

Checklist for Acute Respiratory Infection management in Educational Settings

Aim: To manage Outbreaks of Acute Respiratory Infections (ARI) efficiently and effectively in order to:

- reduce the number of cases and potential complications
- reduce disruption to educational establishments

BOX 1: COVID-19 KEY DEFINITIONS

Case definitions:

Confirmed case: LFD or PCR COVID-19 positive person with or without symptoms

Possible case: new continuous cough and/or high temperature and/or a loss of, or change in, normal sense of taste or smell (anosmia)*

*note schools and clinicians should be alert to atypical presentations in children who are immunocompromised.

Contact definitions:

- anyone who lives in the same household as someone with COVID-19 symptoms or who has tested positive for COVID-19
- anyone who has had any of the following types of contact with someone who has tested positive for COVID-19:
 - face-to-face contact, including being coughed on or having a face-to-face conversation within one metre
 - been within one metre for one minute or longer without face-to-face contact
 - sexual contacts
 - been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
 - travelled in the same small vehicle or a plane
 - travelled in close proximity in the same large vehicle (e.g. school bus or public transport)

Infectious Period (time when a case can infect others): From 2 days before to 10 days after onset of symptoms (use test date if no symptoms)

Incubation Period (time period between exposure to case and development of symptoms): Usually 5-6 days (can be between 1 to 14 days).

Cluster definition

Two or more confirmed cases of COVID-19 among individuals associated within a specific setting with onset dates (or test dates if asymptomatic) within 14 days

Outbreak definition

Two or more confirmed cases of COVID-19 among individuals associated within a specific setting with onset dates within 14 days

AND ONE OF:

1. Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case

OR

BOX 2: Influenza (flu)- Key definitions

Case definitions:

Possible: Fever of $>37.8^{\circ}$ PLUS new onset or acute worsening of one or more respiratory symptoms: cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing

Confirmed: Laboratory confirmed influenza

Infectious Period: From 12 hrs before to 3 - 5 days after onset (can be 7 days or longer in young children.)

Incubation Period: Short, usually 1 - 3 days, but possibly up to 5 days.

Outbreak

Two or more cases arising within a single 7 day period and with evidence of transmission within the school (e.g. have been in the same sports team, classroom, after school group during at least one of the 3 days before onset or after onset in the absence of a known, alternative source of infection)

Note: time limits are flexible – clinical judgement can be used

Note2: Colds are not included in this outbreak definition (runny or blocked nose, sore throat, headache, non-productive cough, no fever)

Comparison and COVID-19 vs Influenza symptoms

	COVID-19	Influenza (flu)
Key Symptoms	New continuous cough OR High temperature OR Loss of or change in smell/ taste	Fever > 37.8 AND new onset or acute worsening of one or more respiratory symptoms: cough, hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing
Other symptoms	Shortness of breath Fatigue (tiredness) Loss of appetite Muscle aches Sore throat Headache Nasal congestion Diarrhoea, nausea and vomiting	Headache Aching muscles Aching joints

Key information about the case(s)

- Onset date & time:
- Test (LFD or PCR)
- Symptoms
- Connection to confirmed cases of COVID-19 (e.g. within the setting or in the community)

Key information about the setting

- Onset date & time in first case:
- Onset date & time of last case
- Total number of confirmed cases in staff/students
- Total number of children at the school/nursery:
- Total number of staff employed in the school/nursery:

- For the affected class/ group:
 - Total number of children in the affected class/ group:
 - Total number of staff in the affected class/ group:
- Number of symptomatic students (at time of reporting the outbreak):
- Number of symptomatic staff (at time of reporting the outbreak):
- Numbers of Staff/ Children in clinical risk groups

Checklist for a single possible case		
Action	Date	Signature
<p>IF CHILD/STAFF BECOME SYMPTOMATIC WITHIN THE SETTING: Send symptomatic cases home to get tested. Children who develop symptoms should be isolated in a room behind closed doors (with age-appropriate adult supervision) until collected by parent/carers.</p> <p>If staff member providing support within 2 metres ensure correct use of PPE (see below and page 8)</p> <p>If isolation is not possible, they should be moved to an area at least 2 metres from other people.</p> <p>If parents/carers unable to collect and it is age-appropriate, young person can make own way home, if they can avoid public transport or contact with others.</p>		
<p>Advise anyone with COVID symptoms to get a PCR test. They can do so via the online testing portal or by calling 119.</p> <p>LFD tests should not be used for people with symptoms.</p>		
<p>Case and household (and support/childcare bubbles, if active) contacts must isolate until results of testing are available.</p> <p>Households only need to book a PCR test if they develop symptoms (or are participating in an asymptomatic LFD testing programme and test positive)</p>		
<p>Report suspected cases of COVID-19 to the headteacher (pupils, staff and visitors) to help to identify cases early and Inform the Local Education Authority if this is your local standard procedure.</p>		
<p>You do not need to isolate contacts of a possible case before the test result is known unless you are advised to by the health protection team (HPT) or your local authority public health teams*.</p> <p>Check for a test result within 48 hours. If results are not available, then risk assess if there is a need for further public health action as per a confirmed case. The HPT/ local authority will help you do this.</p> <p>*If the symptomatic person cannot or will not test or has had household or enduring contact with someone who is a confirmed case, discuss with the HPT/ local authority who can advise you on next steps.</p>		
<p>Results of COVID testing: If positive- treat as a confirmed COVID case</p>		

<p>If negative and child/staff member still unwell- could be a false negative or a different illness e.g. flu. The individual should NOT return to school until fully recovered and at least 24 hours free of fever.</p> <p>If negative and child/staff member is back to normal AND no other identified risks (for example, close contact of a confirmed case or another household member awaiting results) can return to school and end isolation.</p>		
<p>Cleaning: Please follow guidance as described on page 7. The HPT can advise you on this if anything is unclear.</p>		
<p>PPE (see page 8)</p> <ul style="list-style-type: none"> • Those undertaking cleaning of an area where a suspected case has spent significant time should wear disposable gloves and aprons as a minimum. • Adults who accompany/ care for a symptomatic child in isolation and coming within 2 m distance of the child should wear gloves, aprons and masks. • Risk assess need for eye, nose and mouth protection whilst cleaning/ accompanying symptomatic child (see page 8). 		
<p>Residential schools: see page 8</p>		

Checklist for a single case of confirmed COVID-19		
Action	Date	Signature
<p>IF CHILD/STAFF TESTED POSITIVE ON-SITE (e.g via rapid testing programme) They should be isolated in a room behind closed doors (with age-appropriate adult supervision) until collected by parent/carers.</p> <p>If staff member providing support within 2 metres ensure correct use of PPE (see below and page 8)</p> <p>If isolation is not possible, they should be moved to an area at least 2 metres from other people.</p> <p>If parents/carers unable to collect and it is age-appropriate, young person can make own way home, if they can avoid public transport and contact with others.</p>		

If case tested positive using an LFD as part of an asymptomatic testing programme, advice to take a follow-up PCR within 48 hours of the positive LFD.

Isolation of the case and contact start immediately following a positive test by LFD or PCR. Do not wait for a follow-up PCR result to take action*

*If the follow-up PCR result is negative and the case remains well, isolation of contacts can end. So long as the case has not been identified as a close contact of another confirmed case, they can also leave isolation.

Confirmed cases and their household (and support or childcare bubble if active) must isolate at home until [at least 10 days](#) after the onset of symptoms or date of positive test, if asymptomatic.

If an asymptomatic case subsequently develops symptoms, they must restart their isolation period and isolate for 10 days from their date of onset. (see [Stay at home guidance \(publishing.service.gov.uk\)](#))

If fever persists on day 10, isolation is needed until temperature returns to normal.

Report further suspected cases of COVID-19 to the headteacher (pupils, staff and visitors) to help to identify cases early.

Telephone the DfE advice line on 0800 0468687 if you require advice. You are not obliged to call them - only call if you need advice.

Inform the Local Education Authority, if this is your local standard procedure

NHS Test and trace

- Staff and children who have been in close contact with the confirmed case must isolate for 10 days.
- Household contacts of contacts do not need to self-isolate.

Settings can report close staff contacts to the isolation hub by calling 020 3743 6715. Contacts reported to the isolation hub will receive the 8-digit code required to claim, if eligible, the £500 isolation payment. This is helpful to staff members who would otherwise not receive an income during their isolation period.

Advise anyone with symptoms to isolate and get tested They can do so via the [online testing portal](#) or by calling 119.

Cleaning: Please follow guidance as listed on page 7. The HPT can advise you on this if anything is unclear.

PPE (see page 8)

- Those undertaking **cleaning** of an area where a confirmed case has spent significant time should wear disposable gloves and aprons as a minimum.
- Adults who **accompany/ care for a confirmed child** in isolation and coming within 2 m distance of the child should wear gloves, aprons and masks.

<ul style="list-style-type: none"> • Risk assess need for eye, nose and mouth protection whilst cleaning/ accompanying symptomatic child (see page 6). 		
Communications: Standard template emails available to communicate with parents/carers. The local authority can support.		
Residential schools- see page 8		

Checklist for outbreak of Acute Respiratory Infections		
Action	Date	Signature
Is it an outbreak or a cluster? See definitions in Box 1		
Follow all actions for each possible and confirmed case as appropriate.		
Identify close contacts (as described in Box 1) and isolate them for 10 days since exposure to case.		
Do the isolation periods of contacts need to be extended in light of new cases?		
Inform any neighbouring schools/ attached childcare facilities		
Reinforce that anyone with symptoms needs to inform you, isolate with their household and get tested. They can book a test via the online testing portal or by calling 119. Ensure they report results back to you immediately.		
If parts of the school are unaffected, try to keep staff and pupils in unaffected areas away from affected areas wherever possible.		
Reinforce infection control messages: Reinforce good hand hygiene among all (including visitors, staff, and children/ students). Ensure hand wash basins are accessible and are well stocked with liquid soap and paper towels. Emphasize respiratory etiquette (cover coughs and sneezes, dispose of tissues properly) e.g. Catch it, Bin it, Kill it. Use posters to back up verbal instructions on respiratory etiquette and hand hygiene. Lesson plans for primary and secondary schools about respiratory hygiene are available at eBug . Discourage sharing water bottles or water fountains.		

<p>Consider who and how you are going to communicate about this outbreak:</p> <ul style="list-style-type: none"> - How are parents/carers going to be kept informed - Consider whether a press statement should be prepared <p>The local authority/ HPT can assist you with this.</p>		
<p>Consider whether school closure is required. Closing the school is not routinely advised during an outbreak but should be discussed with the Health Protection Team and the LEA. The most important factor in this decision is whether the school can function with depleted staff numbers.</p>		
<p>Residential schools: please see page 8</p> <p>If this is considered to be an influenza outbreak the HPT may:</p> <p>Consider swabbing cases for flu and liaise with GPs / Nursing staff to facilitate this.</p> <p>Consider the use of antiviral medicines (Tamiflu® / Relenza®) for treatment and /or prophylaxis if you are a boarding school or a special school with particularly vulnerable students.</p>		

Cleaning after a suspected or confirmed COVID-19 case has been in the school whilst symptomatic

Schools are already undertaking enhanced and more frequent cleaning as routine practice. This will help to minimise transmission of infection within the school setting.

The following guidelines are reinforcing what is already being done routinely.

- Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal.
- All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:
 - objects which are visibly contaminated with body fluids
 - all potentially contaminated frequently touched surfaces e.g. door handles, taps, light switches, call bells, telephones, computer keyboards
- The regular cleaning of frequently touched surfaces should continue
- Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings.
- Use combined detergent disinfectant solution or a household detergent followed by hypochlorite solution 1000ppm (e.g. diluted Milton). If an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses.
- Avoid creating splashes and spray when cleaning.
- When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.
- Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below.
- Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

- If cleaning staff develop symptoms, they must inform their manager immediately, self-isolate and get tested.
- Hypochlorite is a bleach solution, which must be made up freshly to be effective (examples of chlorine releasing tablets are Haztabs® and Sanichlor®). Instructions on how to make the solution to the correct strength can be seen on the packet and some manufacturers provide a mixing container to accurately mix the solution in.

Personal protective equipment (PPE)

- You should continue with your standard practices if you are in a setting where you use wear PPE to conduct your routine work (e.g. special school, nursery). During the coronavirus outbreak additional PPE is only required in a limited number of scenarios:
 - Following a symptomatic or confirmed case, cleaners should wear disposable gloves and aprons as a minimum.
- If a risk assessment of the setting indicates that a higher level of virus may be present (for example, where unwell individuals have slept such as a boarding school dormitory) or there is visible contamination with body fluids, then the need for additional PPE (fluid-resistant mask (Type IIR) and eye protection) to protect the cleaner's eyes, mouth and nose might be necessary.
- Adults who accompany/ care for a suspected or confirmed child in isolation and come within 2 m distance of the child should wear gloves, aprons and masks. Eye protection may also be required when coming into close contact with a symptomatic person who is vomiting/ coughing/ spitting (e.g. If there is a risk of splashing to the eyes).
- Wash hands thoroughly after removing PPE.
- The local Public Health England (PHE) Health Protection Team (HPT) can advise on risk assessing complex scenarios.

Laundry

- Wash items in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. Dirty laundry that has been in contact with an unwell person can be washed with other people's items.
- Do not shake dirty laundry, this minimises the possibility of dispersing virus through the air.
- Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above.

Waste

- Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):
 - Should be put in a plastic rubbish bag and tied when full.
 - The plastic bag should then be placed in a second bin bag and tied.
- Waste should be stored safely and kept away from children. You should not put your waste in communal waste areas until negative test results are known or the waste has been stored for at least 72 hours.
- Settings which normally generate clinical waste should continue their usual waste policies

Advice specific for residential or special schools:

[Safe working in education, childcare and children's social care settings, including the use of personal protective equipment \(PPE\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe)

Guiding principles:

- Residential school settings are considered as a household for the purposes of isolation. The isolation unit will depend on individual circumstances e.g. could be a dormitory or an

isolated building. The HPT can help schools with the risk assessment and the defining of a group/ household that needs isolation. In most instances, people who share a bathroom and/ or kitchen will be defined as a household.

- If a student/ staff member develops symptoms or tests positive for COVID whilst away from the school setting they should NOT return to school and must self-isolate at home.
- If a student/ staff member has been in contact with someone with symptoms or a positive test at home, they need to self-isolate at home and not return to the school.
- These settings are likely to have staff visiting rather than residing on site. In such circumstances, infection control procedures for staff entering and leaving the site are crucial.

If a student/ staff member develops symptoms or tests positive for COVID:

Isolate immediately:

- Guidance on self-isolation can be found [here](#).
- Decide whether the child is best kept in the school or can safely (and without using public transport) be sent home to isolate.
- If possible, have a plan in place pre-emptively for each resident child for how child will isolate (stay in the school/ or return home) should they develop symptoms or test positive for COVID.
- Contacts of the child, both in the school learning environment and their household environment will need to isolate for 10 days. Contacts who undertake extra-curricular and social activities with a confirmed case will also need to be identified. The HPT can help with identifying the group(s) who need to isolate.
- If it is not possible to send students home, cohort symptomatic students in one area and keep them away from others.

Online resources

Specific for schools

1. [Guidance for schools COVID-19 collection](#)
2. [Safe working in education, childcare and children's social care settings, including the use of personal protective equipment \(PPE\)](#)
3. [Guidance for full opening: schools](#)
4. [What parents and carers need to know about early years providers, schools and colleges in the autumn term](#)
5. [Guidance on isolation for residential educational settings](#)
6. [Guidance for full opening: special schools and other specialist settings](#)
7. [Procurement of Personal Protection Equipment and Cleaning Products](#)
8. [Quick Guides to putting on and taking off standard PPE](#)
9. [Infection Prevention Control and Outbreak Guidance: Winter Readiness Pack](#)

Key COVID-19 guidelines

1. [COVID-19: guidance for households with possible coronavirus infection](#)
2. [Guidance for contacts of people with confirmed COVID-19 infection who do not live with the person](#)
3. [Guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](#)
4. [RCPCH- COVID-19 'shielding' guidance for children and young people](#)
5. [For those returning to school after travel abroad: how to self isolate when you travel to the UK](#)

On cleaning and PPE

[COVID-19: cleaning in non-healthcare settings](#)
[PPE Donning and Doffing advice](#)

Teaching and training

1. Teaching children about infections, infection control and hygiene: please visit [eBug](#)
2. Links to handwashing videos
[For adults](#)
[For children](#)
3. Links to webcast

[Prevention Autumn 2020 - MUSIC](#)

[Prevention Autumn 2020 - NO MUSIC](#)