than whether they have had it in the past. Testing of anyone *with symptoms* can be accessed at <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>

If a child is unwell with suspected covid-19, particularly those under 5, it is essential that in addition to a covid-test they also access appropriate healthcare and clinical assessment, through 111, the local GP or hospital if required. NHS services are open and ready to care for patients. Further specific advice for testing children under 5 years old, including the role of appropriate clinical assessment, is anticipated in the near future.

Reference:

<https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>
[coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings](#)

16. Why do household members have to isolate for 14 days when the 'index' person can return to school after 7 days if no symptoms?

Evidence suggests that people who develop symptoms are less likely to pose an infection risk to other people beyond the 7th day of illness, so these people can return to some of their normal activities at this point (as long as they no longer have a fever) but must continue to abide by the standard advice to stay at home unless they can't work from home etc.

People living in the same household need to isolate for 14 days because that represents the 'incubation' period for the virus i.e. the time which may pass before a contact of a case develops any symptoms themselves.

Reference:

[stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection](#)