

Checklist for Acute Respiratory Infection management in Educational Settings

Correct as of Autumn 2021

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

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

BOX 1: COVID-19 KEY DEFINITIONS

Note all ARI should be treated as COVID-19 unless test negative. This is because the most stringent measures are required for COVID-19.

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.

Note2: whilst a broader range of symptoms can be associated with COVID-19, these other symptoms do not currently trigger the need to isolate and test. However, any child who is unwell should not be in their setting. If their symptoms develop into the above, they should isolate and get tested.

Contact definitions:

Definitions of a close contact can be found [here](#).

Following a child/student case, schools and childcare settings are no longer expected to undertake contact tracing. NHS Test and Trace will follow up with the case (or their family if they are young) to complete contact tracing and provide their identified contacts with testing and isolation advice. It is expected that children/young people will have very few close contacts.

In line with guidance for workplaces, if a worker tests positive to COVID-19, you should continue to support the identification of other staff close contacts and report these to the NHS Test and Trace self-isolation hub on 0203 7436715. NHS Test and Trace will follow-up directly with testing and isolation advice (and support available for this). [NHS Test and Trace in the workplace - GOV.UK \(www.gov.uk\)](#) provides more information.

From 16th August. NHS Test and Trace will contact you to let you know that you have been identified as a contact and check whether you are legally required to self-isolate. Even if you do not have symptoms, you will be advised to have a [PCR test as soon as possible](#).

Children and young people aged under 18 years and 6 months and adults who are fully vaccinated (at least two weeks past second vaccination) who are contacts of cases of COVID-19 will no longer be required to self-isolate, and can continue to attend their educational setting or workplace. They will be advised to take a PCR test as soon as possible (if they are four or under this recommendation will only be made if the case is a household contact). NHS Test and Trace will also advise to:

- limit close contact with other people outside their household, especially in enclosed spaces.
- wear a face covering in enclosed spaces and where they are unable to maintain social distancing.
- limit contact with anyone who is clinically extremely vulnerable.
- take part in regular LFD testing (if aged 11 years or older).

Note: Staff who do not need to isolate, and children and young people aged under 18 years 6 months who usually attend school, and have been identified as a close contact, should continue to attend school as normal. They do not need to wear a face covering within the school, but it is expected and recommended that these are worn when travelling on public or dedicated 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, adjust to symptom date if symptoms develop).

Incubation Period (time period between exposure to case and symptom onset): Usually 5-6 days (can be 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, with no link within the setting or have an identified source of infection outside of the setting.

Outbreak definition

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

***Threshold for seeking additional support via the DfE helpline or your local process when an outbreak within a setting is identified is outlined on page 8.**

BOX 2: Influenza (flu)- Key definitions

Case definitions:

Influenza Like Illness (ILI): 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 from a respiratory sample (usually a nose or throat swab).

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 definition

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).

BOX 3: Acute Respiratory Outbreak- Key definitions

The occurrence of 2 or more cases of with either ILI or COVID-19 symptoms within a 14-day period, with an epidemiological link to the school or educational setting and without laboratory confirmation.

Note: if suspected cases had tested negative for COVID-19, would only be considered an ARI outbreak if fevers were present.

Key information about the case(s)

- Onset date & time (confirm isolation period)
- Test type (LFD or PCR)
- Symptoms
- Connection to confirmed cases of COVID-19 (e.g. within the setting or in the community)
- Dates last in setting

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
- Vaccination coverage of eligible staff and students
- Any hospitalisations

Checklist for a single possible case

Action	Date	Signature
<p>IF CHILD/STAFF BECOME SYMPTOMATIC WITHIN THE SETTING: Send symptomatic cases home to get PCR 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).</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, it is age-appropriate and they can avoid public transport or contact with others, a young person can make own way home.</p>		
<p>Advise anyone with COVID-19 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 unvaccinated/single vaccinated adult household contacts must isolate until results of testing are available. Advise household to limit contact with others until results are available.</p>		
<p>Report possible cases of COVID-19 to the headteacher (pupils, staff and visitors) to help to identify cases early.</p>		
<p>Check for a test result before the case returns to the setting.</p> <p>*If the symptomatic person cannot or will not test, they will need to isolate for the full 10 days from symptom onset date.</p>		
<p>Results of COVID-19 testing:</p> <p>If positive- treat as a confirmed COVID-19 case (see checklist below). If negative and child/staff member still unwell- The individual should remain at home until fully recovered and at least 24 hours free of fever. If parent/carer symptoms, or they cannot be managed via home case, they should see medical advice (GP, 119, or 999 in an emergency). If negative and child/staff member is well, fever free for at least 24 hours AND there are no other identified risks (for example, a close, unvaccinated contact of a confirmed case) can return to school and end isolation.</p> <p>Note: if there are 2 or more cases with fever and additional respiratory symptoms that have tested negative for COVID-19, this indicates an unspecified ARI outbreak. Continue to exclude cases until 24 hours fever free and call the Health Protection Team if your setting caters for children with special needs, spread continues (e.g. >5 cases) or there are admissions to hospital.</p>		
<p>Cleaning: Please follow guidance as described on page 9.</p>		
<p>PPE (see guidance).</p>		

- Those undertaking cleaning of an area where a suspected case has spent significant time should wear disposable gloves and aprons as a minimum.
- When caring for / accompanying a symptomatic individual:
 - **A face mask should be worn if you are in face-to-face contact.**
 - **If physical contact is necessary, then gloves, an apron and a face mask should be worn.**
 - **Wear eye protection if a risk assessment determines that there is a risk of fluids entering the eye, for example, from coughing, spitting or vomiting.**

Residential schools: see page 10.

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 guidance).</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, it is age-appropriate and they can avoid public transport or contact with others, a young person can make own way home.</p>		
<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.</p> <p>Required actions for household contacts of COVID-19 cases can be found at https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance</p> <p>If negative, Case end isolation and return to setting. If positive continue below.</p>		
<p>Confirmed cases must isolate at home until at least 10 days after the onset of symptoms or date of positive test, if asymptomatic.</p> <p>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))</p> <p>If fever persists on day 10, isolation is needed until temperature returns to normal.</p>		
<p>Child/student case: Schools and childcare settings are not routinely expected to completed contact tracing. NHS Test and Trace will call the case (or their parent/guardian) to identify contacts and provide testing and isolation and support advice following a positive PCR test.</p>		

<p>Staff case: In line with guidance for workplaces, if a worker tests positive to COVID-19, the setting should continue to support the identification of other staff close contacts and report these to the NHS Test and Trace self-isolation hub on 0203 7436715. NHS Test and Trace will follow-up directly with contacts to provide testing and isolation advice (and support available for this). More information, including the information you will be asked to provide, is available here.</p> <p>If a health or social care worker within your setting has been identified as a close contact and are exempt from self-isolation, there is additional guidance available that you should follow to reduce the risk of spread of COVID-19 to those most vulnerable to infection.</p>		
<p>Report further suspected cases of COVID-19 to the headteacher (pupils, staff and visitors) to help to identify cases early.</p>		
<p>Advise anyone with symptoms to isolate and get tested They can do so via the online testing portal or by calling 119.</p>		
<p>Cleaning: Please follow guidance as listed on page 9. The HPT can advise you on this if anything is unclear.</p>		
<p>Keep your setting as well ventilated as possible and make good use of outdoor space.</p>		
<p>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.</p> <p>Emphasize respiratory etiquette (cover coughs and sneezes, dispose of tissues properly) e.g. Catch it, Bin it, Kill it.</p> <p>Use posters to back up verbal instructions on respiratory etiquette and hand hygiene.</p> <p>Lesson plans for primary and secondary schools about respiratory hygiene are available at eBug.</p>		
<p>PPE guidance for educational settings</p> <ul style="list-style-type: none"> • 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. • Risk assess need for eye, nose and mouth protection whilst cleaning/ accompanying symptomatic child. 		
<p>Residential schools- see page 10.</p>		

**Checklist for outbreak of Acute Respiratory Infections
(Either confirmed COVID-19 or ARI following negative COVID-19 tests)**

Action	Date	Signature
<p>Is it an outbreak or a cluster? See definitions in Box 1.</p> <p>Follow all actions for each possible and confirmed case as appropriate.</p> <p>All newly symptomatic cases MUST isolate and PCR test for COVID-19, even if you suspect a different infection is circulating.</p> <p>If case tests positive for COVID-19, continue to follow confirmed case checklist for each case.</p> <p>If case tests negative, case to remain at home until well and fever free for at least 24 hours.</p> <p>If there are concerns about symptoms, or ability to manage care at home, parents/carers should seek medical advice (GP, 111, 999 in an emergency).</p>		
<p>Inform any linked settings.</p>		
<p>Reinforce that anyone with symptoms needs to inform you, isolate and get tested using a PCR test. They can book a test via the online testing portal or by calling 119.</p> <p>LFD tests should not be used on symptomatic people. Ensure they report results back to you immediately.</p>		
<p>Required actions for household contacts of COVID-19 cases can be found at https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance</p>		
<p>Enhanced cleaning (see page 9), including:</p> <ul style="list-style-type: none"> - Increased cleaning of frequent touch points - Keeping the environment as decluttered as possible - Consider the temporary removal of hard to clean objects such as soft toys. 		
<p>Ensure baseline measures and outbreak control measures are in place:</p> <ul style="list-style-type: none"> - Regularly review and update risk assessments for proportionate control measures - Implement a Contingency Plan setting out how the school would operate if additional measures were recommended in their setting to control an outbreak. - Follow advice on COVID-19 testing in educational settings. - Follow advice on managing a case of COVID-19 in your setting. - Practice good hand and respiratory hygiene. - Appropriate use of PPE. - Ensure good ventilation of indoor spaces. - Maintain appropriate cleaning regimes. 		

<ul style="list-style-type: none"> - Deliver strong messaging about signs and symptoms, isolation advice and testing, to support prompt isolation of suspected cases. - Encourage vaccination uptake for eligible students and staff. 		
<p>The DfE has now defined ‘thresholds’ to indicate that transmission may be occurring within a setting and additional control measures may be needed. For most education and childcare settings, whichever of these thresholds is reached first:</p> <ul style="list-style-type: none"> • You have > 5 cases of confirmed COVID-19 within 10 days of each other or ARI (e.g. Fever AND at least one other respiratory symptom). • 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period. • There are any admissions to hospital for ARI/COVID-19. • You are having problems implementing the control measures. • You have applied the control measures and are still seeing a significant rise in cases. <p>For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time:</p> <ul style="list-style-type: none"> • 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period. <p>If COVID-19 infection confirmed If you meet any of these thresholds, follow your local process. The DfE helpline will escalate to the HPT. You do not need to do this directly.</p> <p>If COVID-19 infection has not been confirmed if you meet any of the above thresholds, and COVID-19 has not been confirmed (e.g. tests have returned negative) then this is an unspecified ARI outbreak and you need to call the South West Health Protection Team direct on 0300 303 8162.</p>		
<p>The local authority or HPT will support an enhanced risk assessment and help you identify what further measures may be required to bring the outbreak under control, as outlined in the contingency framework. This may include providing a warn and inform letter to parents in affected groups (DfE helpline, your local authority or the HPT can help you identify the most appropriate group for this to go to), the reintroduction of face coverings, increased testing and to limit open days/ visits.</p> <p>Please note, partial or full closure will only be recommended in extreme circumstances where enhanced measures have not been effective in containing the spread.</p>		
<p>Communications: Consider who needs to be told and how you are going to communicate:</p> <ul style="list-style-type: none"> • Provide a warn and inform letter to parents in affected groups. • Inform all parents of outbreak. 		

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> Consider whether a (reactive) press statement should be prepared. The local authority/ HPT can assist you with this. | | |
| Residential schools: please see page 10. | | |

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.

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 to residential schools:

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

Guiding principles:

- If a student/ staff member develops symptoms or tests positive for COVID-19 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 advised to isolate whilst at home, they need to self-isolate at home and not return to the school.
- Residential 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-19:

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-19.

- If you have to send this personal data to others, please ensure that it is sent securely.

Daily Log Template List of staff/ students with suspected / confirmed COVID-19 infection

In the event of a COVID-19 outbreak, the table will ensure that important information is recorded in one place and is easily accessible.

Name	Date of birth	Class/ Bubble	Date of onset of symptoms	Symptoms *	Date swabbed (if swabbed)	Swab result	Attendance during infectious period**

***Symptoms** T = High Temp ($\geq 37.8\text{ C}^1$), C = Cough, A = Anosmia (change or loss of taste/ smell)

** **Infectious period** - from 2 days prior to symptom onset to 10 days after, or 2 days prior to test if asymptomatic

¹ But does not have to be confirmed via a temperature check to trigger testing and isolation.

Online resources

Specific for schools

[Guidance for schools COVID-19 collection](#)

1. [Schools Covid-19 Operational Guidance](#)
2. [Contingency framework: outbreak management for education and childcare settings](#)
3. [Safe working in education, childcare and children's social care settings, including the use of personal protective equipment \(PPE\)](#)
4. [Guidance for full opening: schools](#)
5. [What parents and carers need to know about early years providers, schools and colleges in the autumn term](#)
6. [Guidance on isolation for residential educational settings](#)
7. [Guidance for full opening: special schools and other specialist settings](#)
8. [Procurement of Personal Protection Equipment and Cleaning Products](#)
9. [Quick Guides to putting on and taking off standard PPE](#)
10. [Infection Prevention Control and Outbreak Guidance: Winter Readiness Pack](#)
11. [The Spotty Book: Notes on infectious diseases in schools and nurseries](#)
12. [National Flu Immunisation Programme Plan](#)

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. [RCPCH- COVID-19 'shielding' guidance for children and young people](#)
4. [For those returning to school after travel abroad: how to self-isolate when you travel to the UK](#)

On cleaning and PPE

1. [COVID-19: cleaning in non-healthcare settings](#)
2. [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](#)