Public Health update: COVID-19 in schools and early years settings

15th July 2020

Version 7

Please send comments and queries to phcov19@towerhamlets.gov.uk

Introduction

- This slide-deck aims to support LBTH educational settings in preparing for the phased reopening of schools and early years settings in June 2020
- It aims to complement rather than duplicate other LBTH guidance, and should be read alongside this e.g. health and safety risk assessment template
- The majority of content seeks to summarise and link to existing government guidance
- There are additional slides to explain some of the rationale behind current guidance
- Government guidance is frequently updated so please check gov.uk regularly and sign up for alerts
- There is further detail in the Notes section below including hyperlinks to other guidance

Contents

Updated

- COVID19 data updated **(Slides 6-8)**
- Greater clarity on testing for under 5s – same message **(Slide 57)**
- Infographic on BAME inequalities – more detail **(Slide 15)**
- Further information on testing locations **(Slide 61)**

New

- Summary of the evidence relating to the transmission of COVID in schools **(slide 18)**

Changes from June 2020 onwards

Subject to the government's **five tests*** being met:

***for the five tests** see Section 1.2 in the Government's recovery strategy*

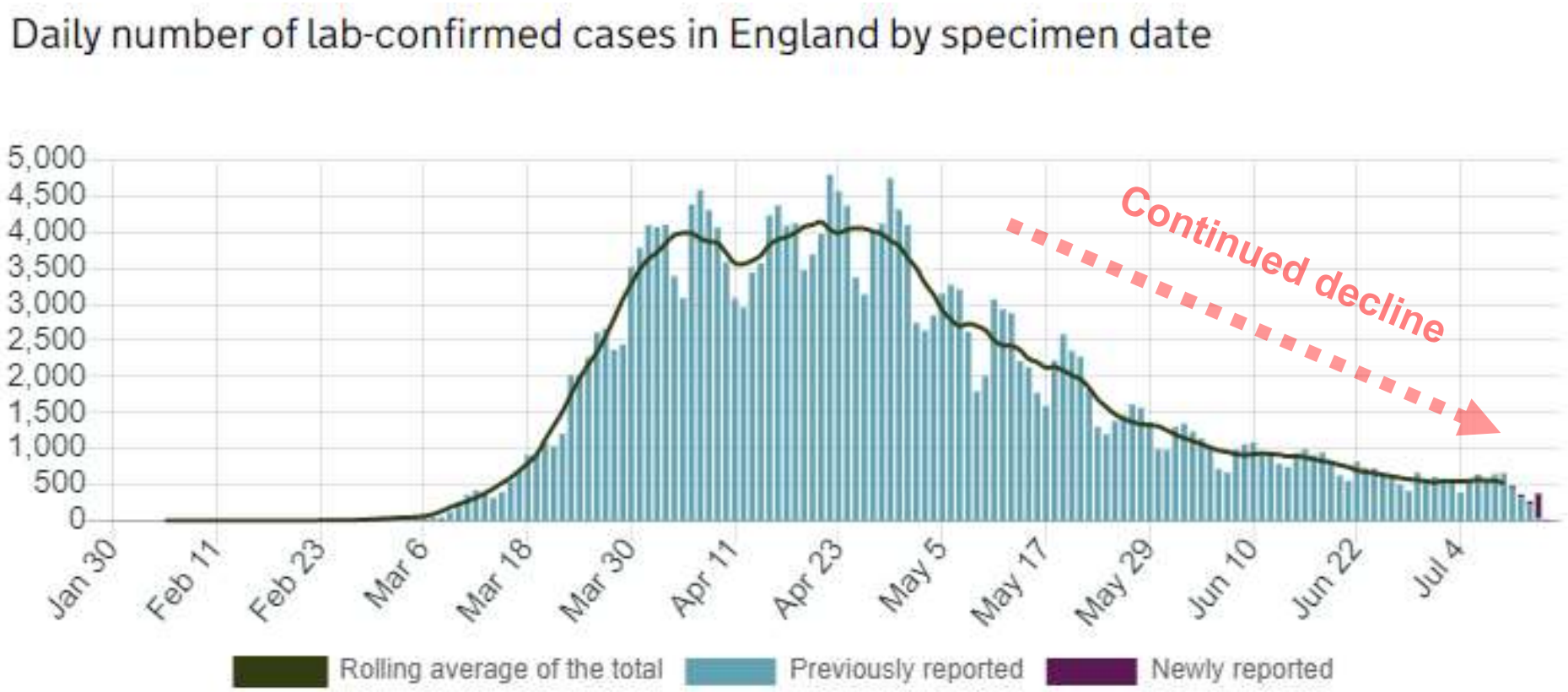
Setting	From June 1st	From June 15th	September 2020
Early Years	Nursery classes/ schools, childcare and childminders to welcome back all children		Nursery classes/ schools, childcare and childminders to continue to welcome back all children
Primary Schools	**Year 1** and **Year 6** to return from 1st June		**All year groups to be welcomed back.**
Secondary Schools		Some face-to-face support to supplement remote education for **Year 10 and Year 12** taking key exams next year	**All year groups to be welcomed back.**

Impact of COVID-19: infection and control strategies

UPDATED

Daily COVID-19 cases in England

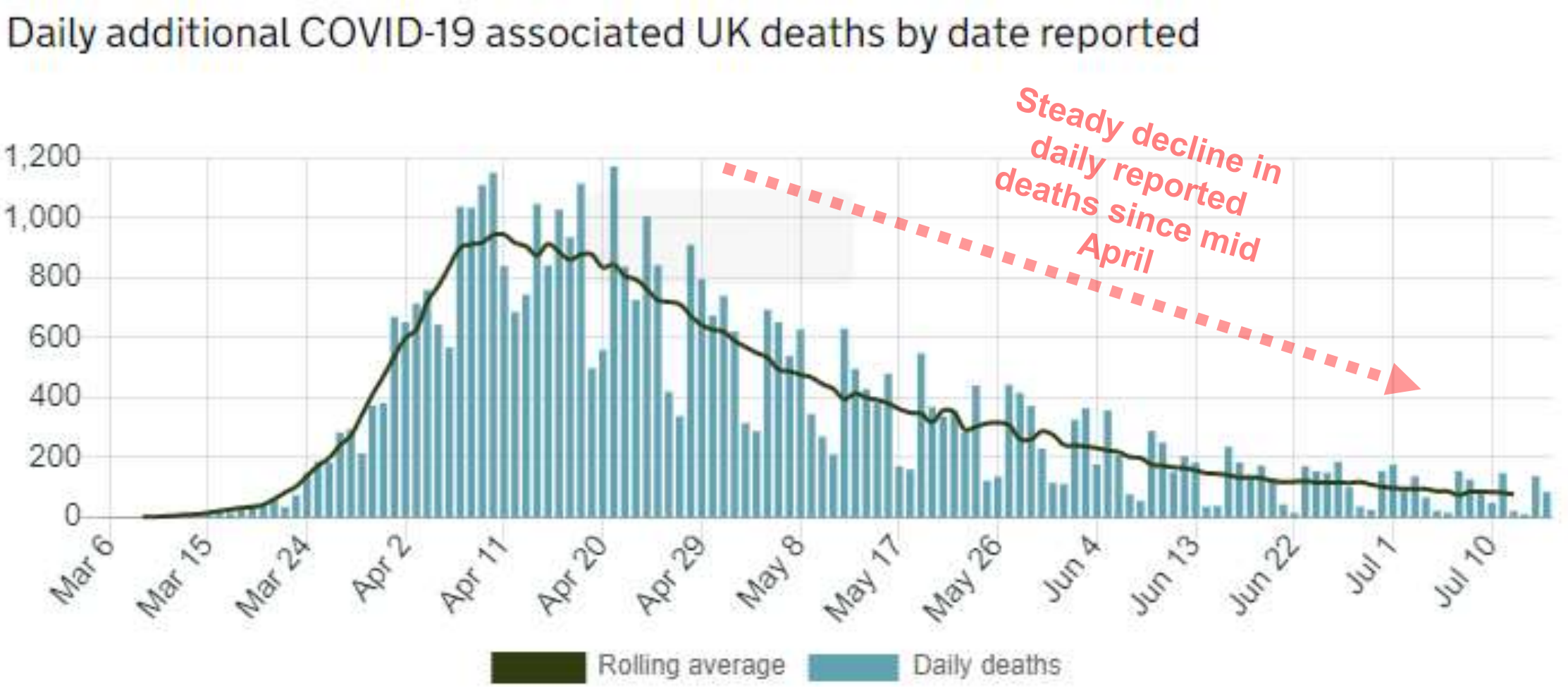
TOWER HAMLETS



Total confirmed cases showing those previously reported and newly added cases separately. New cases are attributed to the day the specimen was taken.

UPDATED

Daily COVID-19 deaths in UK



UPDATED

Impact on children

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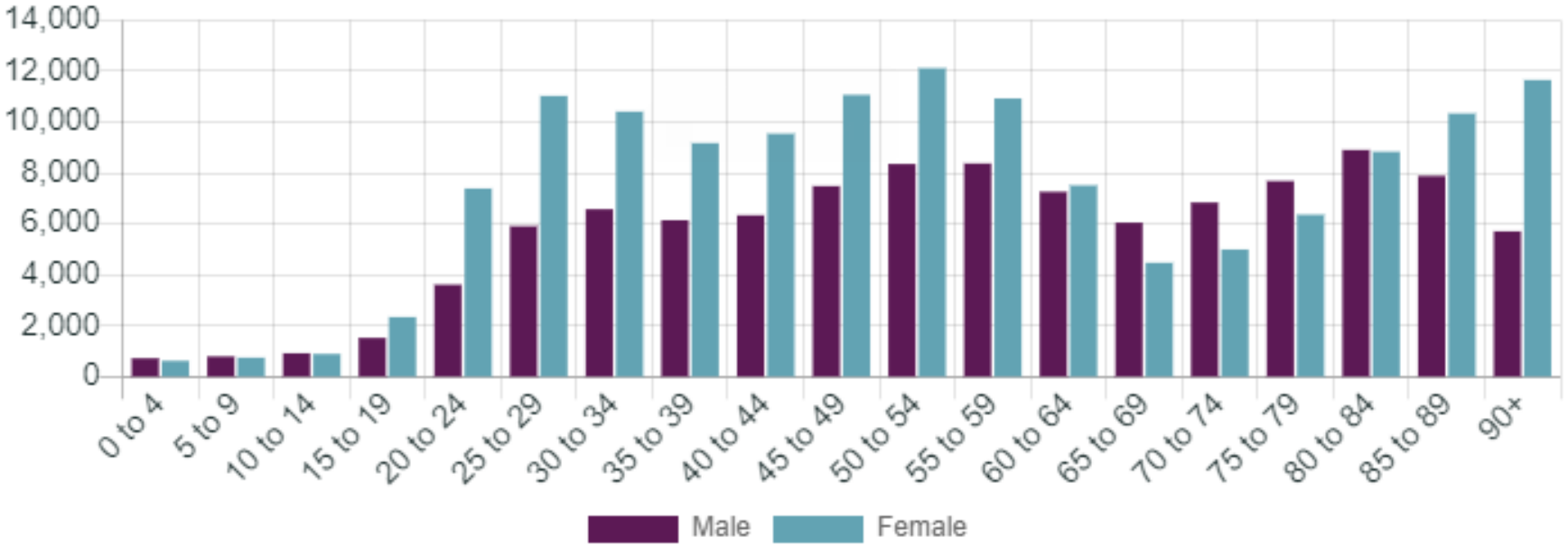
Total number of lab-confirmed cases in England by age and sex



Nationally, six deaths in children aged 14 years and below.
Two were infants and four were children aged 1-14 years

Summary of current evidence:

- Evidence suggests that symptoms of COVID19 in children are generally milder than in adults
- Children are half as likely to catch COVID 19
- The current evidence is inconclusive about whether they are less likely to pass it on

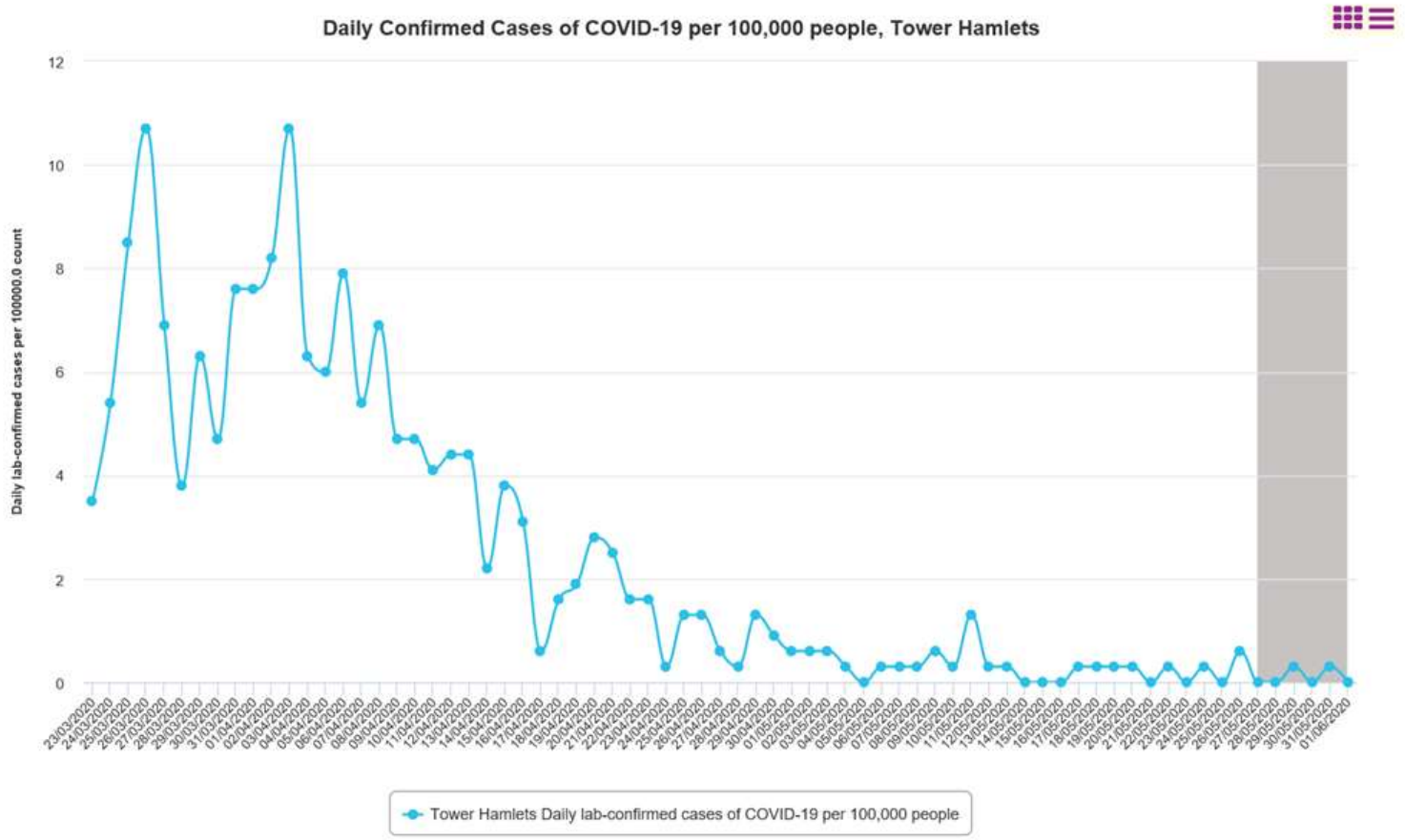
Impact on Tower Hamlets

As of 1st July 2020:

- 703 lab-confirmed COVID-19 cases
- Estimated 2000 suspected cases by GPs
- Self-managed cases – being researched
- 280 confirmed or suspected deaths
  - No child deaths

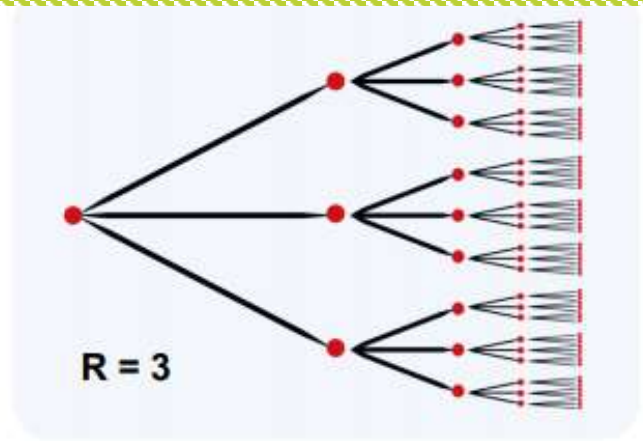
Daily confirmed cases in Tower Hamlets

Note: the area of the chart in grey indicates provisional data. Not all cases tested for in this period have yet been incorporated into the data, and as such case numbers in the grey area are likely to be significantly higher than they currently appear to be.

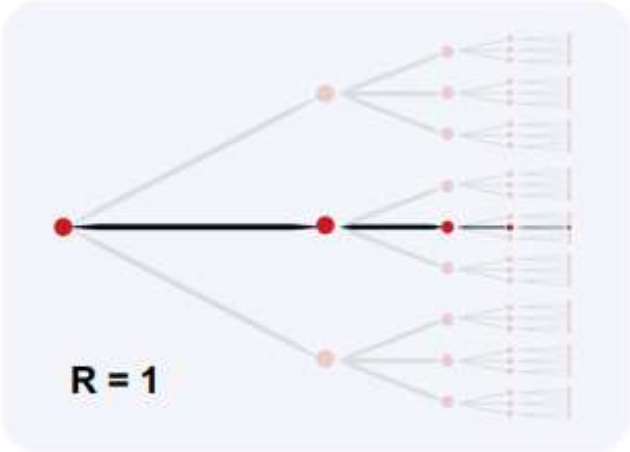


R – reproduction number

- **If R is below one:** then on average each infected person will infect fewer than one other person; the number of new infections will fall over time.
- **If R is above one:** the number of new infections is accelerating; the higher the number the faster the virus spreads through the population.
  - Estimated R number for the UK : **0.8 - 0.9 (3rd July)**
  - Estimated R number for London: **0.92 (6th July)**



R over 1 = virus spreads



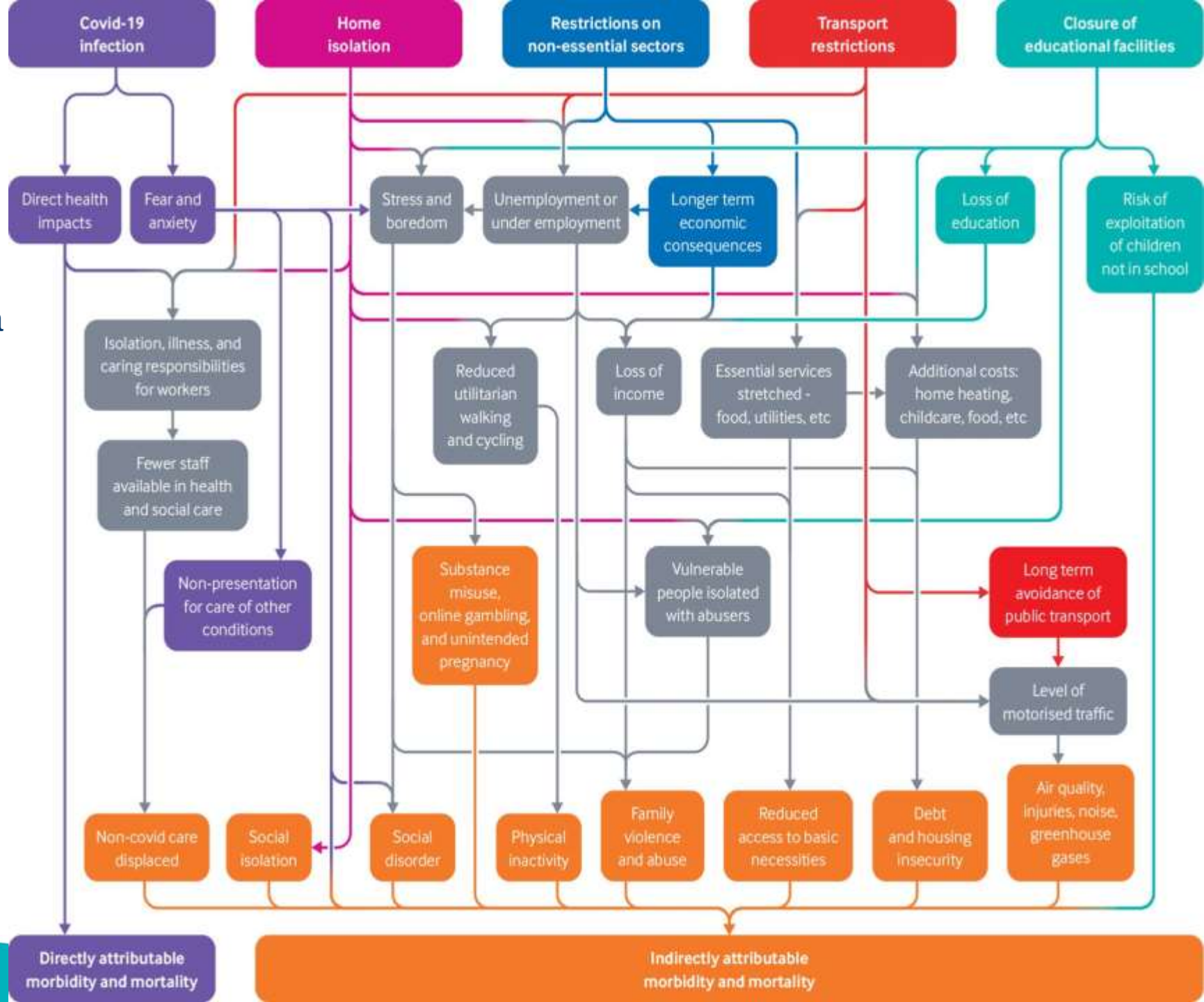
R of 1 or under = cases of the virus are steady or decreasing

Wider impact of COVID

The impact of COVID on **mortality** (death) and **morbidity** (disease) is a combination of:-

Directly attributable impacts– those that are a direct result of COVID19 infection.

Indirectly attributable impacts– those impacts that are indirectly caused by COVID19 (i.e. reduced physical activity due to lockdown measures)



PHE Disparities Report: Findings

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Age and sex	Geography	Deprivation	Ethnicity	Occupation	Inclusion health	Care Homes	Comorbidities
• Diagnosis and death rates increase with age • Working age men twice as likely to die as females • Those > 80 70x more likely to die compared to <40s	• London had highest diagnosis rates • Death rates in London 3x higher than South West	• Mortality rates in most deprived areas more than double least deprived areas • This adjusts for age, sex, region and ethnicity)	• Diagnosis highest in Black ethnic group • Death rates highest in Black and Asian (particularly Bangladeshi) ethnic group	• Higher death rates in men working as security guards, taxi drivers, chaffeurs, drivers, chefs, retail assistants, construction and processing plans • Higher death rates in men and women working in social care	• Higher death rates in people born outside UK (especially parts of Africa and South East Asia • Likely to be much higher infection rates in rough sleepers	• Deaths in care homes accounted for 27% • 2.3x deaths from all causes compared to previous years	• Diabetes on 21% of death certificates • Higher for BAME Groups (43% Asian and 45% Black)

PHE Disparities Report: Tower Hamlets

- Tower Hamlets has the 4th highest death rates in London (when adjusted for age
- Report highlights the overlapping and interconnected narratives in Tower Hamlets impacting on the pattern of Covid-19 in the borough
  - Deprivation
  - Older population with worse health than elsewhere
  - Ethnicity (BAME and White subgroups)
  - Occupation
  - Diabetes as a major cause of poor health

PHE Beyond the data report

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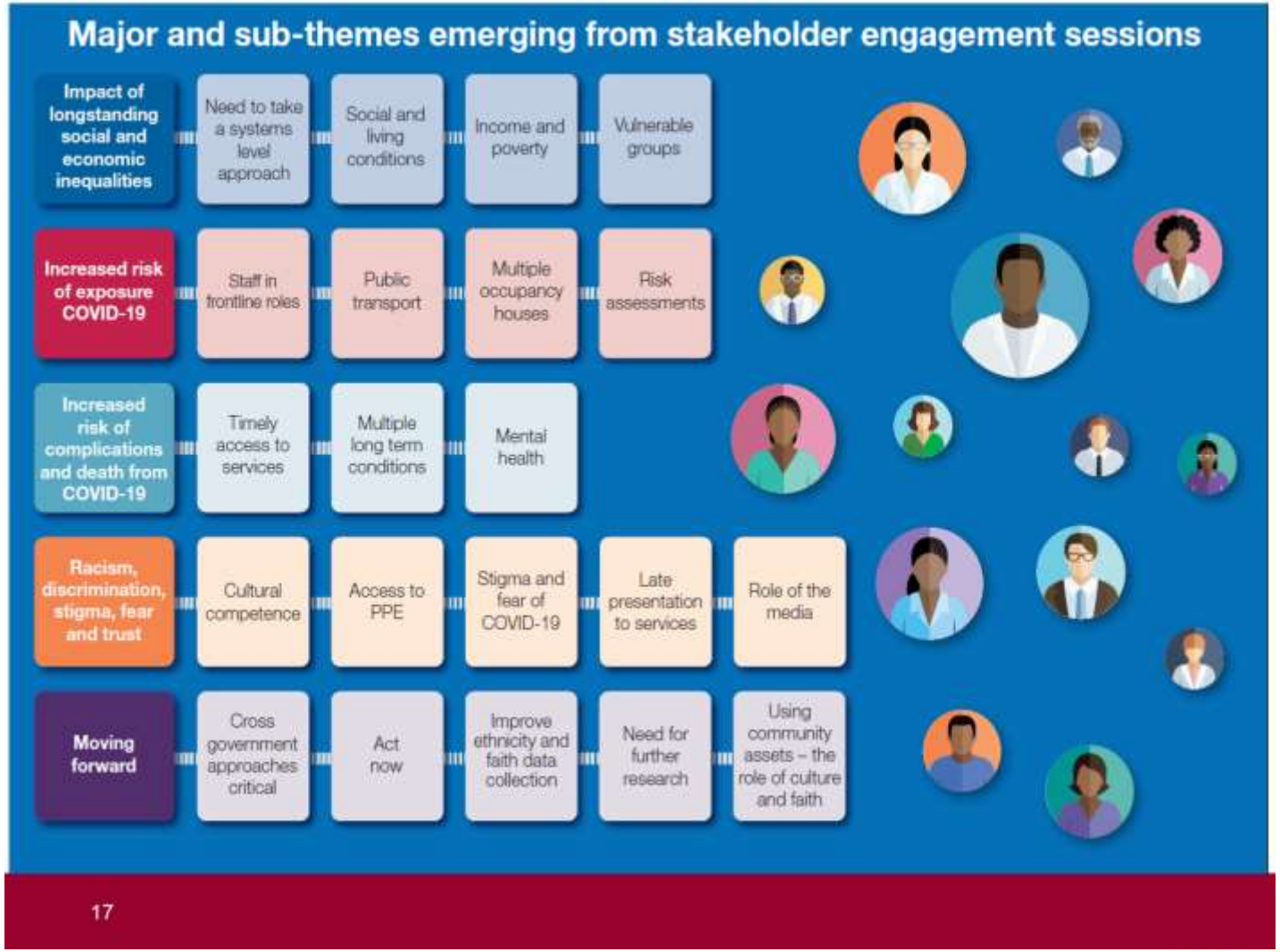

PHE Disparities Report: Themes

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- Inequalities exacerbated by COVID-19
  - Economic disadvantage
  - Opportunity for fast and sustainable change
- Risk of exposure
  - High proportion of BAME groups in occupations that place them at greater risk
  - Value and respect work of key workers
    - Risk assessment, tackling racism, all concerns to be expressed
- Complications and death from COVID-19
  - More needed to improve early diagnosis and management chronic diseases
  - Targeted health promotion
  - Culturally competent strategies to support better symptom recognition
- Racism, discrimination, stigma, fear and trust
  - Impact on mental health
  - Stigma with COVID-19 impacting on health seeking behaviours
  - Role of communities, anchor institutions, faith communities, supportive workplace

PHE Disparities Report: Recommendations

1. Mandate comprehensive and quality **ethnicity data collection and recording** as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification, and ensure that data are readily available to local health and care partners to inform actions to mitigate the impact of COVID-19 on BAME communities.
2. Support **community participatory research**, in which researchers and community stakeholders engage as equal partners in all steps of the research process, to understand the social, cultural, structural, economic, religious, and commercial determinants of COVID-19 in BAME communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes.
3. Improve **access, experiences and outcomes of NHS, local government and integrated care systems commissioned services** by BAME communities including: regular equity audits; use of health impact assessments; integration of equality into quality systems; good representation of black and minority ethnic communities among staff at all levels; sustained workforce development and employment practices; trust-building dialogue with service users.
4. Accelerate the development of **culturally competent occupational risk assessment tools** that can be employed in a variety of occupational settings and used to reduce the risk of employee's exposure to and acquisition of COVID-19, especially for key workers working with a large cross section of the general public or in contact with those infected with COVID-19.
5. Fund, develop and implement **culturally competent COVID-19 education and prevention campaigns**, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of interventions including contact tracing, antibody testing and ultimately vaccine availability.
6. Accelerate efforts to **target culturally competent health promotion and disease prevention programmes** for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma.
7. Ensure that **COVID-19 recovery strategies** actively **reduce inequalities caused by the wider determinants of health** to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised.

How easily does COVID-19 spread in education settings?

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There have been very few outbreaks in schools and research in the area is limited to case reports. These appear to show limited spread when there have been cases associated with schools.

Country	Primary Cases	Contacts	Contacts tested	Secondary cases (infected by primary cases)	Deaths
New South Wales, Australia (High school)	12	695	235	0	0
New South Wales, Australia (Primary schools)	6	168	53	1	0
Republic of Ireland	6 (3 adults and 3 children)	1025		0	0
Singapore (Pre-school)	1	Unknown	34	0	0

Benefits of returning to school

The coronavirus pandemic risks exacerbating existing inequalities in society:

- **Educational attainment**
  - Significant risk of reversing recent achievements in closing the gap for disadvantaged pupils
- **Child health and wellbeing**
  - Incl. physical health through opportunities for play and exercise and mental wellbeing through social interaction
- **Safeguarding**
  - Schools present opportunities for disclosures and early interventions for families who need support

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Infection protection and control

How COVID-19 is transmitted

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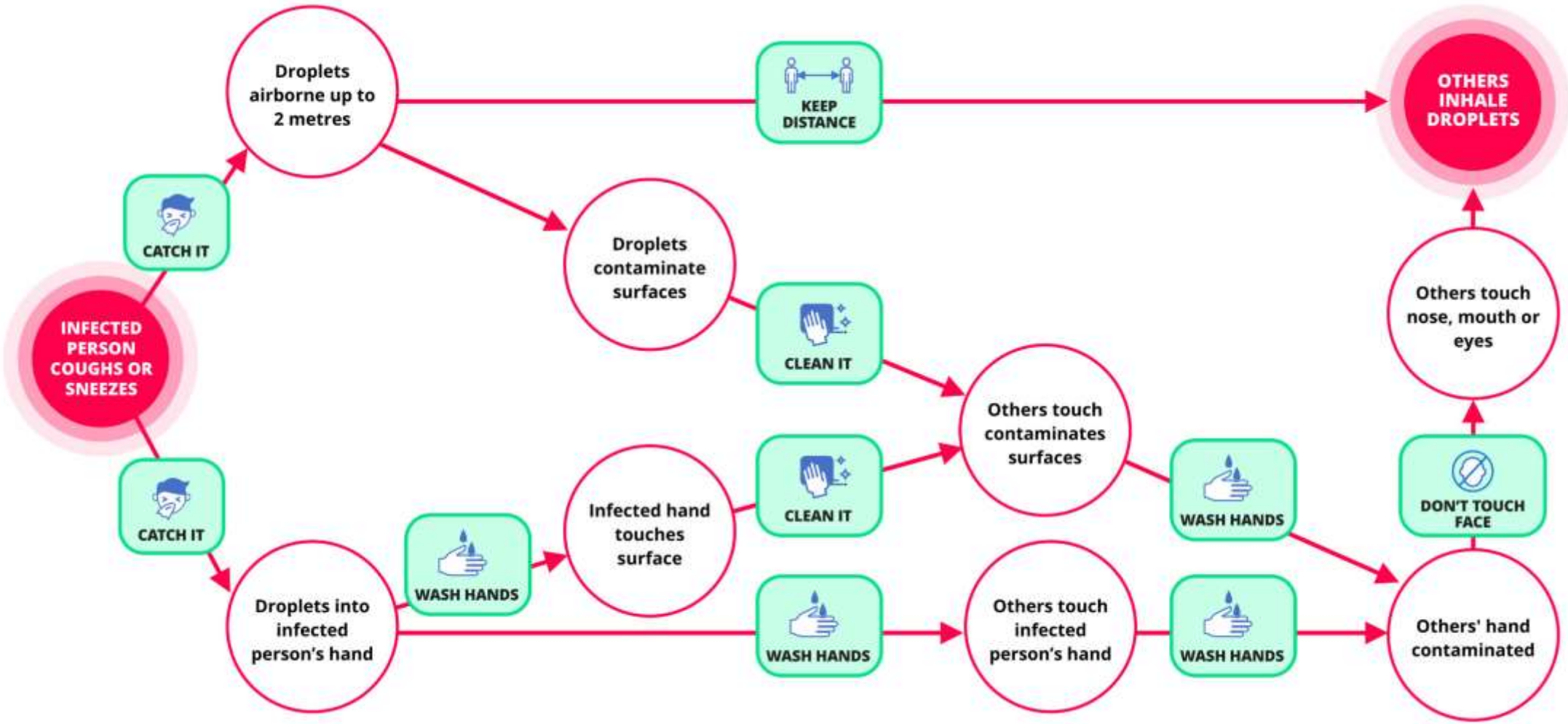
- Coronavirus is mainly transmitted through droplets generated when an infected person coughs, sneezes or speaks.
- These droplets are too heavy to hang in the air.
- They quickly fall on floors or surfaces.
- Fact check: COVID19 is NOT airborne.

How COVID is transmitted



How to stop the spread of coronavirus

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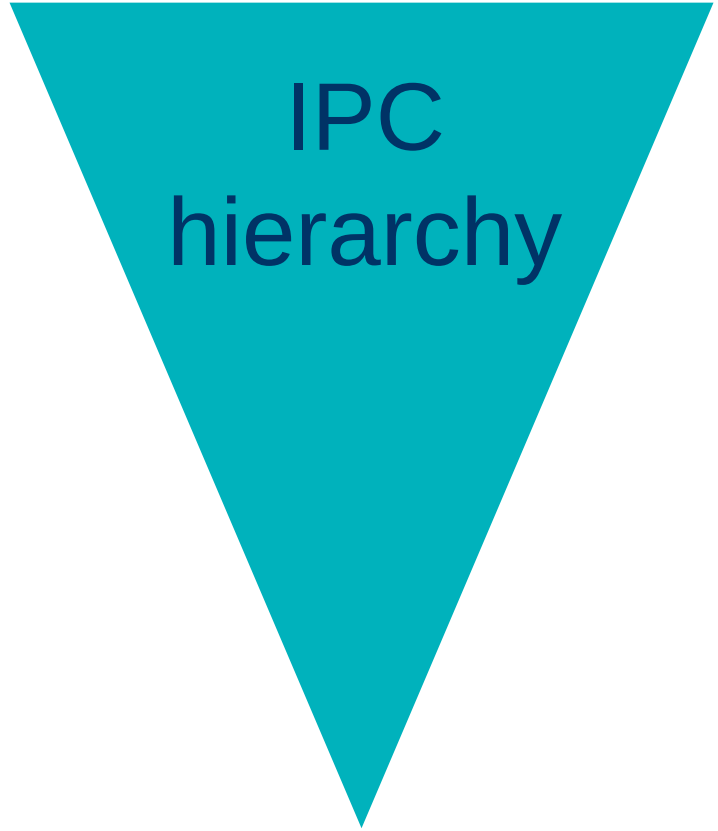
1. **Symptomatic people stay at home**
2. **Cleaning hands more often than usual** - using alcohol gel if handwashing facilities aren't available
3. **Respiratory hygiene** – "Catch it, Bin it, Kill it"
4. **Cleaning frequently touched surfaces with standard products**
5. **Minimising contact and mixing as much as possible**



Handwashing

- Cleaning hands more often than usual - wash hands thoroughly for 20 seconds with running water and soap
- Ensure handwashing takes place regularly throughout the day
- Ensure everyone washes their hands as soon as they enter the school
- There are plenty of resources available to teach children to do this effectively
- Place posters on effective handwashing technique above every sink

Handgel

- Handgel can kill coronavirus but does not remove the (dead) virus from the hands – **effective handwashing is more effective and should be prioritised.**
- Handgel can cause skin irritation when used frequently
- Handgel is less effective on cracked/broken skin and can sting, creating a disincentive to engage in effective hand hygiene
- Handgel has a role to play in situations where no handwashing facilities exist - this is not the case in education settings
  - **Handgel should not be over-used in schools and should not be a replacement for handwashing**
  - Developing and normalising effective handwashing practice is key

Cleaning – frequency and extent

Key message: Clean and disinfect regularly touched objects and surfaces more often than usual using standard cleaning products

- Cleaning an area with normal household disinfectant will reduce the risk of passing the infection on to other people.
- Disposable or washing-up gloves and aprons should be worn for cleaning. These should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished.
- Using a disposable cloth, hard surfaces need to be cleaned with warm soapy water. Surfaces should then be disinfected with the cleaning products normally used. Particular attention should be paid to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles

Social distancing strategies

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- Maintaining a two metre distance is one of number of effective transmission control strategies.
- It is not always possible to remain two metres away at all times.
- There are plenty of strategies that schools can implement to increase the **average** distance between people in the school.
- Social distancing is one of a number of infection control interventions which together can substantially reduce the risk of COVID transmission
- Aim to create an environment where social distancing requires minimal conscious thought
- Where social distancing is not possible, implement other infection control strategies afterwards to reduce the risk of COVID transmission (e.g. handwashing), being mindful of the ways that COVID is transmitted.

Protective Measures for Settings – 9 Key Actions

Government guidance has been updated with the 9 key actions that **schools** and **early years settings** should take in re-opening, divided between **"Prevention"** and **"Response to any infection"**

- **Numbers 1-4** must in place at all times during re-opening.
- **Numbers 5 and 6** should be applied as appropriate in the local context.
- **Numbers 7-9** should be followed as need arises following an infection.

Prevention

1. **Minimise 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 school
2. **Clean hands thoroughly more often than usual**
3. **Ensure good respiratory hygiene** by promoting the 'catch it, bin it, kill it' approach
4. **Introduce enhanced cleaning**, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach
5. **Minimise contact between individuals** and maintain social distancing wherever possible
6. **Where necessary, wear appropriate personal protective equipment (PPE)**

Response

7. **Engage with the NHS Test and Trace process**
8. **Manage confirmed cases** of coronavirus (COVID-19) amongst the school community
9. **Contain any outbreak** by following local health protection team advice

Practical Steps to Reduce Risk

(from the Government's Primary School Planning Guidance)

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The key aim is to reduce contact between different groups – consider taking the following actions:

- **Stagger start and end times** to reduce volumes at entrances
- Encourage parents and carers to **limit public transport** where possible and avoid peak times
- Use **clear signage** to identify drop off/pick up sites
- **Stagger play times** so ideally only one group of 15 children is in an area at once.
- **Ensure staff maintain social distancing** during breaks
- **Rework larger gatherings** like assembles for smaller classes

Temperature Checking

Schools are advised not to implement routine temperature checking – this is not a reliable means of identifying COVID19.

Routine temperature checking may also incentivise children with potential fever to attend school for confirmation when they should self-isolate and so may increase the risk of transmission.

If schools do still choose to use a routine temperature check despite the lack of supporting evidence - **there must be a clear pathway for children with raised temperatures** including:

1) Child to return home immediately
2) Self-isolate with their family for 14 days as per national guidelines
3) Order a COVID19 test for confirmation

Creating behaviour change in schools

Behaviour change principle	How it works	What it means for COVID-19
Create a mental model	People remember and accept advice more readily when they have a mental model of how one thing causes another and can see how their actions can prevent this	It may be useful to embed advice in a diagram showing how each protective behaviour blocks the route from the infected person to other people's airways
Create social norms	We are strongly motivated by what other people think of us. Use media and professional advice to build strong norms around behaviour	Make protective behaviours seem normal and expected and encourage polite giving and receiving of feedback
Create the right level and type of emotion	Emotions are strong drivers of behaviour but have to be used with care and coupled with advice about protective action.	Aim to create a sweet spot between complacency and anxiety, as well as moderate disgust and accompany all such messaging with information about how people can protect themselves
Replace one behaviour with another	Replacing a behaviour with another one is often more effetive that just stopping it	Advise people to keep hands below shoulder level to help them avoid touching their face
Make the behaviour easy	The less effort it is to adopt a new behaviour, the more likely it is people will do it. This includes planning and preparations for possible barriers to the behaviour	Advise on how to build protective behaviours into everyday routines and prepare for anticipated problems e.g. if people are concerns about frequent handwashing causing dry skin, advise to carry moisturiser

PPE – Personal Protective Equipment

Personal protective equipment (PPE) in schools/educational and childcare settings

- Wearing a face covering or face mask is not recommended
  - Face coverings may be beneficial for **short** periods indoors where social distancing etc cannot be maintained e.g. public transport/shops
    - This does not apply to schools or other educational settings
- 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
- The majority of staff will not require PPE beyond what would normally need for their work
  - Even if they are not always able to maintain a 2 metre distance

PPE is only needed in a very small number of cases

- 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 2m cannot be maintained
  - If contact 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

Accessing personal protective equipment for schools

Supplies of PPE are limited, where possible please source supplies from your usual supplier.

Other Options:

- Amazon has opened up its PPE supply route to schools. This is a non-profit service by Amazon and stock is available immediately for next day delivery or close to it.

If you cannot access supplies via normal routes:-

- If you cannot access supplies via your normal routes Tower Hamlets Council can provide emergency 7 day supplies through its mutual aid scheme.
- Within the **"LBTH Covid-19 Secure"** risk assessment, set out the circumstances for which PPE will be required and ensure answers do the following:
  - Set out your school's PPE needs within the wider infection control measures taken
  - Outline contexts for use of PPE that depart from current national guidelines - *DfE Coronavirus (COVID-19): implementing protective measures in education and childcare settings*
- Complete PPE request form setting out what PPE and what volume is required
- Send 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

LBTH PPE queries - 0207 364 3656

Managing specific issues

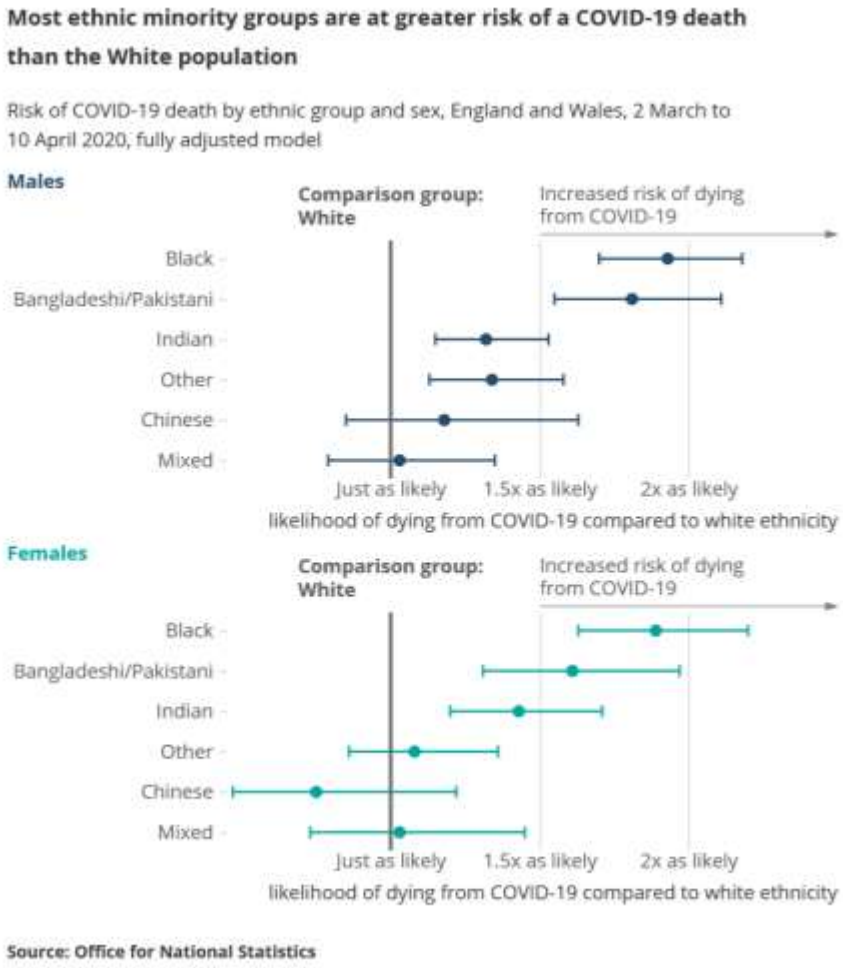
Increased risks to BAME pupils/staff (1)

Most ethnic minority groups are at greater risk of a COVID-19 death than the White population

PHE have conducted a review (June 2nd) into how different factors affect COVID19 risks and outcomes:

- After accounting for sex, age, deprivation and region, those of Bangladeshi ethnicity have around twice the risk of death than the white population, and Chinese, Indian, Pakistani, other Asian, Caribbean and other black ethnicities had between 10%-50% higher risk of death.
- Causes are likely to be a complex combination of factors, including: the increased risks of underlying health conditions and other health inequalities, the impact of socioeconomic factors, barriers to accessing services and occupation.

Further research is being conducted to understand the causes and any need response more clearly – currently the data doesn't fully account for occupation and comorbidities.



Increased risks to BAME pupils/staff (2)

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- Government guidance for individuals working/attending educational settings does not differ for different ethnic groups.
- There is no additional level of infection control advice that can be taken for at-risk groups beyond increased social distancing.
- Staff, pupils and parents will need to make their own assessment of risk, taking into account their health status, pre-existing medical conditions, shielding status and that of household members to inform a decision about whether to return to educational settings. They can discuss with this with their GP or specialist.
- All staff, regardless of their personal risk, should take equal responsibility and show equal leadership in implementing infection protection and control measures for the protection of everyone
- Those with lower risks, for whatever reason, should be sensitive to heightened anxieties amongst certain groups and use any additional privileges/resources they have to support others.

Changing nappies

Is PPE required for tasks involving changing nappies or general care for babies?

- Staff should follow their normal practice when changing nappies and caring for babies more generally, provided the child is not showing symptoms of coronavirus. This includes continuing to use the PPE that they would normally wear in these situations, for example aprons and gloves. If a child shows symptoms, they should not attend a childcare setting and should be at home.

Dealing with fights

Staff may have concerns about how they can maintain social distance when fights might break out.

First, consider how COVID-19 might be transmitted in those situations, when staff may need to touch or come closer to pupils to break up a fight.

Theoretical transmission routes are:

- A child has COVID and staff touch students' clothes where there is virus on those clothes
- A child has COVID and staff inhale large droplets following shouting/spitting
- Being directly spat at into mucous membranes

Remember:

- Students should not be in school if they or household members are symptomatic
- Washing hands and cleaning surfaces after an incident will reduce infection risk
- Infection risk increases with length of exposure – breaking up fights is a short exposure
- If spitting does occur, implement immediate first aid e.g. washing eyes, nose, mouth with water
- In situations where children are known to have a high risk of spitting (e.g. special needs), risk assessments should be completed to assess the suitability of PPE
- Evidence suggests that the risk of transmission from *asymptomatic* children is low.

Caring for children who regularly spit

- If non-symptomatic children present behaviours which may increase the risk of droplet transmission (such as spitting), they should continue to receive care in the same way, including any existing routine use of PPE.
- To reduce the risk of coronavirus transmission, no additional PPE is necessary, but additional space and frequent cleaning of surfaces, objects and toys will be required. Cleaning arrangements should be increased in all settings, with a specific focus on surfaces which are touched a lot.

What to do if you hear a child cough

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- Children cough for lots of reasons:
  - Clearing throat
  - Coughs/colds
  - Hayfever (postnasal drip)
  - Asthma etc
- New and continuous coughs are a symptom of COVID
- If you hear a child coughing:
  - Ask the child if they are OK and can explain the cough
  - Observe the child to see if it appears to be persistent
  - Ensure that there is stringent adherence to infection protection and control measures
  - Take action when the cough appears to be new and persistent
  - Exercise sympathetic curiosity and avoid stigmatisation

What to do if a child becomes unwell with COVID-19 symptoms

If anyone develops a new persistent cough or high temperature, they should be sent home and advised to follow the “stay at home” guidance along with their household.

Children awaiting collection should be moved somewhere they can be isolated behind a closed door with an open window (w/ adult supervision depending on child’s age). Otherwise they should be moved to an area 2 metres from others. They should use a separate bathroom if possible which should be cleaned and disinfected before being re-used by others.

What about staff and other pupils? Other pupils and members of staff do not need to be sent home unless they develop symptoms themselves or the child tests positive for COVID19. If the child does test positive, their immediate class/staff members should be sent home to self-isolate for 14 days (NB: their households do not need to self-isolate unless their child/staff member also develops symptoms)

PPE guidance: If direct personal care is needed and 2m distance cannot be maintained then a fluid resistant face mask should be worn by the supervising adult. If contact is necessary then disposable gloves and apron should also be worn. If a risk assessment determines there is a risk of splashing to the eyes (from coughs, sneezes etc) then eye protection should be worn.

What to do: Pupil with coronavirus symptoms

Pupil/staff with new continuous cough, fever and/or change of taste/smell (with or without other symptoms)

Unsure? Use the NHS COVID symptom checker

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

Move child to a safe space awaiting collection (see "Additional questions" in linked guidance)

Consider staff using PPE if unable to maintain 2m distance

Clean areas where the person has been that day and frequently touched surfaces across the school

Contact family to ask them to collect the child and any siblings

Restock PPE supplies if required

Other children in the same bubble to continue attending the setting.

Consider informing close contacts of the child in the last 48 hours so they can be alert for symptoms.

Sample text in Notes section below

Symptomatic child should stay at home for at least 7 days

Siblings / family without symptoms must self-isolate for 14 days

Advise the family to use NHS 111 website to order tests for all household members **with symptoms**

Positive test result, see: **See following slides**

Negative test result, see: **See following slides**

What to do: Staff with coronavirus symptoms

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Staff member with new continuous cough, fever and/or change of taste/smell (with or without other symptoms)

Unsure? Use the NHS 111 symptom checker

Staff should return home immediately in line with self-isolation guidance

Clean areas where the person has been that day and frequently touched surfaces across the school

Ask staff member to use NHS 111 website to order tests for all household members (even if no symptoms)

Ask staff member to obtain an NHS COVID isolation note

Staff member should usually stay at home for at least 7 days

Siblings / family without symptoms usually need to self-isolate for 14 days

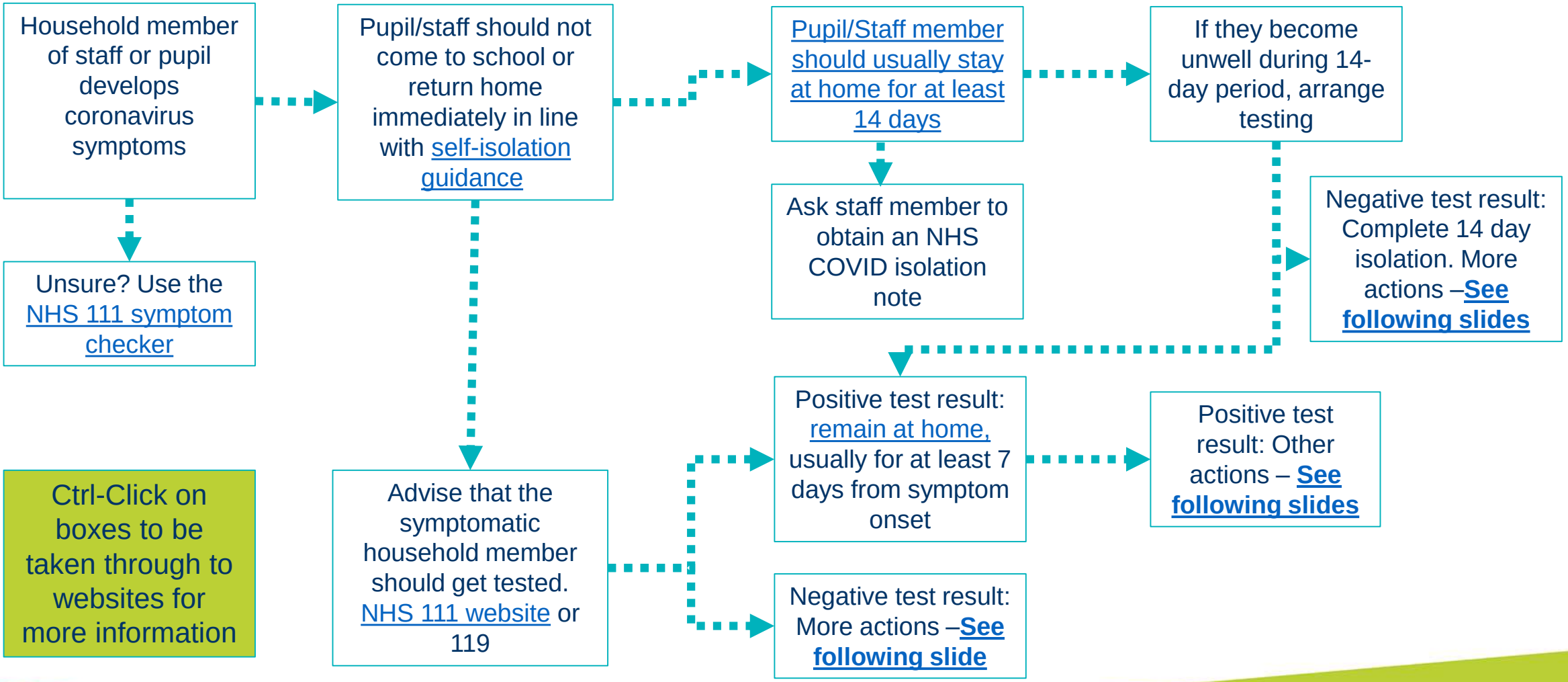
Positive test result: remain at home for 7 days or until asymptomatic – whichever is longer

Positive test result: Other actions – **See following slides**

Negative test result: More actions –**See following slide**

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

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



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

Staff member or student is a close contact of someone who has tested positive for COVID-19 (but does not live in the same household)
AND
has been identified via NHS test and trace
AND
has been told to self-isolate for 14 days

Staff/pupil should stay at home or return home immediately

Ask staff member to obtain an NHS COVID isolation note

They should follow this guidance including isolating for 14 days

Does the staff member / child develop symptoms in the next 14 days?

Yes

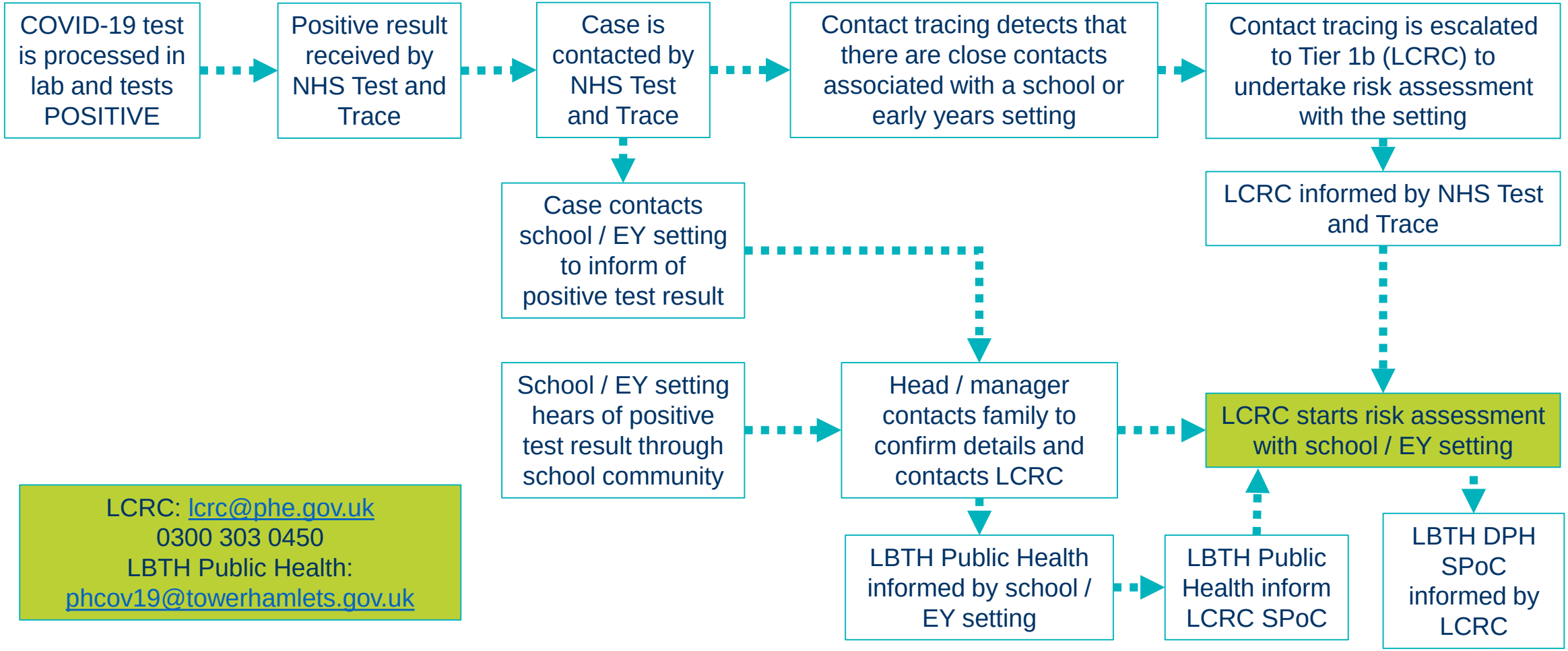
Follow guidance on **following slides**

No

No further action – after 14 days, they can return to school

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

Notification of positive test result to risk assessment - schools and educational settings



LCRC: lcrc@phe.gov.uk
0300 303 0450
LBTH Public Health:
phcov19@towerhamlets.gov.uk

Flowchart for outbreaks in schools and early years settings

School has had either:
- Two or more confirmed cases of COVID-19 among students or staff in the setting within 14 days

OR

- An overall increase in sickness absence reporting where staff/parents report illness with suspected COVID-19 (but where no tests have been done or results are not available)

School contacts LCRC and LBTH Public Health

LCRC obtain further information from the school to inform a risk assessment

Information includes:
Setup of the school/EY setting, total number of staff and student unwell, vulnerability of children, number of potential contacts, current infection control arrangements

LCRC helps setting to identify contacts who need to isolate

LCRC will provide setting with letters to send to contacts and non-contacts

Risk assessment determines severity and spread of outbreak, effectiveness of control measures and wider context (e.g. anxiety, media interest)

LCRC will inform the local authority and jointly consider the need for a Outbreak Control Team (OCT)

LCRC may advise widespread swabbing of staff and children – primarily for research purposes. This will be arranged with local partners.

LCRC: lcrc@phe.gov.uk or 0300 303 0450
LBTH Public Health: phcov19@towerhamlets.gov.uk

Testing and contact tracing

COVID-19 testing

- There are two *potential* types of tests:

1) Swab tests that detect the presence of the **virus**
   These tests are currently available

2) Tests to see if you have previously had the virus and developed a **'memory' to the virus – antibody tests**
   These tests are being developed and are increasingly available to selected groups

Swab tests

- Swab tests detect ‘antigen’ – part of the virus itself in the body
- The test only works if you have enough virus to be detected
- People who have symptoms tend to have higher levels of the virus inside them (viral load)
  - This means the test is more likely to identify the virus and be positive
- The test is more accurate when it is used on people who have symptoms
- Once people recover, they have fought off the virus and won’t have any virus left in their body so will test negative even if they had the infection
- Testing is most effective within three days of symptoms developing, although testing is considered effective until day five.
- No testing should be undertaken after day five, unless it’s for a specific reason agreed on a case by case basis.

Antibody tests

- When people have an infection, their bodies make antibodies to that infection.
- Antibodies help the body rapidly fight a specific infection.
- IgM is an antibody that is like a ‘short-term’ memory and its detection on a antibody tests shows a current or recent infection.
- IgG is an antibody that lasts longer in the body after an infection and is like a ‘long-term’ memory. Its detection on an antibody test shows a recent or past infection.
- Antibody tests can detect whether someone has had an infection regardless of whether or not they had symptoms.
- Scientists are trying to develop and scale up tests that detect antibodies to COVID-19
- A positive antibody test does not necessarily mean the person has immunity to future infection. Research is being conducted to understand this better.

What to do if you hear a child cough

TOWER HAMLETS

- Children cough for lots of reasons:
  - Clearing throat
  - Coughs/colds
  - Hayfever (postnasal drip)
  - Asthma etc
- New and continuous coughs are a symptom of COVID
- If you hear a child coughing:
  - Ask the child if they are OK and can explain the cough
  - Observe the child to see if it appears to be persistent
  - Ensure that there is stringent adherence to infection protection and control measures
  - Take action when the cough appears to be new and persistent
  - Exercise sympathetic curiosity and avoid stigmatisation

What to do if a child becomes unwell with COVID-19 symptoms

If anyone develops a new persistent cough or high temperature, they should be sent home and advised to follow the “stay at home” guidance along with their household.

Children awaiting collection should be moved somewhere they can be isolated behind a closed door with an open window (w/ adult supervision depending on child’s age). Otherwise they should be moved to an area 2 metres from others. They should use a separate bathroom if possible which should be cleaned and disinfected before being re-used by others.

What about staff and other pupils? Other pupils and members of staff do not need to be sent home unless they develop symptoms themselves or the child tests positive for COVID19. If the child does test positive, their immediate class/staff members should be sent home to self-isolate for 14 days (NB: their households do not need to self-isolate unless their child/staff member also develops symptoms)

PPE guidance: If direct personal care is needed and 2m distance cannot be maintained then a fluid resistant face mask should be worn by the supervising adult. If contact is necessary then disposable gloves and apron should also be worn. If a risk assessment determines there is a risk of splashing to the eyes (from coughs, sneezes etc) then eye protection should be worn.

Who can be tested?

The national testing programme for people with COVID-19 symptoms is rapidly expanding

On 11th June 2020, eligibility was:

- Anyone who has symptoms of coronavirus, whatever their age (different requirements in Scotland/NI)
- For children
  - 0-11 year olds can only have the test administered by a parent/guardian
  - 12-17 year olds can self-administer a test or have their parent/guardian do so on their behalf

Priority testing is available to all essential Workers and members of their household who have symptoms and including care homes staff and residents (details on how to access this testing on the next slide)

How to access priority testing for school staff

As a priority schools should register with the national "employers' referral portal". This will allow settings to arrange testing for staff members directly.

Testing site options in NEL: Lea Valley Athletics, 02 Arena, "pop-up testing" and home testing kits

If schools are not registered with the portal and there is an urgent need for testing: LBTH can support settings to access urgent testing. A referral form (available from council intranet) needs to be completed and emailed to: coronavirus@towerhamlets.gov.uk

How families can access testing

TOWER HAMLETS

Two testing options:

- Drive-through or walk-through test site
- Home test kit – delivered to the home

How to order a test (5 years+ and adults):

- NHS Online for more information and to ask for a coronavirus test
- Call 119

Children under 5:

- Tests should only be ordered after clinical assessment to rule out other more serious infections.
- Call NHS 111 or go to NHS Online, or if unwell speak to the GP or call 999.

New

Test Centre Locations in Tower Hamlets

Regional Test Centres:

Test centres are for drive-through access in a vehicle only and booked by appointment only.

- O2
- Lee Valley

Mobile Testing Units:

Mobile Testing Units are available in London, and accessed by booking an appointment through the national testing portal.

- Located at Mile End Leisure Centre (subject to change)
- Opening times: 10:30am-4:00pm (two days every eight days)
- Tests available for those in vehicles and for pedestrians by appointment.

Testing for under 5s

TOWER HAMLETS

Test kits are now available for use for children under 5 in England and so children of any age can be tested. Children of essential workers are able to access priority testing through gov.uk or through the Employers Portal

- Call 111 if you're worried about a baby or child.
- If they seem very unwell, are getting worse, or you think there's something seriously wrong, call 999.
- Do not delay getting help and testing if you're worried. Trust your instincts.

You can find further information on the NHS guidance: https://www.nhs.uk/conditions/coronavirus-covid-19/

Acting on negative test results

TOWER HAMLETS

- 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 (1)

TOWER HAMLETS

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

- 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 integrates testing with contact tracing

Acting on positive test results (2)

- 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

Clinically vulnerable staff and pupils

Extremely clinically vulnerable vs. clinically vulnerable

Clinically **extremely** vulnerable (high risk)

- Solid organ transplant recipients
- Specific cancers
- Severe respiratory conditions including **severe asthma**
- Some metabolic conditions
- Some immunosuppressives
- Pregnant women with significant heart disease

Clinically vulnerable (moderate risk)

- are 70 or older
- are pregnant
- have a lung condition that's not severe (such as **asthma**, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have diabetes
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)
- are very obese (a BMI of 40 or above)

Extremely clinically vulnerable staff and pupils

- People in the extremely vulnerable group should have received a letter from the NHS or have been contacted by their GP or hospital specialist
  - If there is any uncertainty, then staff or parents should speak with their GP or specialist immediately
- Partners in health and LBTH have been working to develop holistic support for individuals and families who are shielding including:
  - Food, housing/finance advice, parenting support, play bags

Supporting shielding children

Children classed as clinically extremely vulnerable should be supported to follow the national shielding guidelines.

Major changes to the shielding guidelines are planned for July and August.

Priorities for supporting shielding children:

- Maintaining contacts with friends, family and peer groups through technology
- Spending time doing indoor activities to maintain physical wellbeing and eating and drinking healthily
- Taking time for hobbies and enjoyable activities to maintain mental health

Changes from July 6th

- Shielding individuals can meet up to 6 other people outdoors, including those of other households (while maintaining social distancing)
- Social distancing is no longer a requirement with other members of their household
- Single adult households (including those w/ children) can form a "support bubble" with one other household, allowing them to spend time in each other's homes together and stay overnight.
- Central government food boxes and medicine delivery will continue for those who need it.
- Further guidance to be published.

Changes from August 1st

- Shielding programme effectively "paused".
- **Shielding children can return to education settings if they are eligible, where possible maintaining social distancing and personal hygiene**
- Shielding individuals can go outside to buy food, exercise and to places of worship while maintaining social distancing
- There is still a risk of severe illness, so shielding individuals should main cautious, staying at home where possible or following strict social distancing.

Children who are clinically vulnerable

If a child is clinically vulnerable, they should follow the medical advice of their GP or lead hospital clinician as to whether they should attend school.

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.

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.

Staff who are shielding or clinically vulnerable

From the 1st August, staff that are classed as **clinically extremely vulnerable** will be able to return to work if they cannot work from home **and** their setting is implementing strict social distancing and personal hygiene measures.

There is still a risk of severe illness for extremely vulnerable individuals so employers should:

- Be supportive of staff members that do not feel able to return to the workplace
- Continue to support remote working where possible

Staff that are **clinically vulnerable** are advised to take extra care in ensuring they follow social distancing, and work from home if possible.

What does this mean for schools? 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.

Children whose household members are shielding

Children and staff that live with someone who is **clinically vulnerable** (including those who are pregnant) can attend a school setting.

Currently, children living in a household with someone who is **extremely clinically vulnerable** and shielding should only attend education settings if:

A) Stringent social distancing is implemented.

B) The child is able to understand and follow these instructions (e.g. this may not be possible for very young children or those with additional needs)

If either of the above are not met, the child is not expected to attend a setting and should be supported to learn from home.

From August 1st: shielding individuals will be able to return to work if they are not able to work remotely and their workplace is implementing social distancing and personal hygiene measures.

Shielding children and those living with shielding individuals will also be able to return to school if they are eligibile, while continuing to practice social distancing and personal hygiene measures.

Travelling to educational settings

Travelling to educational settings

- Avoid public transport if possible
  - If unavoidable, use a face covering, stay 2m apart
- Walk or cycle (or scoot, hop, skip) to school if at all possible
  - Fantastic way to improve mental and physical health
  - Low/no cost
  - COVID transmission risk is lower outdoors
    - Facemasks are only suggested for short periods, indoors (e.g. public transport)
  - Help preserve our unprecedentedly good air quality
    - Prevent asthma onset and exacerbations etc.
- Guidance on parking is in development

What protection is needed when transporting children?

- If the children or young people being transported do not have symptoms of coronavirus, there is no need for a driver to use PPE.
- In non-residential settings, any child, young person or other learner who starts displaying coronavirus symptoms while at their setting should wherever possible be collected by a member of their family or household. In exceptional circumstances, where this is not possible, and the setting needs to take responsibility for transporting them home, or where a symptomatic child or young person needs to be transported between residential settings, you should do one of the following:
  - use a vehicle with a bulkhead
  - the driver and passenger should maintain a distance of 2 metres from each other
  - the driver should use PPE, and the passenger should wear a face mask if they are old enough and able to do so