



Service Operating Plan: Schools and Early Years COVID-19

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2. Purpose of document

This service operating plan aims to help the borough to minimise primary and secondary transmission of COVID-19 within schools and early years settings by seeking to summarise the key points from government guidance and outlining the local response that should be undertaken by the aforementioned settings in partnership with PHE, LBTH Children’s Social Care and Public Health.

3. Background information

3.1. Epidemiology

COVID-19 disease has been reported in children and young people of all ages, including shortly after birth. There have been far fewer confirmed cases of COVID-19 disease in children than adults. Children consistently make up less than 2% of total case numbers in reports.

There have not yet been enough studies to say for certain how many children in the UK have been infected by COVID-19 virus.

Children are more likely to have milder forms of COVID-19 infection and less likely to develop severe complications. Most infected children have mild symptoms or none at all (asymptomatic). Very few develop severe or life-threatening disease. Deaths in children due to COVID-19 have been extremely rare. Mortality is about 0.01%, which is similar to that of seasonal influenza (flu).

They are less likely to catch COVID-19 infection. There is mixed evidence about whether they are less likely to pass it on to others, but good evidence that they are not more likely to pass it on to others.

For more information and links to research, see <https://www.rcpch.ac.uk/resources/covid-19-research-evidence-summaries#epidemiology>

3.2. Transmission

New research suggests that children may be less likely to catch COVID-19 disease.

There is no good quality research to date to find out if children are less likely to pass on (transmit) the virus. There is some evidence that asymptomatic children have passed on the virus to others. This is a rapidly evolving research area so these conclusions may soon change.

As with adults, the transmission of COVID-19 in children mainly occurs through respiratory droplets generated by coughing, sneezing and talking, and through contact with contaminated surfaces.

Initial research has identified the presence of COVID-19 virus in the stools, including the stools of infants, and conjunctival secretions of confirmed cases. Whilst it is theoretically possible that COVID-19 can be passed from an infected person's stool to another person (faeco-oral transmission), there is not enough evidence to say that this happens in practice. In any case, good hand hygiene will reduce the risk of passing on the virus regardless on how it is passed on (respiratory or faeco-oral transmission routes).

For more information and links to research, see <https://www.rcpch.ac.uk/resources/covid-19-research-evidence-summaries#epidemiology>

3.3. Incubation and infectious period

There incubation and infectious periods of COVID-19 in children are the same as in adults.

3.4. Case definition

The case definition in children is as that in adults: new continuous cough OR high temperature OR loss of, or change in, normal sense of taste or smell (anosmia).

Research suggests that there is little difference between COVID-19 and other childhood respiratory virus infections. This means that families and educational/early years staff will need to assume that a child with what appears to be a 'normal' childhood virus, however mild, has a COVID-19 infection until proven otherwise.

There have been a very small number of children (230 across the EU) who have developed a severe condition that has been linked to, but not proven to be caused by, COVID-19. This condition causes high levels of inflammation throughout the body and bleeding from small blood vessels within the skin and other organs. The condition is called Paediatric Multisystem Inflammatory Syndrome temporally associated with COVID-19 (PIMS-TS).

4. Infection protection and control

4.1. Guidance summary

In all education, childcare and social care settings, preventing the spread of coronavirus (COVID-19) involves dealing with direct transmission (for instance, when in close contact with those sneezing and coughing) and indirect transmission (via touching contaminated surfaces). A range of approaches and actions should be employed to do this.

These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system, where the risk of transmission of infection is substantially reduced. These include:

- 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, such as detergents and bleach
- minimising contact and mixing by altering, as much as possible, the environment (such as classroom layout) and timetables (such as staggered break times)

4.2. Local arrangements

Implementation of this guidance is the responsibility of the schools or early years setting. Schools have been provided with a risk assessment template and support from LBTH Health and Safety team.

A programme of infection protection and control training, developed in partnership between the CCG Infection Control Nurse and Public Health, will be offered to all schools and early years settings in Tower Hamlets.

Ongoing support for infection protection and control is available from the LBTH Health and Safety team.

Schools and early years settings receive regular updates on infection protection and control matters through a slidedeck that is sent to these settings on a weekly basis.

4.3. Wearing personal protective equipment

4.3.1. Guidance summary

Wearing a face covering or face mask in schools, early years settings 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, early years settings or other education settings. Schools and other education or childcare settings should therefore not require staff, children and learners to wear face coverings. Changing habits, cleaning and hygiene are effective measures in controlling the spread of the virus. Face coverings (or any form of medical mask where instructed to be used for specific clinical reasons) should not be worn in any circumstance by those who may not be able to handle them as directed (for example, young children, or those with special educational needs or disabilities) as it may inadvertently increase the risk of transmission.

The majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others.

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

- children, young people and students 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
- if a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then gloves, an apron and a face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn

4.3.2. Local arrangements

Schools and early years settings should use their local supply chains to obtain PPE. Advice on how to do this is provided to settings through a weekly IPC slide-deck developed by LBTH Public Health.

If settings are not able to access supplies via their normal routes, LBTH can provide emergency seven day supplies through its mutual aid scheme.

The LBTH COVID-19 Secure risk assessment sets out the circumstances in which PPE will be required and ensures answers do the following:

Set out the school's PPE needs within the wider infection control measures taken

Outlines contexts for use of PPE that depart from current national guidelines [DfE Coronavirus \(COVID-19\): implementing protective measures in education and childcare settings](#)

To access PPE from LBTH, settings are required to:

- Complete a PPE request form setting out what PPE and what volume is required
- Send the risk assessment and request form to ppe@towerhamlets.gov.uk, cc'ing PHCov19@towerhamlets.gov.uk

PPE will be issued against risk assessment following confirmation of appropriate training on use, removal and disposal. PPE can be collected in person from John Onslow House or can be delivered to the school by arrangement.

Any reordering of PPE needs to be undertaken along with receipt of updated risk assessment

This process will be continually refined and may be subject to changes.

For any queries to LBTH on PPE, settings can call 0207 364 3656.

5. Case Management

5.1. Testing

5.1.1. Guidance

Anyone with symptoms of COVID-19, however mild, should make arrangements to be tested for COVID-19 antigen. Parents are able to access testing for their children directly through the NHS. Staff are also able to make their own arrangements for testing.

Testing usually involves taking a swab of the inside of the nose and the back of your throat, using a long cotton bud. Staff members and children over the age of 12 within the names settings can swab themselves. Children aged 11 or under cannot do the swab themselves. Their parent or guardian will have to swab test them.

Trials of saliva tests are underway and if successful, these may be rolled out more widely.

COVID-19 antigen tests are now available for all ages. They can be ordered through the [NHS website](#) or by calling 119.

Schools can also access priority testing for school staff, which can be helpful if there is reduced availability of testing slots through the public-facing testing scheme.

5.1.2. Local arrangements

Schools and early years settings are updated on testing arrangements through a weekly COVID-19 IPC Slide-deck developed by LBTH Public Health.

This slide-deck also includes regularly updated flowcharts to guide schools on what to do when a child or staff member developed coronavirus symptoms – see [Appendix 1](#).

Schools have been advised to register on the national Employers Referral Portal to allow them to access testing for staff members directly. LBTH can support settings to access urgent testing if required. A referral form is available for schools via the LBTH Intranet which should be completed and emailed to coronavirus@towerhamlets.gov.uk.

5.1.3. Testing support provision

NHS Test and Trace service aims to deliver fast testing results for COVID and an integrated contact tracing provision. The national system remains the preferred approach for delivering the test and trace provision in Tower Hamlets in general, and for educational settings in particular.

A local testing support provision is being developed to add to the Test and Trace service in the following ways:

- **To address local concerns about the speed of receiving test results**, particularly for those tests ordered by post. This issue is likely to improve over time and, whilst important at present, is not anticipated to remain the main rationale for this testing support provision in the future.
- **To support families who may have difficulties accessing NHS Test and Trace.** Access issues relate include perceptions that the system requires high levels of (health) literacy and proficiency in English, is based on a Western model of health, and works best for individuals with a high internal locus of control.
- **To improve the sensitivity of tests in all children.** Most families are expected to be able to accurately swab their children and use the NHS Test and Trace service independently. However, headteachers have raised concerns that some families may struggle with this and additional support may be required, particularly for children under five.
- **To increase the effectiveness of national contact tracing programme.** Families will be advised to participate in national contact tracing programme and given a rationale for doing so.

The local testing support provision will be delivered through the School Health and Wellbeing Service by Tower Hamlets GP Care group. It will include the following:

Referral mechanism: The provision is referral only, and families are referred into the service by headteachers or EY setting manager.

Ordering and delivery of tests: Tests will be ordered through T-Quest. Tests will be delivered to the symptomatic person's home address to reduce transmission risks.

Support to undertake the test: This can be delivered virtually in the first instance, and if required there should be a provision for staff to swab children directly with a home visit. This contact provides to opportunity to encourage:

- Participation in contact tracing if the result is positive
- Future testing, if unwell again
- Testing of other family members if they develop symptoms

Collection of tests and delivery to the Barts lab

Follow up of test results: Test results will be included within the NHS Test and Trace service if raised through T-Quest. We are aiming that the provision will also follow up test results and ensure that LCRC and schools are informed of the results as quickly as possible.

SOPs will be developed to ensure positive test results are followed up in alignment with national guidance and to ensure appropriate clinical oversight. A flowchart will be developed to articulate how positive/negative results will be communicated and followed up. Failsafe mechanisms will be developed and shared.

The provision will be available to all children resident in Tower Hamlets. The provision should accept referrals from all Tower Hamlets schools (primary and secondary) and early years settings, including childminders, nurseries and children's centres.

6. Response to a single COVID-19 case

6.1. Guidance

COVID-19 is listed as a notifiable disease under the Health Protection (Notification) Regulations 2010 and as such there is a legal duty to report all clinically suspected or confirmed cases of COVID infection without delay.

The NHS Test and Trace system identifies positive test results and contacts any staff/pupils who test positive to undertake contact tracing. This includes asking questions about the workplace or educational/childcare setting. Through this system, cases that are associated with schools or early years settings are escalated to Tier 1 contact tracing for support from health protection specialists in the London Coronavirus Response Cell (LCRC).

6.2. Local arrangements

Schools and Early Years settings should report confirmed COVID-19 infections immediately to the London Coronavirus Response Cell (LCRC) on lcrc@phe.gov.uk and also PHCOV19@towerhamlets.gov.uk and icCOVID19@towerhamlets.gov.uk.

Whilst LCRC should be informed through the NHS Test and Trace service, this direct notification from settings may help to facilitate quicker support and can act as a failsafe.

The LCRC will provide initial advice and support, along with local authority partners, to help the school or early years setting manage the situation. This will include identifying close contacts, advice on exclusion and self-isolation, advice on cleaning and other infection protection and control. Settings will be supported to communicate with their community (families and staff) through the provision of standard letters that can be adapted as required.

Once LCRC has conducted the initial risk assessment, the LBTH Public Health will liaise with LCRC, the school / early years setting and relevant LBTH services including Education and Partnerships, Health and Safety and Communications, as required. LBTH will remain in contact with the school over the following 14 days to ensure that prompt support is provided should further pupils or staff develop COVID-19 symptoms.

The focus of this will be on the prevention of further cases and the development of an outbreak.

7. Managing an outbreak

Please see section 1.d.

8. Monitoring

Due to the low number of COVID-19 cases currently circulating in Tower Hamlets, COVID-19 cases in schools and early years settings are reported to LBTH Public Health through LCRC or directly from settings themselves.

LBTH Public Health is exploring the development of a local monitoring system to provide a borough-wide view of suspected and confirmed cases in schools and early years settings.

9. Protecting people who are Extremely Medically Vulnerable

9.1. Definition

Some people have conditions that make them 'extremely medically vulnerable' to the clinical complications of COVID-19 infection. These people have been advised to shield themselves, that is to avoid face to face contact with other people.

Information on shielding conditions:

- [All ages](#)
- [Children](#)

People who need to shield have been identified by NHS Digital searches of patient records, and by GPs and hospital specialists. Those that have been identified should have received a letter to confirm their status, give advice and offer support to help them shield.

Shielding policy changes in line with the risk of catching COVID-19 infection from others. Current advice is available:

- [For all people](#)
- [Children](#)
- [Adults in educational settings](#)

9.2. IPC guidance for shielding children

In June 2020, the shielding advice for children is that children who are extremely vulnerable are not expected to attend school/early years settings. Instead they should be supported to continue learning from home.

If attending school settings, there are no additional measures that clinically vulnerable children must take, beyond following social distancing/personal hygiene guidelines and the same advice as for all children attending school. There is no need for additional PPE.

9.3. Guidance for Children with Asthma

Asthma UK has published specific guidance and advice for parents and children with asthma on returning to school : www.asthma.org.uk/about/media/news/advice-for-parents

Asthma does not make you more likely to catch or transmit COVID19, but it may increase the risk of more severe symptoms. The number of children with asthma becoming unwell due to COVID19 is low.

Parents with concerns about their child attending school should discuss with their GP/lead clinician.

The priority is for asthma to be well-controlled and managed, that school staff are aware of any care needs and that children have access to their inhaler, including regular use of preventative inhalers.

9.4. IPC guidance for shielding staff

Staff that are classed as clinically extremely vulnerable are currently advised not to attend work outside their home and should strictly following the shielding guidelines. These guidelines will be relaxed in July and further in August. In any eventuality, the strict adherence to infection protection and control guidance will remain critical to prevent infections in these vulnerable groups.

Clinically vulnerable staff should be supported to work remotely if feasible (i.e. taking on roles that don't require working on site). If not possible, these staff members should be offered the safest available on-site roles that allow them to maintain the social distancing guidelines.

10. Useful Links

Guidance on shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-COVID-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-COVID-19>

COVID-19: guidance on residential care provision: <https://www.gov.uk/government/publications/COVID-19-residential-care-supported-living-and-home-care-guidance/COVID-19-guidance-on-residential-care-provision>

COVID-19: investigation and initial clinical management of possible cases: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection>

COVID-19: epidemiology, virology and clinical features: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information/wuhan-novel-coronavirus-epidemiology-virology-and-clinical-features>

Coronavirus (COVID-19): admission and care of people in care homes:

https://www.gov.uk/government/publications/coronavirus-COVID-19-admission-and-care-of-people-in-care-homes?utm_source=ac47bed8-b52a-4c2f-b961-a48468e031b1&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

11. Contact Information

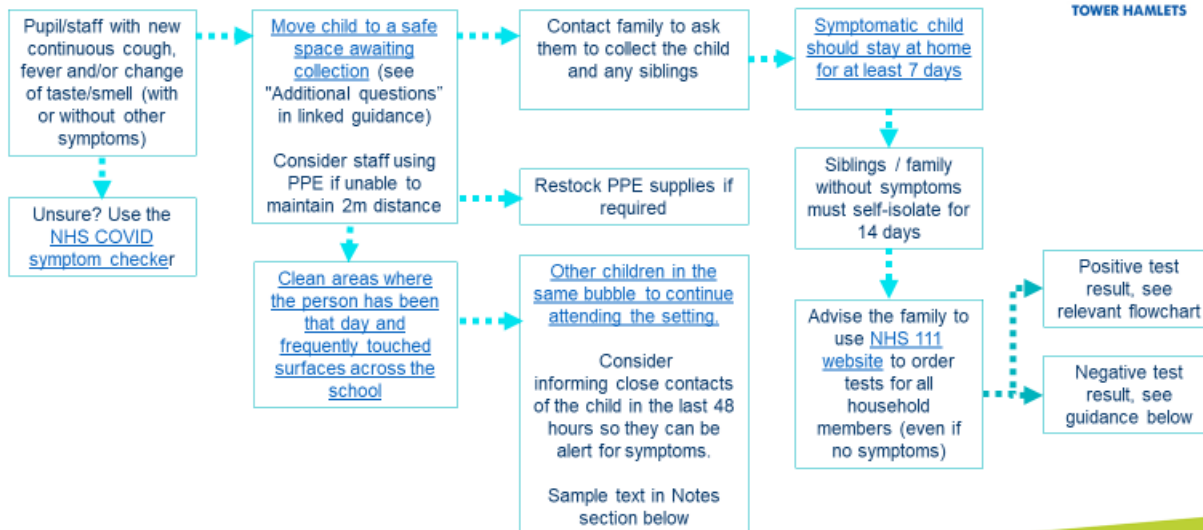
Public Health at PHCov19@towerhamlets.gov.uk for any COVID-19 related Public Health queries in Tower Hamlets.

London Coronavirus Response Cell (LCRC) on lcrc@phe.gov.uk if a care home has two or more confirmed or suspected COVID 19 cases.

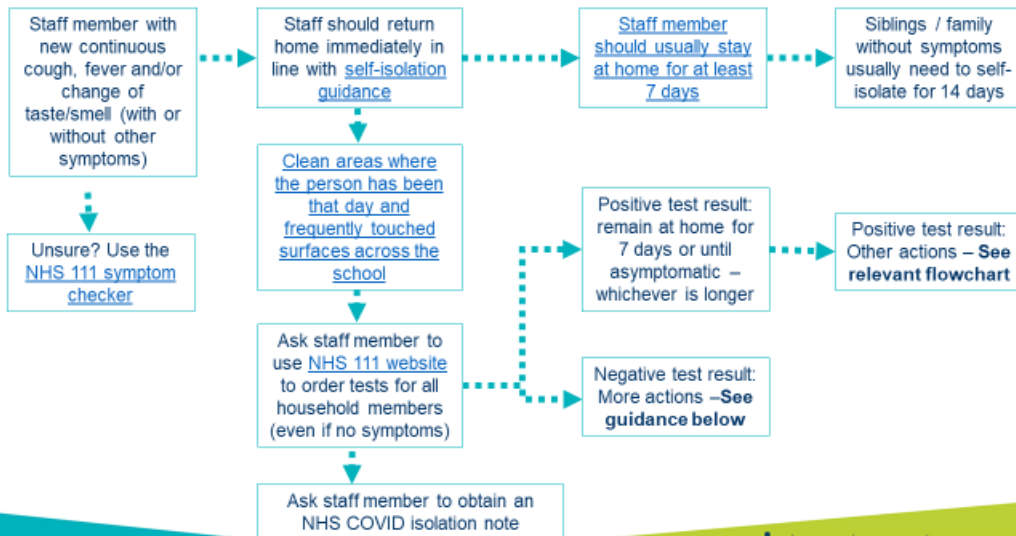
Christine McInnes, Divisional Director of Education, London Borough of Tower Hamlets
(Christine.mcinnis@towerhamlets.gov.uk)

12. Appendix 1: Flowcharts on managing COVID-19 symptoms and cases in schools and early years settings

What to do: Pupil with coronavirus symptoms



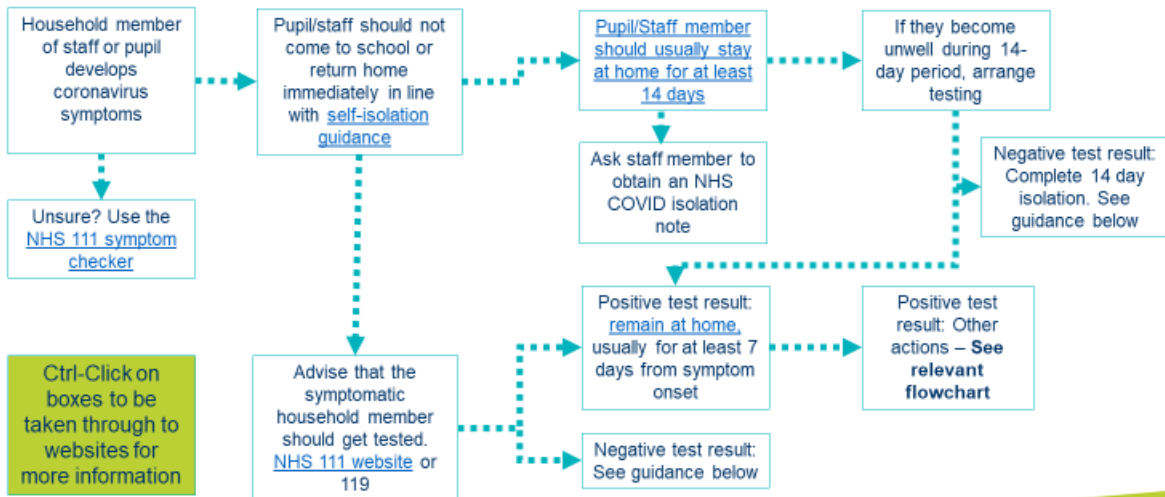
What to do: Staff with coronavirus symptoms



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What to do: Household member of staff/pupil develops coronavirus symptoms

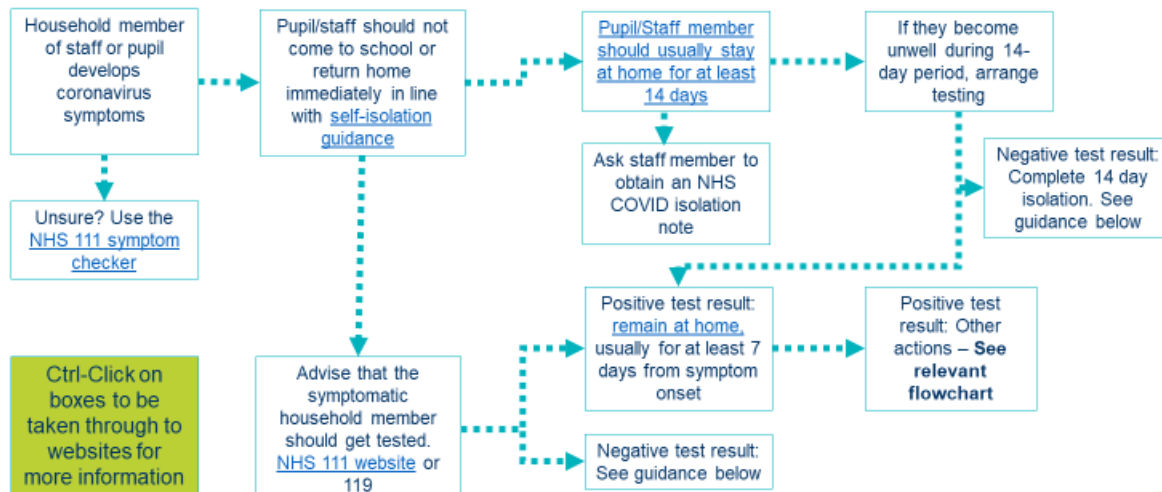


Ctrl-Click on boxes to be taken through to websites for more information

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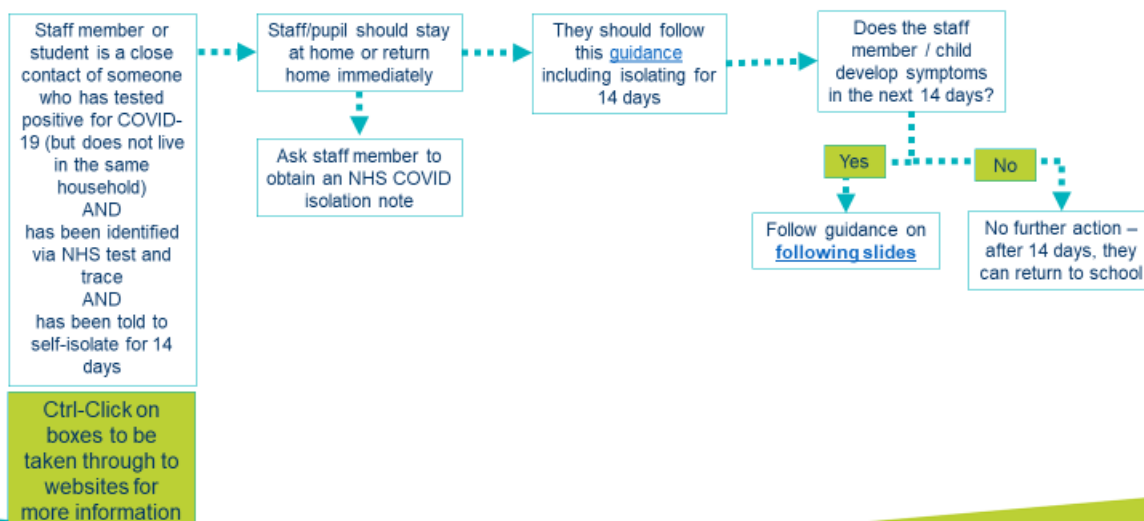


What to do: Household member of staff/pupil develops coronavirus symptoms



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What to do: Staff/pupil is a close contact of someone who has tested positive with COVID



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Acting on negative test results

- People with negative results should only return to school/work if they feel well enough to do so.
- If everyone with symptoms who was tested in their household receive a negative result, the individual can return to work immediately, providing they are well enough, and have not had a fever for 48 hours.
- If a household member tests positive, but the eligible worker tests negative, the worker can return to work on day eight from the start of their symptoms if they feel well enough and have not had a fever for 48 hours.
- If the individual does not have symptoms but a household member tests positive, they should continue to self-isolate in line with national guidance
- If, after returning to work/school, they later develop symptoms they should follow national guidance and self-isolate.

- If any member of the household receives a positive result, please continue to follow the national guidance.

Acting on positive test results

- Where the child, young person or staff member tests positive, the rest of their 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.
- 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 teams will conduct a rapid investigation and will advise schools and other settings on the most appropriate action to take.
- 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.
- The national Track and Trace programme will integrate testing with contact tracing
- Schools will be supported by Tier 1 staff (public health professionals) in a similar way to other infectious diseases, including:
 - Undertake a risk assessment
 - Identify, notify and advise close contacts (see definition in notes below)
 - Identify any further actions needed
 - Support on communications to the school community
- Actions for schools
 - Encourage staff/families to inform the school as soon as test results are returned
 - Encourage anyone who tests positive to complete contact tracing information and include the school's details
 - Notify the health protection team immediately of any positive cases in schools
 - lcrc@phe.gov.uk or call 0300 303 0450
 - Notify the local authority of any positive cases
 - Public health team: phcov19@towerhamlets.gov.uk