**PHE NW**

**COVID-19**

**Resource Pack for Educational Settings**

**Version 7.0**

**(Cumbria version incorporating additional information from Cumbria County Council’s Public Health team)**

**August 2021**

About Public Health England

Public Health England exists to protect and improve the nation’s health and wellbeing and reduce health inequalities. We do this through world-leading science, knowledge
and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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| Sign-off is the responsibility of the NW Incident Lead  |
| Name | Alan Higgins  |
| Signature |  |
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| Any comments about the contents/implementation of this should be emailed to ICC Northwest: ICC.Northwest@phe.gov.uk  |

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This guidance applies to all education settings (excluding universities):

* Early years settings including nurseries
* Schools including Infant, Junior, secondary, special, independent and boarding schools
* Further Education settings including colleges, independent training providers and other adult education

# Local Area Key Contacts

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| Cumbria County Council Education Infection Prevention and Control (IPC) TeamFor COVID-19 queries and notification of confirmed COVID-19 cases related to educational settings, please email EducationIPC@cumbria.gov.uk Team available Monday – Friday: 9am – 5pm |
| Department for Education COVID-19 Helpline for Education Settings (excluding Universities)Helpline Number: 0800 046 8687 Select option for reporting positive caseLine is open Monday to Friday 8am to 6pm and Saturday to Sunday 10am to 6pm |
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| Special education needs schools and residential schools can also contact the local health protection team for any additional advice |
| Cheshire and Merseyside | 0344 225 0562 (option 0 then option 1) |
| Cumbria | 0344 225 0562 (option 0 then option 2) |
| Greater Manchester | 0344 225 0562 (option 0 then option 3) |
| Blackburn with Darwen, Blackpool and Lancashire | 0344 225 0562 (option 0 then option 2) |
|  |  |
| Out of Hours PHE Contact: Public Health England first on call via the Contact People | 0151 434 4819 |
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# COVID-19 Key messages

What are the symptoms?

The main symptoms of COVID-19 are:

new continuous cough and/or

fever (temperature of 37.8°C or higher)

Loss of or change in, normal sense of taste or smell (anosmia)

What is the mode of transmission?

COVID-19 is passed from person to person mainly by large respiratory droplets and direct contact (close unprotected contact, usually less than one metre). These droplets can be directly inhaled by the person, or can land on surfaces which another person may touch which can lead to infection if they then touch their nose, mouth or eyes.

What is the incubation period?

The incubation period (i.e. time between exposure to the virus and developing symptoms) is between 1 and 14 days (median 5 days).

When is a person infectious?

A person is thought to be infectious from two days before symptoms appear, and up to ten days after they start displaying symptoms. The onset of infectious period is counted from the morning of the 2 days before the date of onset of symptoms and not 48 hours from the time of onset of symptoms. For example, a person who developed symptoms at 2pm on the 15th November could be asked to identify contacts from the morning of 13th November onwards.

Are children at risk of infection?

Children of all ages can catch the infection but children make up a very small proportion of COVID-19 cases with about 1% of confirmed cases in England aged under 19 years. Children also have a much lower risk of developing symptoms or severe disease.

Can children pass on the infection?

There is some uncertainty about how much asymptomatic or mildly symptomatic children can transmit the disease but the evidence so far from a number of studies suggests children are less likely to pass it on and do not appear to play a major role in transmission. Most children with COVID-19 have caught the infection from adults and not the reverse.

While the risk of transmission between young children and adults is likely to be low, adults should continue to take care to socially distance wherever possible from other adults including older children/adolescents.

## 2.1 Mixing and ‘bubbles’

* Schools and other educational settings are no longer recommended 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 break times and lunch times.
* You should make sure your 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.
* Any decision to recommend the reintroduction of ‘bubbles’ would not be taken lightly and would need to take account of the detrimental impact they can have on the delivery of education.

## 2.2 PPE recommendations for staff and children

Face coverings are no longer routinely advised for children, pupils, students, staff and visitors either in classrooms or in communal areas.

However, it is recommended that face coverings are worn in enclosed and crowded spaces where you may come into contact with people you don’t normally meet. This includes public transport and dedicated transport to school or college.

If your school / setting is experiencing an outbreak, a director of public health, the Cumbria County Council Education IPC team, or your local PHE health protection team may advise that face coverings should temporarily be worn in communal areas or classrooms by staff and visitors (unless exempt) and by students in secondary schools and colleges (unless exempt).

In these circumstances, transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be

worn. There is currently very limited evidence regarding the effectiveness or safety of transparent face coverings, but they may be effective in reducing the spread of coronavirus (COVID-19).

Those who rely on visual signals for communication, or communicate with or provide support to such individuals, are currently exempt from any requirement to wear face coverings in schools and other educational settings, or in public places.

Face visors or shields should not be worn as an alternative to face coverings. They may protect against droplet spread in specific circumstances but are unlikely to be effective in reducing aerosol transmission when used without an additional face covering. They should only be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately.

Some individuals are exempt from wearing face coverings and everyone in your setting should be sensitive to those needs.

## 2.3 What are the protective measures that schools and other educational settings need to put in place?

With many COVID-19 restrictions being lifted and more mixing taking place, we expect to see an increase in a range of viral infections over the next 12 months (including flu, bronchiolitis and norovirus). We may also see an increase in cases of COVID-19. Therefore, it is important that educational settings continue to strongly implement and encourage the following prevention and response measures.

1. Clean hands thoroughly more often than usual
2. Ensure good respiratory hygiene by promoting the ‘catch it, bin it, kill it’ approach
3. Maintain enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach
4. Keep occupied spaces well ventilated (see APPENDIX 2 for more information).
5. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19

Schools and other educational settings should continue to remind parents, staff, students, pupils and children of the signs of symptoms of COVID-19 and the importance of isolating and getting tested as soon as possible.

Settings should also continue to encourage regular self-testing (using lateral flow devices) and vaccination uptake for eligible staff, students and pupils.

## 2.4 Advice for clinically extremely vulnerable (CEV) individuals and pregnant women

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

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).

Social distancing measures have now ended in the workplace and it is no longer necessary for the government to instruct people to work from home. Employers should be able to explain the measures they have in place to keep CEV staff safe at work. The Health and Safety Executive (HSE) has published guidance on [protecting vulnerable workers](https://www.hse.gov.uk/coronavirus/working-safely/protect-people.htm), including advice for employers and employees on [how to talk about reducing risks in the workplace](https://www.hse.gov.uk/coronavirus/working-safely/talking-to-your-workers/index.htm).

Clinical studies have shown that children and young people, including those originally considered to be clinically extremely vulnerable (CEV), are at very low risk of serious illness if they catch the virus. The UK Clinical Review Panel has recommended that all children and young people under the age of 18 should no longer be considered CEV and should be removed from the Shielded Patient List, the national database of people considered clinically extremely vulnerable. The Department for Health and Social Care have developed an [FAQ](https://elearning.rcgp.org.uk/pluginfile.php/170159/mod_resource/content/1/CYP%20FAQs%20FINAL.pdf) that can be accessed online.

A letter has been sent by the Department of Health and Social Care to the families of children and young people who were previously classified as CEV informing them of this change. Although shielding was paused on 1 April 2021, we know that for some this may be a significant change and they may be anxious about returning to face-to-face education for the Autumn Term. Whilst attendance is mandatory, DfE recommend that leaders in education work collaboratively with families to reassure them and to help their child return to their everyday activities. Discussions should have a collaborative approach, focusing on the welfare of the child or young person and responding to the concerns of the parent, carer or young person.

**Pregnant women** – The Royal College of Obstetricians and Gynaecologists (**RCOG**) has provided workplace information for pregnant women and their employers. Employers have a responsibility to protect the health and safety of pregnant women who are working. This responsibility is laid out in the Management of Health and Safety at Work Regulations 1999 or the Management of Health and Safety at Work Regulations (Northern Ireland) 2000.

Under these regulations, employers are required to carry out risk assessments. If there are risks, the employer must take reasonable action to remove the risks by altering working conditions or hours of work; by providing suitable alternative work on the same terms and conditions; or by suspending the pregnant woman on full pay (if there is no suitable alternative work).

Information contained in the [RCOG/RCM Guidance on Coronavirus (COVID-19) in pregnancy](https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/) should be used as the basis for a risk assessment. The most relevant sections for use in a risk assessment are sections 1.5, 1.6 and 1.7. You should advise pregnant staff how and where they can safely work, after you have conducted the risk assessment of your workplace and the individual’s situation.

As well as considering information in the [RCOG/RCM Guidance on Coronavirus (COVID-19)](https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/) in pregnancy, the remaining factors involved in reaching a decision about a pregnant staff member’s safety at work must be evaluated in an individualised risk assessment, conducted by the employer, that is individual to the pregnant woman and their employment setting.

Employers are guided on this by sector-specific advice published on the UK government [Working safely during Coronavirus (COVID-19)](https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19) website. The RCOG is not able to comment or advise on these aspects as it is outside their area of expertise.

If a pregnant staff member is unable to work from home, they can work in a public-facing role provided their employer conducts the risk assessment and is able to make appropriate arrangements to sufficiently minimise their exposure to the virus.

If pregnant woman have concerns about their risk assessment and the resulting recommendations, they should speak to their employer in the first instance. If they are still not satisfied, RCOG recommends they consider contacting their trade union representative or, if they do not have a trade union representative, Maternity Action has published information [here](https://maternityaction.org.uk/covidmaternityfaqs/health-and-safety-at-work/). Maternity Action has also published [FAQs around rights and benefits during pregnancy and maternity leave](https://maternityaction.org.uk/covidmaternityfaqs/) which you may find helpful.

# Testing for COVID-19

## 3.1 What Covid-19 testing is available?

Two types of test are currently being used within education settings to detect if someone has COVID-19:

* **Polymerase Chain Reaction (PCR) tests**

PCR tests detect the RNA (ribonucleic acid, the genetic material) of a virus. PCR tests are the most reliable COVID-19 tests. It takes some time to get the results because they are usually processed in a laboratory.

* **Lateral Flow Device (LFD) tests (asymptomatic testing)**

LFD tests detect proteins in the coronavirus and work in a similar way to a pregnancy test. They are simple and quick to use but should not be used for symptomatic people who should have a PCR test.

Please note if someone has tested positive with a PCR test, **they should not be tested using either PCR or rapid lateral flow tests for 90 days**, unless they develop new symptoms during this time – in which case they should be retested immediately using PCR.

This 90-day period is from the initial onset of symptoms or, if asymptomatic when tested, their positive test result.

## 3.2 Asymptomatic testing

Testing remains important in reducing the risk of transmission of infection within schools and other educational settings.

**Secondary school pupils**

As pupils will potentially mix with lots of other people during the summer holidays, all secondary school pupils (year 7 and above) should receive 2 on-site lateral flow device tests, 3 to 5 days apart, on their return in the autumn term.

Settings may commence testing from 3 working days before the start of term and can stagger return of pupils across the first week to manage this.

Secondary school pupils should then continue to test twice weekly at home until the end of September, when this will be reviewed.

Nursery children and primary school pupils are not asked to test at this time

**Staff**

Staff (including students on placement) across all education settings should undertake twice weekly home lateral flow device tests whenever they are on site until the end of September, when this will also be reviewed.

**On-site testing**

Secondary schools should also retain a small asymptomatic testing site (ATS) on-site until further notice so they can offer testing to pupils who are unable to test themselves at home.

Pupils who have recently completed year 6 will be offered the 2 tests at an ATS at the beginning of the autumn term when they start at their secondary school as a new year 7. Schools may choose, however, to start testing year 6 pupils earlier, including in summer schools, depending on their local circumstances.

**Confirmatory PCR tests**

Staff and pupils with a positive LFD test result should self-isolate at home and arrange a confirmatory PCR test. If the PCR test is taken within 2 days of the positive lateral flow test, and is negative, it overrides the self-test LFD test and the staff member or pupil can return to school, as long as they are well enough to do so and have not had a high temperature, or vomiting / diarrhoea for 48 hours.

For additional information on PCR test kits for schools refer to [PCR test kits for schools and FE providers, 22 April 2021](https://www.gov.uk/government/publications/coronavirus-covid-19-test-kits-for-schools-and-fe-providers/coronavirus-covid-19-home-test-kits-for-schools-and-fe-providers)

## 3.3 Symptomatic testing

If a child, pupil, student or staff member develops symptoms of COVID-19, they should be advised to get tested as soon as possible via [NHS UK](https://www.nhs.uk/conditions/coronavirus-covid-19/testing-for-coronavirus/) or by contacting NHS 119 via telephone if they do not have access to the internet.

# Management of a suspected case

## 4.1 What to do if a child or staff member is absent because they have COVID-19 symptoms

COVID-19 symptoms that would permit exclusion from school and other educational settings:

new continuous cough and/or

fever (temperature of 37.8°C or higher)

loss of or change in, normal sense of taste or smell (anosmia)

The Education IPC team at Cumbria County Council may advise isolation and testing for a wider range of symptoms only if a setting is in an outbreak situation or if there is a high clinical suspicion that an individual has COVID-19. We are expecting to see a range of viral illnesses circulating over the next 12 months and it is important to try and avoid unnecessary isolation and testing wherever possible. Contact the team if you have any queries about illness symptoms: email EducationIPC@cumbria.gov.uk

**Anyone who develops symptoms of COVID-19 should immediately self-isolate. They should not attend school / the setting and should follow the steps below:**

* Parent/Carer or staff member should notify the school / setting of absence by phone
* School / setting should record and keep relevant information in line with your absence recording policy. Make a note of the date symptoms started, the type of symptoms and if the individual has been hospitalised.
* Advise that the individual should get tested via [NHS UK](https://www.nhs.uk/conditions/coronavirus-covid-19/testing-for-coronavirus/) or by contacting NHS 119 via telephone if they do not have internet access
* **There is no further action required by the school / setting at this time, and no need to notify the Local Authority or Health Protection Team.**

## 4.2 What to do if someone falls ill while at school / the setting

**If anyone becomes unwell with a new continuous cough, a high temperature or a loss of or change in their normal sense of taste or smell they must be sent home as soon as possible**

* If a child is awaiting collection, they should be moved to a room on their own, if possible depending on the age of the child and with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people. Any rooms they use should be cleaned after they have left.
* If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.
* PPE should be worn by staff caring for the child while they await collection ONLY if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).
* If a 2 metre distance cannot be maintained, then the following PPE should be worn by the supervising staff member:
	+ Fluid-resistant surgical face mask
* If direct contact with the child is necessary, and there is significant risk of contact with bodily fluids, then the following PPE should be worn by the supervising staff member
	+ Disposable gloves
	+ Disposable plastic apron
	+ Fluid-resistant surgical face mask
	+ Eye protection (goggles, visor) should be worn ONLY if a risk assessment determines that there is a risk of fluids entering the eye from, for example, coughing, spitting or vomiting

The school / setting should record and keep the details of the incident in case it is needed for future case or outbreak management

* **There is no need to notify the Local Authority or the Health Protection Team of the incident**

# Management of a single confirmed case

## 5.1 Recording absence due to confirmed COVID-19

When a staff member, parent, carer or student notifies absence due to having confirmed COVID-19, schools and other educational settings are advised to record these cases in order to detect increases in COVID cases in the setting.

The headteacher or appropriate member of the leadership team should gather the information detailed in the form in APPENDIX 1. This information should then be emailed securely to EducationIPC@cumbria.gov.uk (we recommend sending the email encrypted or password protecting the document and then sending the password in a separate email – instructions for how to password protect a file are included in APPENDIX 1).

Alternatively, if you would prefer a provide details of positive cases over the phone, please email EducationIPC@cumbria.gov.uk and a member of the Education IPC team will call you back to go through the details and provide advice.

## 5.2 Self isolation period

The confirmed case should be advised to self-isolate until the latest of:

* 10 days after the onset of their symptoms

or

* 10 days after their test day if they are asymptomatic

## 5.3 How is the self-isolation period calculated?

* If a child or staff member is a confirmed case they must not leave home for **10** days after the onset of symptoms or the date of test if they have no symptoms. The isolation period includes the day their symptoms started (or the day their test was taken if they do not have symptoms), and the next 10 full days. This means that if, for example, their symptoms started at any time on the 15th of the month (or if they did not have symptoms but their first positive COVID-19 test was taken on the 15th), their isolation period ends at 23:59 hrs on the 25th.



## 5.4 What does self-isolation mean?

Self-isolation means the child / staff member should

* Not go to school, childcare, work or public places
* Not attend any other out of school activities or go around to a friends house
* Not use public transport or taxis
* Not go out to shop – order it online or ask a friend to bring it to your home
* Not have visitors in your home except for people providing essential care
* Not go out to exercise – exercise at home or in your garden, if you have one
* Inform GP practice or hospital or other healthcare setting that they are self-isolating if they must attend in person

## 5.5 Additional action when a staff member has confirmed COVID-19

When notified of a staff member with confirmed COVID-19, schools and other educational settings should refer to following workplace guidance [NHS Test and Trace in the workplace - GOV.UK (www.gov.uk)](https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance?utm_medium=email&utm_campaign=govuk-notifications&utm_source=09bc689c-73ca-4445-94fe-4f79828ed4e2&utm_content=daily).

On notification of confirmed COVID-19 in a staff member, the following steps should be taken:

* The staff member shoud be advised to self-isolate until the latest of:
	+ 10 days after the onset of their symptoms, or
	+ 10 days after their test day if they are asymptomatic
* Employers should call the Self-Isolation Service Hub on 020 3743 6715 as soon as they are made aware that any of their workers have tested positive.

## 5.6 Management of contacts

Schools and other educational settings are no longer required to conduct their own contact tracing for single confirmed cases of COVID-19. NHS Test and Trace will continue to work with confirmed cases / or their parent / carer to identify close contacts. Contacts from educational settings will only be traced by NHS Test and Trace where the positive case and / or their parent specifically identifies the individual as being a close contact.

Individuals will no longer be required to isolate if they live in the same household or are a close contact of someone with COVID-19 if any of the following apply:

* + they are **fully vaccinated\***
	+ they are **below the age of 18 years and 6 months**
	+ they taking part in or are currently part of an approved COVID-19 vaccine trial
	+ they who are not able to get vaccinated for medical reasons

\*Fully vaccinated means that they have been vaccinated in the UK, and at least 14 days have passed since they received the recommended doses of that vaccine.

Instead, individuals listed above will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a PCR test. We would encourage all individuals to take a PCR test if advised to do so. Children aged under 5 years old will only be advised to take a PCR test if they are a household contact of a positive case.

Children, pupils and students aged under 18 years 6 months who usually attend their educational setting, and have been identified as a close contact, should continue to attend school / the setting as normal. They do not need to wear a face covering within the setting, but it is expected and recommended that these are worn when travelling on public or dedicated transport.

18-year-olds will be treated in the same way as children until 6 months after their 18th birthday, to allow them the opportunity to get fully vaccinated. At which point, they will be subject to the same rules as adults and so as long as get fully vaccinated, they will not need to self-isolate if identified

Schools and other educational settings may be contacted by NHS Test and Trace in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.

If you have staff members, or students aged over 18 years and 6 months who are not fully vaccinated and you are concerned that they are a close contact of a positive case in your setting and /or a close contact has not been contacted by NHS Test and Trace, please contact the Education IPC team via email: EducationIPC@cumbria.gov.uk and we can advise you on next steps.

# Management of multiple confirmed cases and possible outbreaks

## 6.1 Thresholds for seeking further public health advice

When parents notify the school or other setting that their child is absent, it is important to record whether this is due to COVID-19 confirmed by a PCR test. If when monitoring absences, any of the following thresholds are met, schools and other educational settings are advised to seek public health advice and work with their local authority contacts to identify any additional measures that need to be put in place.

* + 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period; 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; or
	+ If a pupil, student, child or staff member is admitted to hospital with COVID-19

For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time:

* + 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period

The Education Infection Prevention and Control team at Cumbria County Council has developed a form (see APPENDIX 1) for you to use to record positive cases and assess whether or not the number of cases meet any of the thresholds for seekign further advice. If your COVID-19 cases do reach one of the threshold levels above, it could indicate possible transmission within the setting (suspected outbreak), so please contact EducationIPC@cumbria.gov.uk and the team will advise you on next steps, which may include additional measures you need to take to reduce the risk of further transmission.

\*Special schools and boarding schools can contact the Education IPC team or they can seek advice directly from their local Public Health England HPT (contact details on page 8).

## 6.2 Identifying groups that have ‘mixed closely’

Identifying a group that is likely to have mixed closely will be different for each setting. The table below gives examples for each sector, but a group will rarely mean a whole setting or year group (unless the setting is small).

|  |  |
| --- | --- |
| **Setting** | **Examples of close mixing** |
| **Early years** | * a childminder minding children, including their own
* childminders working together on the same site
* a nursery class
* a friendship group who have played together staff and children taking part in the same activity session together.
 |
| **Schools**  | * a form group or subject class
* a friendship group mixing at breaktimes
* a sports team
* a group in an after-school activity
 |
| **Further education** | * 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.
 |
| **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.
 |
| **Boarding schools**  | * staff and children taking part in the same class or activity session together
* children who share the same common space in a boarding house
* children who have slept in the same room or dormitory together.
 |

## 6.3 Identifying staff contacts if threshold is met

If cases amongst staff mean a school or other educational setting meets the threshold described above, employers will need to call the Self Isolation Service Hub on 020 3743 6715 and provide the 8-digit NHS Test and Trace Account ID (sometimes referred to as a CTAS number) of the person who tested positive, alongside the names of co-workers identified as close contacts. This will ensure that all workplace contacts are registered with NHS Test and Trace and can receive the necessary public health advice, including the support available to help people to self-isolate if necessary.

## 6.4 What should we do if we think we have an outbreak?

If the number of positive cases are increasing substantially, this could mean transmission of COVID-19 is happening in the setting and extra action may need to be taken. If the thresholds above are met, schools and other educational settings should contact the Cumbria County Council Education Infection Prevention and Control (IPC) team by emailing EducationIPC@cumbria.gov.uk The team are available Monday – Friday 9am – 5pm. At weekends, for urgent advice you can contact the DfE COVID-19 helpline on 0800 046 8687.

**There is no need to notify multiple cases or a possible outbreak directly to the DfE COVID-19 helpline or local Public Health England (PHE) Health Protection Team. The Education IPC team at Cumbria County Council will liaise with the local PHE Health Protection Team as appropriate.**

## 6.5 Being prepared for a COVID-19 outbreak

All schools and educational settings are advised to have contingency plans (sometimes called outbreak management plans) describing what they would do if children, pupils, students or staff test positive for COVID-19 and how they would operate if measures to reduce the spread of COVID-19 were advised.

A good contingency plan should cover:

• roles and responsibilities

• when and how to seek public health advice

• details on how you would reintroduce control measures such as additional testing, face covers, shielding and restricting attendance

For further details on contingency plans and what they should include, please refer to [Contingency framework: education and childcare settings, August 2021](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1011704/20210817_Contingency_Framework_FINAL.pdf)

# **National Guidance Documents**

This local guidance document has been based on national PHE, NHS and government guidance. Hyperlinks to key national guidance are displayed here for reference (click on the link to be taken to the relevant guidance/information online).

General Guidance

* [Coronavirus: how to stay safe and help prevent the spread](https://www.gov.uk/guidance/covid-19-coronavirus-restrictions-what-you-can-and-cannot-do)
* [Guidance on protecting people who are clinically 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)

Guidance for contacts

* [Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection)
* [Guidance for contacts of people with confirmed coronavirus (COVID-19) infection who do not live with the person](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)
* [Apply for a Test and Trace Support Payment](https://www.gov.uk/test-and-trace-support-payment?priority-taxon=b350e61d-1db9-4cc2-bb44-fab02882ac25)

Test and Trace

* [NHS Test and Trace: what to do if you are contacted](https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works)
* [NHS Test and Trace in the workplace](https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance)

Specific guidance for educational settings

* [Schools COVID-19 operational guidance](https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-covid-19-operational-guidance)
* [Guidance for parents and carers of children attending out-of-school settings during the coronavirus (COVID-19) outbreak](https://www.gov.uk/government/publications/guidance-for-parents-and-carers-of-children-attending-out-of-school-settings-during-the-coronavirus-covid-19-outbreak?priority-taxon=b350e61d-1db9-4cc2-bb44-fab02882ac25)
* [Actions for early years and childcare providers during the COVID-19 pandemic](https://www.gov.uk/government/publications/coronavirus-covid-19-early-years-and-childcare-closures/actions-for-early-years-and-childcare-providers-during-the-covid-19-pandemic)
* [The use of personal protective equipment (PPE) in education, childcare and children’s social care settings, including for aerosol generating procedures (AGPs)](https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/the-use-of-personal-protective-equipment-ppe-in-education-childcare-and-childrens-social-care-settings-including-for-aerosol-generating-procedure)
* [SEND and specialist settings: additional COVID-19 operational guidance](https://www.gov.uk/government/publications/guidance-for-full-opening-special-schools-and-other-specialist-settings/send-and-specialist-settings-additional-covid-19-operational-guidance-applies-after-step-4)
* [Contingency framework: education and childcare settings](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1011704/20210817_Contingency_Framework_FINAL.pdf)
* [Education Recovery Support for early years settings, schools and providers of 16-19 education](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/993053/Education_recovery_support_June-2021.pdf)
* [E-bug online resource](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.e-bug.eu%2F&data=02%7C01%7CMartin.Bewley%40phe.gov.uk%7C33bb7343141d4d1753f708d8556eb21e%7Cee4e14994a354b2ead475f3cf9de8666%7C0%7C0%7C637353281201135382&sdata=mfFhD5OHvSf75lR6vyQ6mO1nMuov14hiIHPhpxbeXUU%3D&reserved=0), including [COVID-19](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.e-bug.eu%2Feng_home.aspx%3Fcc%3Deng%26ss%3D1%26t%3DInformation%2520about%2520the%2520Coronavirus&data=02%7C01%7CMartin.Bewley%40phe.gov.uk%7C33bb7343141d4d1753f708d8556eb21e%7Cee4e14994a354b2ead475f3cf9de8666%7C0%7C0%7C637353281201135382&sdata=UASb5zVUEltjCTBaMZRAqB1rfjfep4VAMCFvGHNGL%2Bg%3D&reserved=0) specific information
* [Dedicated transport to schools and colleges COVID-19 operational guidance](https://www.gov.uk/government/publications/transport-to-school-and-other-places-of-education-autumn-term-2020/dedicated-transport-to-schools-and-colleges-covid-19-operational-guidance)

Testing

* [Coronavirus (COVID-19): test kits for schools and FE providers](https://www.gov.uk/government/publications/coronavirus-covid-19-test-kits-for-schools-and-fe-providers/coronavirus-covid-19-home-test-kits-for-schools-and-fe-providers)

Vaccination

* [Coronavirus (COVID-19) vaccination](https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/)

Infection prevention and control

* [The use of personal protective equipment (PPE) in education, childcare and children’s social care settings, including for aerosol generating procedures (AGPs)](https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/the-use-of-personal-protective-equipment-ppe-in-education-childcare-and-childrens-social-care-settings-including-for-aerosol-generating-procedure)
* [Cleaning in non-healthcare settings](https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings)
* [Catch it. Bin it. Kill it](https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/09/catch-bin-kill.pdf). Poster

[Coronavirus Resource Centre posters](https://coronavirusresources.phe.gov.uk/)

* [Available Here](https://coronavirusresources.phe.gov.uk/)

## APPENDIX 1: POSITIVE COVID 19 CASE NOTIFICATION / OUTBREAK ASSESSMENT FORM

***If sending this form to*** ***EducationIPC@cumbria.gov.uk*** ***please password protect and send the password in a separate email (or send via encrypted email if your IT system supports this). See page 4 for instructions on how to password protect a document.***

**SETTING NAME: DATE:**

**DfE REFERENCE NO:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Staff / Child/ Pupil / Student**  | **Date of test** | **Type of test** **PCR / LFD** | **Date last in setting** | **Fully vaccinated****Yes / No** | **Symptoms****Yes / No** | **Date symptoms started** | **Description of symptoms** | **Year Group / Class / Bubble** | **CEV?****Pregnant?****Has individual been hospitalised?** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Have any of the positive cases mixed closely with any individuals aged 18 years + 6 months or older who are NOT fully vaccinated? YES / NO**

***(See page 3 for examples of close mixing. Fully vaccinated means they have had two doses of the COVID-19 vaccine administered within the UK and the second dose was given more than 14 days ago)***

**If yes, please provide details here:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Staff / Child/ Pupil / Student**  | **Date of last exposure to positive case** | **Is individual pregnant?****Yes / No / Don’t Know** | **Is individual Clinically Extremely Vulnerable?****Yes / No / Don’t Know** | **Year Group / Class / Bubble** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**OUTBREAK ASSESSMENT FORM**

|  |
| --- |
| For most settings it will make sense to think about taking extra action if the number of positive cases substantially increases. This is because it could indicate transmission is happening in the setting and there is a possible outbreak. The thresholds, detailed below, can be used by settings as an indication for when to seek public health advice about additional infection prevention measures that should be considered. Contact the Cumbria County Council Education IPC team via email: EducationIPC@cumbria.gov.uk who can provide advice. They can also help you work through this form if you need support.For most education and childcare settings, whichever of these thresholds is reached first:* 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period

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
* If a pupil, student, child or staff member is admitted to hospital with COVID-19

For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time:• 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day periodIdentifying a group that is likely to have mixed closely will be different for each setting. **Page 3** gives examples for each sector, but a group will rarely mean a whole setting or year group |

Including the cases you have listed on page 1, how many individuals have tested positive for COVID-19 via PCR across affected close contact groups in the last **10 days**? Complete table below:

**Today’s date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **A** | **B** | **C** | **D** |
| **Description of group / class who have had close contact**  | **Total number in group / class (including staff)** | **Total number of individuals in group testing positive for COVID-19 via PCR within past 10 days*****(also include those testing positive via LFD if they have not had a negative PCR test within 2 days of the LFD)*** | **% group / class testing positive in last 10 days** |
|  |  |  |  |
|  |  |  |  |

Have any of the individuals testing positive been hospitalised due to COVID-19? **YES / NO**

**Identifying a group that is likely to have mixed closely will be different for each setting. Below are some examples.**

**For early years, this could include:**

• a childminder minding children, including their own

• childminders working together on the same site

• a nursery class

• a friendship group who often play together

• staff and children taking part in the same activity session together

**For schools, this could include:**

• a form group or subject class

• a friendship group mixing at breaktimes

• a sports team

• a group in an after-school activity

**For boarding schools, this could include:**

• staff and children taking part in the same class or activity session together

• children who share the same common space in a boarding house

• children who have slept in the same room or dormitory together

**For FE, this could include:**

• 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

**For wraparound childcare or out-of-school settings, this could include:**

• 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 higher education institutions, this could include:**

• students in the same household, sharing living, washing and cooking facilities

• students who take part in sporting or social activities together.

• students taking part in the same seminar or group learning activity such as a presentation

***Thank you for completing this form. Please email it securely to*** ***EducationIPC@cumbria.gov.uk***

***There are two ways in which you can send the form securely:***

1. ***If your IT system gives you the option to send an encrypted / securely marked email – please use this function***

***OR***

1. ***Password protect this word document and send the password in a separate email***

**HOW TO PASSWORD PROTECT DOCUMENTS**

Select ‘File’ from the menu

Select ‘Info’ from the options

Select ‘Password Protect’

Select ‘Encrypt with Password’

You will now be asked to type in your password and select OK. You will be asked to do this twice to ensure the password matches.

Save the document

## APPENDIX 2: ADDITIONAL INFORMATION ON VENTILATION

**Reproduced from University Safety and Health Association (UHSA) ‘Ventilation as a measure in managing the spread of COVID-19’ August 2021 [pdf]** [**www.usha.org.uk**](http://www.usha.org.uk)

Even though this information is written for universities, Public Health England has confirmed the advice can be applied to all educational settings.

**Introduction**

The COVID-19 pandemic has been a huge challenge for the higher education sector. This guidance which focuses on effective ventilation is part of a set of guidance produced by USHA to support the sector response.

There are three main ways in which COVID-19 spreads, which are listed below. This guidance focuses on minimising the risk through the third of these routes airborne transmission.

The three main routes of transmission are:

* Close-range direct person-to-person transmission when someone is directly exposed to respiratory droplets and aerosols emitted by another person at <2m. These virus carrying particles can lead to virus entering the body through eyes, nasal membranes, oral mucosa, or the respiratory system via inhalation or deposition.
* Indirect surface contact transmission happens when someone touches a surface that has been contaminated with the virus. They may then become infected when they touch their nose, eyes or mouth with a contaminated hand or object (fomite). Surfaces can be contaminated through the deposition of respiratory droplets and by people who are infectious touching surfaces with their hands.
* Airborne transmission occurs when small virus-containing respiratory aerosols are carried by the air and subsequently inhaled. These aerosols may be released from respiratory actions (breathing, talking, coughing etc), as well as through aerosol generating procedures in a hospital or dental environment. Airborne transmission is associated with infection beyond 2m in poorly ventilated rooms.

The primary protect against COVID-19 are the steps that are taken to minimise the number of cases on campus and to put in place arrangements to minimise potential spread.

Effective ventilation is part of the armoury of protection and is a vital control measure in preventing and limiting the spread of COVID-19 through the third of these routes.

The Health and Safety Executive (HSE) advises that the priority for an organisation should be to identify areas of the workplace that are usually occupied, and poorly ventilated. The HSE website has specific and really helpful pages on ventilation and COVID-19.

The HSE guidance states:

Ventilation is likely to be adequate to minimise COVID-19 aerosol transmission risk if the rooms or spaces in your building(s) are:

• used within the occupancy limits specified in the building design and

• have a sufficient fresh air supply to meet the current minimum building standard.”

In most settings, for ordinary activities, the risk of aerosol transmission is likely to be low if the ventilation rate achieves current ordinary building design standards.

The HSE advises there are simple ways to identify poorly ventilated areas:

• Areas where people work but there is no mechanical forced ventilation and no natural ventilation such as openable windows, or doors or vents which connect directly to the outside.

• Areas that feel stuffy or smell.

• Unexplained high humidity.

Higher rates of ventilation are likely to be appropriate for higher risk activities such as choir singing and aerobic exercise. Guidance on the levels of ventilation that are recommended can be found in the more specialist links at the end of this document.

Teaching, studying, research work and office work are not high risk activities and conventional levels of ventilation are likely to result in a low risk of indirect transmission if room occupancy is not excessive.

In many areas without mechanical ventilation air movement can be improved relatively easily by ensuring that windows can be opened. (It is not unusual to find windows painted closed or over glazed.) Tackling these issues can lead to an improvement in ventilation levels relatively quickly.

Much of the estate of Higher Education Institutions are served by mechanical ventilation systems which are often very complex systems and need to be adjusted by suitably qualified heating and ventilation engineers.

Following on from advice issued in September 2020 by the HSE and CIBSE most, if not all HEIs have already modified there systems such that:

• All plant operating schedules extended starting 2 hours before occupation and continue 2 hours post occupation to purge the buildings.

• All systems incorporation the facility to recirculate a proportion of system return air have had this facility isolated/disabled with systems operating using 100% fresh air.

• In ventilation systems where ventilation rates are determined by CO2 levels, the set points have been altered to provide a higher air change rate.

Where there is concern about the levels of ventilation, for example in a room with no mechanical ventilation and little obvious natural ventilation it is possible to assess the effectiveness of the ventilation by using Carbon Dioxide levels as a surrogate for ventilation effectiveness. Simply put if ventilation is ineffective Carbon Dioxide levels rise as people breath and the change in this level can indicate if the ventilation is sufficient to minimise the spread of COVID-19 or not.

Whilst Carbon Dioxide is present in exhaled breath, and therefore its concentration represents the fraction of air that has been exhaled by individuals in the space. It is a proxy for occupancy and/or a ventilation rate, but it is not a direct proxy for infection risk.

Nor are they a universal solution. Measurements of elevated Carbon Dioxide levels in indoor air are an effective method of identifying poor ventilation in multi-occupant spaces. However, in low occupancy or large volume spaces, a low level of Carbon Dioxide cannot necessarily be used as an indicator that ventilation is sufficient to mitigate transmission risks.

However, in most situation measuring Carbon Dioxide levels using calibrated carbon dioxide monitors provides a high level of confidence that spaces are adequately ventilated for the occupancy limits set.

Carbon Dioxide monitors also can be helpful in assessing air quality and in providing reassurance to staff and students.

Carbon Dioxide levels can be taken as spot samples or with data recorders to give real time, or near real time information. hese measurements are normally taken and interpreted by a competent person. The most appropriate portable devices to use in the workplace are non-dispersive infrared (NDIR) CO2 monitors.

Alternatively fixed or portable traffic light Carbon Dioxide monitors can be placed in rooms of concern.

These monitors are often installed in rooms of concern and normally have a traffic light system which can help to prompt users to open doors or windows if the Carbon Dioxide levels are rising.

Having a visible traffic light system can be reassuring to staff and students, if the meaning of traffic lights is properly explained, along with the action to be taken if higher levels of Carbon Dioxide are recorded. However in many cases a simpler solution would just be to ensure that windows remain open so that CO2 levels do not rise excessively.

Further more detailed information on regarding ventilation and Covid can be found through these links:

REHVA - The Federation of European Heating, Ventilation and Air Conditioning associations.

<https://www.rehva.eu/activities/covid-19-guidance>

The Chartered Institution of Building Services Engineers.

<https://www.cibse.org/coronavirus-covid-19>

The Health and Safety Executive.

<https://www.hse.gov.uk/coronavirus/equipment-and-machinery/index.htm>