**Procedure for Managing Covid-19 Cases in Educational Settings in Solihull**

***Updated 14/10/21***

Schools/settings are no longer required to inform Solihull Council Public Health of *individual* confirmed Covid-19 cases, however, cases should be recorded on a log and the following procedure must be followed in the event of cases within the school/setting:

**START HERE:**

When a pupil/staff member develops Covid-19 symptoms, they should not come into school/the setting (see [full guidance](https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/)). If anyone develops [COVID-19 symptoms](https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/) at school/the setting, however mild, they need to go home avoiding using public transport with pupils, wherever possible, being collected by a member of their family or household and [access a PCR test](https://www.gov.uk/get-coronavirus-test).

***See appendix A: Symptomatic pupils/staff in school/settings.***

**Pupil/staff member receives a positive Covid-19 test result**

*(NB: all positive lateral flow test (LFT) results need to be confirmed with a PCR test* ***within 2 days*** *whilst the individual continues to self-isolate. Isolation ends if their PCR test result is negative).*

**All cases should be recorded on a Covid-19 log** - **see appendix** **B**

**or START HERE:**

**Confirmed Covid-19 cases MUST isolate for 10 days from their first symptoms (or test date if asymptomatic). Anyone who tests positive having taken a PCR test will still need to self-isolate regardless of their age or vaccination status.**

***For isolation details, please see appendix C*.**



**Staff Covid-19 cases**

For cases relating to **staff, refer to the** [**guidance**](https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance) **for workplaces**

Where a staff member has tested positive for Covid-19, schools/settings **do not need** to routinely contact the NHS Self Isolation Service Hub to provide details of close contacts.

(please refer to information on the NHS Self-Isolation Service Hub and close contacts in **appendix D**)

**Pupil Covid-19 cases**

**Contact tracing is not undertaken by the school/setting. *NHS Test and Trace/local Contact Tracing Teams will directly contact parents/carers of pupil cases to identify close contacts.*** *Schools/settings may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.*

**Close contacts (including household contacts) who:**

* are under the age of **18 years and 6 months**
* are adults who have had their **second Covid-19 vaccine more than 14 days ago**
* have taken part in or are currently part of an **approved COVID-19 vaccine trial**
* are **not able** to get vaccinated for medical reasons

**DO NOT NEED TO ISOLATE**

but **should** [**book a free PCR Covid-19 test**](https://www.gov.uk/get-coronavirus-test)and follow the[**guidance to reduce the risk to others**](https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works?priority-taxon=774cee22-d896-44c1-a611-e3109cce8eae#exemptions-from-self-isolation-for-contacts)**. Close contacts who are aged under 5 years are advised to take a PCR test only if the positive case is within their own household.***(NB: close contacts do not have to isolate whilst awaiting the result)* ***Close contacts should not have a PCR test within 90 days of a previous positive Covid-19 test unless they have symptoms.***

**Close contacts not within the exemption definition above** (i.e. over the age of 18 years and 6 months who have not had a second Covid-19 vaccine more than 14 days ago, in a vaccine trial or not able to have the vaccine)

**need to ISOLATE FOR 10 DAYS from their last contact with the confirmed Covid-19 case**

**(**day 0 being the last contact, day 1 the next day and so on).

***For isolation details, please see appendix C*.**

**Have:**

* **5 children, pupils, students or staff, who are likely to have mixed closely\*, tested positive for COVID-19 within a 10-day period (2 in a special school or setting with fewer than 20 people (including children/young people and staff)?**

**OR**

* **10% of children, pupils, students or staff** who **are likely to have mixed closely\*** test positive for COVID-19 within a 10-day period

***WHICHEVER IS REACHED FIRST***

***OR***

* ***Has the confirmed Covid-19 case been hospitalised or died?***

*\*Identifying a group that is likely to have mixed closely will be different for each setting –* ***see appendix E for details***.



**If the answer is yes to any of the above questions,**

**please contact** **Solihull Council by either:**

|  |  |  |
| --- | --- | --- |
| Time: | How? | Where to? |
| Anytime | Via email | Send case log/details to [**contacttracing@solihull.gov.uk**](mailto:contacttracing@solihull.gov.uk) |
| 8.30am – 5.00pm MONDAY to FRIDAY | Phone | **Covid-19 Response Line:**  **0121 704 6892**  ***Outbreak management actions will not need to be taken out-of-hours with decisions taken and advice given in school/office hours only*** |

**School/setting will be advised on Covid-19 outbreak management in line with infectious disease management in educational settings. This is likely to include actions as described in appendix F.**

*Links to guidance and further information in appendix I.*

No further action/escalation required by the school/setting. **Continue to keep a log of confirmed Covid-19 cases**

**– see appendix B**

**Important Considerations**

1. **School/Setting Contingency/Outbreak Management Plan**

All education and childcare settings should have contingency plans (sometimes called outbreak management plans) describing what they would do if children, pupils, students or staff test positive for Covid-19, or how they would operate if they were advised to reintroduce any measures to help break chains of transmission.

COVID-19 resilience and planning is now more important than ever. Settings do not need to reformat their existing contingency plans to specific templates, but the plans should be kept robust and up to date in light of the advice set out here.

A good plan should cover:

* roles and responsibilities
* when and how to seek public health advice
* details on the types of control measures you might be asked to put in place (described in measures that settings should plan for and your sector’s guidance)

For each control measure you should include:

* actions you would take to put it in place quickly.
* how you would ensure every child, pupil or student receives the quantity and quality of education and support to which they are normally entitled.
* how you would communicate changes to children, pupils, students, parents, carers and staff.

Settings should make sure their contingency plans cover the possibility they are advised to limit:

* residential educational visits
* open days
* transition or taster days
* parental attendance in settings
* live performances in settings

Local authorities, Directors of Public Health and/or Health Protection Teams may recommend these precautions in individual settings or across an entire area.

A **template Contingency (Outbreak Management) Plan** which is partially completed can be found here for your school/setting to adapt if this is useful.

1. **Clinically Extremely Vulnerable (CEV) Staff/Pupils** 
   1. **Shielding**

Shielding is currently paused. In the event of a major outbreak or variant of concern that poses a significant risk to individuals on the shielded patient list (SPL), ministers can agree to reintroduce shielding. Shielding would be considered in addition to other measures to address the residual risk to people on the SPL, once the wider interventions are taken into account.

Settings should make sure their contingency plans cover this possibility. Shielding can only be reintroduced by national government.

**2.2 Clinically Extremely Vulnerable Staff**

Clinically extremely vulnerable (CEV) people are advised, as a minimum, to follow the same guidance as everyone else. It is important that everyone adheres to this guidance, but CEV people may wish to think particularly carefully about the additional precautions they can continue to take. Further information can be found in the [guidance on protecting people who are CEV from COVID-19](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/19-july-guidance-on-protecting-people-who-are-clinically-extremely-vulnerable-from-covid-19).

For queries on CEV staff, **please contact your HR provider**.

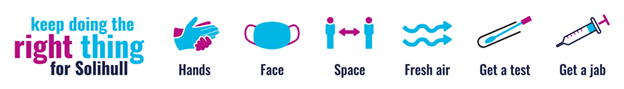
**2.3 Clinically Extremely Vulnerable Pupils**

All clinically extremely vulnerable (CEV) children and young people should attend their education setting unless they are one of the very small number of children and young people under paediatric or other specialist care who have been advised by their clinician or other specialist not to attend.

Where parents are concerned about their child’s attendance, they should speak to their child’s educational setting about their concerns and discuss the measures that have been put in place to reduce the risk. They should also discuss other measures that can be put in place to ensure their children can regularly attend.

CEV young people aged 12-15 should be able to receive the Covid-19 vaccine (as well as young people aged 12-15 who live with an immunosuppressed person in their household). If Covid-19 cases increase in a school, there will need to be a discussion with the family or staff with a child/young person to remote learn at home where needed. Further information is available in the guidance on [supporting pupils at school with medical conditions](https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3). Key contractors need to be made aware of the school’s control measures and ways of working.

1. **Infection Prevention**
   1. **Vaccination**

Vaccination is the single, most effective means we have for protecting people from Covid-19 and reducing transmission risk in educational settings. Schools/settings should continue to encourage vaccination uptake for eligible students and staff whenever possible.

All children aged 12 and over are now eligible for COVID-19 vaccination. Those aged 12 to 17 are eligible for a first dose of the Pfizer/BioNTech COVID-19 vaccine, although 12 to 17 year olds with certain medical conditions that make them more at risk of serious illness, or who are living with someone who is immunosuppressed, are eligible for 2 doses. These children will be contacted by a local NHS service such as their GP surgery to arrange their appointments. All other 12 to 15 year olds will be offered the vaccine via the school-based programme. Young people aged 16 to 17 will be invited to a local NHS service such as a GP surgery or can [access the vaccine via some walk-in COVID-19 vaccination sites](https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/find-a-walk-in-coronavirus-covid-19-vaccination-site/).

You can find out more about the in-school vaccination programme in [COVID-19 vaccination programme for children and young people guidance for schools](https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-schools/covid-19-vaccination-programme-for-children-and-young-people-guidance-for-schools).

* 1. **Cleaning, hand hygiene and ventilation**

All education and childcare settings should continue to ensure **good hygiene** for everyone, maintain appropriate **cleaning regimes**, keep occupied spaces **well ventilated**, and follow public health advice on testing and managing confirmed cases of COVID-19.

* 1. **Pupil Groups and Mixing**

It is no longer necessary to keep children in consistent groups (‘bubbles’). As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and you no longer need to make alternative arrangements to avoid mixing at lunch. School/settings should ensure contingency (outbreak management) plans cover the possibility that in some local areas it may become necessary to reintroduce ‘bubbles’ for a temporary period, to reduce mixing between groups.

* 1. **Face Coverings**

Face coverings are **no longer advised for pupils, staff and visitors either in classrooms or in communal areas. Face coverings should still be worn, however, on public transport and dedicated transport** to a school/setting or college.

Education settings should ensure their contingency plans cover the possibility that face coverings may be temporarily re-introduced in settings in their area. This may include face coverings in communal areas and/or classrooms, for pupils, students and staff.

Children of primary school age and early years children should not be advised to wear face coverings.

Any guidance should allow for reasonable exemptions for their use and in all cases any educational and wellbeing drawbacks in the recommended use of face coverings should be balanced with the benefits in managing transmission.

Close contacts who are exempt from isolating do not need to wear a face covering within the school/setting, but it is expected and recommended that these are worn when travelling on public or dedicated transport.

Parents/carers are no longer expected to wear face coverings when dropping off or collecting pupils from school/settings.

* 1. **Continue clear messaging to parents/carers on spotting symptoms**

All settings should continue their **strong messaging about signs and symptoms**, isolation advice and testing, to support prompt isolation of suspected cases.

**Appendices A-I**

**Appendix A: Symptomatic pupils in school/settings**

If a pupil is awaiting collection, they should be left in a room on their own if possible and safe to do so and a window should be opened for fresh air ventilation. Appropriate PPE should also be used if close contact (within 2 metres) is necessary. Further information on this can be found in the [use of PPE in education, childcare and children’s social care settings](https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care) guidance. Any rooms they use should be cleaned after the symptomatic person has left.

If a parent or carer insists on a symptomatic pupil attending the school/setting, a decision can be taken to refuse the pupil if, in the reasonable judgement of school leadership teams, it is necessary to protect other pupils and staff from possible infection with Covid-19.

**Appendix B: Log for recording confirmed Covid-19 cases**

School/settings should record their confirmed Covid-19 cases on this log:



**Appendix C: Isolation information**

The isolation period for close contacts of a confirmed Covid-19 case **WHO ARE NOT EXEMPT FROM ISOLATION** (i.e. adults who are not fully vaccinated) is **10 days from the last contact so in a school/setting, that is 10 days from the last day the infected pupil/staff member attended the setting.** **Day 1 of isolation is the next day.**

**The confirmed case should isolate for 10 days from the date of the onset of symptoms (or test date if asymptomatic).**

***If the case was not symptomatic when they tested positive and then develop symptoms, their isolation needs to be extended to 10 days from the first symptom.***

**For an isolating (non-exempt) close contact, household members do not have to isolate. If they become symptomatic during isolation, they should access a PCR Covid-19 test.**

**If they test negative, they must complete the full 10 day isolation as they could develop Covid-19 at any time during the 10 days. Full details are in the** [**guidance**](https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works?priority-taxon=774cee22-d896-44c1-a611-e3109cce8eae)

**Appendix D: Identification of close contacts**

Contact tracing for confirmed Covid-19 cases in schools/settings will be conducted by NHS Test and Trace or through local contact tracing teams. In exceptional circumstances, education and childcare settings may be contacted by contact tracers if deemed necessary by local health protection teams in response to a local outbreak, as currently happens in managing other infectious diseases.

In this scenario settings may share proportionate and relevant information as requested by NHS Track and Trace/local contact tracing team without consent. The sharing of information in these **exceptional circumstances** does not require consent as it is enabled by specific legislation, but to support this, the existing privacy notices should continue to be in place and be easily accessible.

In **exceptional cases** only, settings may decide to refuse a pupil if, in the setting's reasonable judgement, it is necessary to protect those within the setting from possible infection with Covid-19. The decision would need to be carefully considered in light of all the circumstances and current public health advice.

Individuals should only be asked to stay home for Covid-related reasons if:

* they are symptomatic
* they have tested positive with a PCR or LFD (they may return to the setting if

a positive LFD result is followed by a negative PCR within 2 days)

Settings should consider whether individuals in their setting (taking account of factors such as known vulnerability) need to be informed of a positive case. When informing individuals of a positive case, the setting should not disclose any information that could result in an individual being identified. Settings may make their own decisions on how they wish to communicate the information.

**FOR REFERENCE: Identification of close contacts of Covid-19 cases:**

1. The **infectious period** of the confirmed case is considered:

**2 days prior to symptoms showing (or 2 days prior to test for asymptomatic cases) and 10 days afterwards** **WHEN THE CASE WAS IN THE SCHOOL/SETTING**

1. **FOR THIS PERIOD**, the school/setting consider the close contact types **– Pupils/Staff/Contractors/Visitors**

**Definition of a Close Contact:**

* anyone who lives in the same household as another person who has Covid-19 symptoms or has tested positive for Covid-19
* a person who has had **face-to-face contact** (within **one metre**), with someone who has tested positive for Covid-19, including:
  + being **coughed on**
  + having a **face-to-face conversation** within one metre
  + having **skin-to-skin physical contact**, or
  + contact within one metre for **one minute or longer** without face-to-face contact
* a person who has been **within 2 metres of a confirmed case for 15 minutes or longer** *(either as a one-off contact, or added up together over one day)*
* travelling in a **small vehicle**, like a car, or aeroplane with a confirmed case

**Full guidance on contact definitions is** [**here**](https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person#what-do-we-mean-by-a-contact) **Full Infectious period: from 2 days prior to symptom onset (or the date of the test if asymptomatic) to 10 days after**

**NHS Self-Isolation Service Hub**

Where a staff member has tested positive for COVID-19, education and childcare settings **do not need to routinely contact the NHS Self Isolation Service Hub to provide details of close contacts**.

However, to ensure eligible individuals identified as a close contact can access [Test and Trace Support Payments](https://www.gov.uk/test-and-trace-support-payment) you may consider providing staff details to the NHS Self Isolation Hub when:

* a staff member who was in close contact with the person testing positive has indicated they are not exempt from self-isolation, but the person testing positive was unable to provide that person’s details to NHS Test and Trace
* it is particularly difficult for the person testing positive to identify or provide details of some members of staff they were in contact with, for example, temporary workers such as supply staff, peripatetic teachers, contractors or ancillary staff

[taken from the [Contingency Framework](https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-settings)]

The **Self-Isolation Service Hub** can be contacted on **020 3743 6715**

Further guidance is available [here](https://www.gov.uk/government/publications/test-and-trace-support-payment-scheme-claiming-financial-support/claiming-financial-support-under-the-test-and-trace-support-payment-scheme)

**Appendix E: Guidance for defining cases who have mixed closely**

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

**In early years:**

* a childminder minding children, including their own
* childminders working together on the same site
* a nursery class/group and their staff
* a friendship group who often play together
* staff and children taking part in the same activity session together

**For primary and secondary schools:**

* a form group or subject class
* smaller intervention groups
* a friendship group sat together/mixing at lunch/break times
* a sports team
* a group in before after-school care or activity session
* pupils or staff who travel to and from school together (including walking groups, cycling groups and school transport)

**For wraparound childcare or out-of-school settings:**

* a private tutor or coach offering one-to-one tuition to a child, or to multiple children at the same time
* staff and children taking part in the same class or activity session together
* children who have slept in the same room or dormitory together

**For further education colleges:**

* students and teachers on practical courses that require close hands-on teaching, such as hairdressing and barbering
* students who have played on sports teams together
* students and teachers who have mixed in the same classroom/seminar/teaching space
* students who have mixed socially during break/ lunchtimes

**Appendix F: Possible Covid-19 outbreak management actions**

**Thresholds:**

* **5 children, pupils, students or staff, who are likely to have mixed closely\*, tested positive for COVID-19 within a 10-day period (2 in a special school or setting with fewer than 20 people (including children/young people and staff)?**

**OR**

* **10% of children, pupils, students or staff** who **are likely to have mixed closely\*** test positive for COVID-19 within a 10-day period

***WHICHEVER IS REACHED FIRST***

***OR***

* ***Has the confirmed Covid-19 case been hospitalised or died?***

**Actions to consider once a threshold is reached**

At the point of reaching the threshold, education and childcare settings should review and reinforce the testing, hygiene and ventilation measures they already have in place. Settings should also consider:

* Review and reinforce hand hygiene actions
* Review and reinforce respiratory hygiene actions
* Review ventilation and increase where possible
* Consider taking activities such as exercise, classes or assemblies outdoors
* Consider virtual staff meetings/assemblies
* Consider one-off cleaning of the school/setting particularly frequent touchpoints/shared equipment
* Consider zoning to reduce mixing between classes/year groups (e.g. consider staggered lunch/breaks)
* Advise staff members to stay at a 2 metre distance from one another and from pupils where possible
* School/setting to send template outbreak letter (See Appendix H)
* Secondary only: Reinforce twice weekly LFD testing

Schools/settings may also wish to seek additional public health advice from Solihull Council if they are concerned about transmission in the setting, either by emailing [**contacttracing@solihull.gov.uk**](mailto:contacttracing@solihull.gov.uk)or phoning **0121 704 6892**.

A Director of Public Health or Health Protection Team may give settings advice reflecting the local situation. In areas where rates are high, this may include advice that local circumstances mean that the thresholds for extra action can be higher than set out above.

**Additional actions that could be advised by public health experts:**

If you have contacted Solihull Council Public Health and they subsequently judge that additional action should be taken because they have assessed that transmission is likely to be occurring in the setting, they may advise settings take extra measures such as:

1. **Strengthened communications** to encourage pupils / students to undertake twice weekly rapid asymptomatic home testing and reporting
2. **Temporarily reinstating face coverings** for pupils/students, staff and visitors in indoor and/or communal spaces in secondary schools, colleges and for staff in primary, early years, out-of-school and specialist settings. This should be for two weeks in the first instance, pending regular review
3. **Consider limiting:**

* residential educational visits
* open days
* transition or taster days
* parental attendance in settings
* live performances in settings

1. **Increased frequency of testing**
   1. Close contact/household testing

* implement daily LFD testing for secondary aged students in households or close contacts (identified by NHS Test and Trace) while they wait for the results of the PCR test.
* advise that primary schools can also suggest that their pupils who are identified by NHS Test and Trace as close or household contacts undertake daily LFD testing while awaiting the results of a PCR. This is left to parental discretion and test kits for primary aged pupils can be accessed via gov.uk or their local pharmacy.
  1. Outbreak testing
* More frequent LFD testing, including daily testing for a group or cohort in secondary schools or colleges where case numbers are very high. This should be done for a minimum of 5 days, increasing to 7 days as necessary to ensure the final test is taken on a school day.
* A one-off round of LFD testing for a wider group or cohort in a secondary school.

In all cases, pupils should continue to attend school or college provided they have a negative LFD test result. Individuals should only have a PCR test if they are symptomatic, received a positive LFD, or are identified through NHS Test and Trace as a close contact of a confirmed case. All additional testing should be applied in a ‘test to find approach’ and applied for a defined period of time after a risk assessment in line with the contingency framework.

***Local authorities, Directors of Public Health and/or Heath Protection Teams may recommend these precautions in individual settings or across an entire area.*** They will work closely with their Regional Partnership Teams and keep the situation under regular review. ***They will inform settings when it is appropriate to stop additional measures, or if they should be extended.***

**Additional actions that could be advised by Solihull Council Public Health**

**In extreme cases, and as a last resort where all other risk mitigations have not broken chains of in-school transmission**, a Director of Public Health may advise the following -

**Attendance restrictions**

**Introducing short-term attendance restrictions in a setting.** This could come in the form of a **partial remote learning offer** e.g. such as sending home a class or year group or in further extreme circumstances a **full remote learning** **offer**.

Attendance restrictions should only ever be considered as a **short-term measure and as a last resort:**

* for individual settings, on public health advice **in extreme cases** where other recommended measures have not broken chains of in-setting transmission; or
* across an area, on government advice in order to supress or manage a **dangerous variant** and to **prevent unsustainable pressure on the NHS**.

High quality face-to-face education remains a government priority and research has shown that the impacts of missing face-to-face education during the pandemic are severe for children, young people and adults. In all cases, any benefits in managing transmission should be weighed against any educational drawbacks.

High-quality remote learning should be provided for all students well enough to learn from home. On-site provision should in all cases be retained for vulnerable children and young people and the children of critical workers.

**Appendix G: Covid-19 Guide for Parents and Carers**

**Covid-19 Guide for Parents and Carers**

As COVID-19 becomes a virus that we learn to live with, we need to minimise the disruption to children and young people’s education - particularly given that the direct risks to children are very low and every adult has been offered the vaccine.

This document provides information for parents and carers of children under the age of 18 years and 6 months who have –

* Developed symptoms of Covid-19
* Tested positive for Covid-19
* Been identified as a close contact of someone who has tested positive for Covid-19 (overleaf)

**START HERE:**

**Your child develops Covid-19 symptoms (a new, continuous cough, high temperature OR loss/change in taste/smell) or has had a positive lateral flow test:** Your child **should not come into school**

**Your child should have a PCR test as soon as possible.**

All positive lateral flow test results need to be confirmed with a **PCR test within 2 days** (during this period your child should continue to self-isolate). If you insist on your child attending nursery, school, or college when they have symptoms, they can take the decision to refuse your child if, in their reasonable judgement, it is necessary to protect other pupils and staff.

**All symptomatic children need a PCR test (not a lateral flow test).**

Information on booking a PCR test can be found here: <https://www.gov.uk/get-coronavirus-test>

Should your child receive a **positive Covid-19 PCR test result** they –

* **MUST isolate for 10 days** from their first symptoms (or test date if asymptomatic) and **inform the school/setting**.
* Anyone who tests positive having taken a PCR test will still need to **self-isolate** regardless of age or vaccination status.
* Contact tracing is no longer undertaken by the school/setting so you may be contacted NHS Test and Trace/local Contact Tracing Teams to identify close contacts of your child

Should your child receive a **negative Covid-19 PCR test result**, their isolation period will end and they can return to school once they are feeling well and are fever free for 48 hours. *Please contact your child’s school to inform them of this.*

**START HERE:**

**Your child is identified as a close contact of someone who has recently tested positive for Covid-19:**

* + Parents/carers may be contacted by NHS Test and Trace/local Contact Tracing Teams to inform you that your child has been identified as a close contact.
  + **In this instance children and young people aged under 18 years 6 months are not required to self-isolate and should continue to attend school as normal, but are advised to take a PCR test.**
  + We would encourage all individuals to take a PCR test if advised to do so.

**To note** –

* + - Children aged under 5 years are advised to take a PCR test only if they are a close contact of positive case within their own household.
    - Close contacts should not have a PCR test within 90 days of a previous positive Covid-19 test unless they have symptoms.
    - A close contact not identified by NHS Test and Trace/local teams but known by the school/setting to have been in close contact with the case, can be advised to access a free PCR test (*not whole classes in most cases*).

**Regular Testing (secondary aged pupils only):**

**Continuing to take regular rapid LFD tests, twice per week, and reporting the results will help to identify infections early and reduce transmission.**

**Should you require any further information, please access the information sites below -**

[**What parents and carers need to know about early years providers, schools and colleges - GOV.UK**](https://www.gov.uk/government/publications/what-parents-and-carers-need-to-know-about-early-years-providers-schools-and-colleges-during-the-coronavirus-covid-19-outbreak/step-4-update-what-parents-and-carers-need-to-know-about-early-years-providers-schools-and-colleges)[**(www.gov.uk)**](https://www.gov.uk/government/publications/what-parents-and-carers-need-to-know-about-early-years-providers-schools-and-colleges-during-the-coronavirus-covid-19-outbreak/step-4-update-what-parents-and-carers-need-to-know-about-early-years-providers-schools-and-colleges)

**NHS Advice on COVID-19 can be found at** [**www.nhs.uk/conditions/coronavirus-covid-19/**](http://www.nhs.uk/conditions/coronavirus-covid-19/)

**Appendix H: Outbreak Letter for School at the Threshold– Advice to Parents**

Dear Parents/Carers,

Over the last xxx weeks we have been made aware that a small number/several members of the school community have tested positive for COVID 19.

We are continuing to monitor the situation and are working closely with public health advisers. This letter is to inform you of the current situation and provide advice on how to support your child. Please be reassured that for most people, coronavirus (COVID-19) will be a mild illness.

There are a number of outbreak management actions that may be taken to reduce the spread of COVID-19 in schools/settings including increasing cleaning, ventilation, possibly reintroducing face coverings and reducing mixing in schools. We will inform you of these possible measures if needed. We are extremely mindful of the negative impact of missing education has on children and young people, therefore, restricting attendance at school will only be considered as an absolute last resort.

The school remains open and providing your child remains well they can continue to attend school as normal.

**What to do if your child develops symptoms of COVID 19**

If your child develops symptoms of COVID-19 (new, continuous cough, high temperature, loss/change in taste/smell), they should remain at home for at least 10 days from the date when their symptoms appeared. Anyone with symptoms will be eligible for testing and this can be arranged via <https://www.nhs.uk/ask-for-a-coronavirus-test> or by calling 119.

If the person with symptoms receives a positive test result, all household members who are fully vaccinated (had their second vaccine more than 14 days ago) or are aged below 18 years 6 months, do not need to isolate but should access a free PCR test. Adults who are not fully vaccinated need to isolate from 10 days from the case’s first symptoms (or test date if they had no symptoms). Full guidance can be found at

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

**Contact tracing**

Schools/settings are no longer required to trace close contacts of cases and, if your child tests positive for COVID-19, the local contact tracing team will be in touch to identify close contacts. Contact tracers will ask about symptoms, test date and will help you to identify anyone they have been in close contact with during their infectious period. We appreciate you may not be able to identify all of those who have been close contact with your child, however, we will work with you to identify as many as possible.

If your child is identified as a close contact, they will be contacted and advised to access a free PCR test (they do not need to isolate whilst waiting for the result).

**How you can help**

**Vaccination** is the single, most effective step we can take to protect ourselves and other from the virus and we would urge everyone aged 12 and above to ‘grab a jab’. This is crucially important for lowering the infection rate in schools/settings and the wider community and is the best way you can protect yourself and your family from COVID-19.

**Symptoms** - It is also extremely important that all parents/carers are vigilant in spotting symptoms in their child(ren) and do not send them to their school/setting if they have COVID-19 symptoms. During this period when there are COVID-19 cases in schools, if you are in any doubt about your child’s symptoms, please take them for a PCR test.

***[FOR SECONDARY SCHOOLS ONLY]******Testing*** *- Asymptomatic COVID-19 testing is extremely important in reducing the risk of the virus spreading and we encourage you to support your child in taking their tests at least twice per week and reporting their results.*

Thank you for your support.

Yours sincerely

Headteacher

**Appendix I: Further information**

**NATIONAL GUIDANCE**

**National guidance for each setting published on GOV.UK (links below):**

**[Early years](https://www.gov.uk/government/publications/coronavirus-covid-19-early-years-and-childcare-closures/coronavirus-covid-19-early-years-and-childcare-closures)** [**Schools**](https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools)[**FE colleges and providers**](https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-further-education-provision)[**Contingency Plan**](https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings)

**Contact Tracing Information: **

Public Health

Solihull Metropolitan Borough Council

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