

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

Objectives:

1. All appropriate measures are taken to prevent and control outbreaks.
2. Suspected outbreaks are detected early and control measures are initiated promptly.
3. All relevant information is documented, to allow review by the school and the Health Protection Team.

COVID-19 KEY DEFINITIONS

Case definitions:

Confirmed case: laboratory test positive case of COVID-19 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)

Contact definitions:

Direct close contacts: Face to face contact with a case for any length of time, within 1m, including being coughed on, a face to face conversation, unprotected physical contact (skin to skin). This includes exposure within 1 metre for 1 minute or longer.

Proximity contacts: Extended close contact (within 2m for more than 15 minutes) with a case

Travelled in a small vehicle with a case

Infectious Period:

The infectious period is from 48 hours prior to symptom onset to 10 days after, or 48hrs prior to test if asymptomatic.

Incubation Period: 1-14 days, usually 5 - 7 days.

Cluster definition

“Two or more confirmed cases of COVID-19 among students or staff in a school/college within 14 days”

or

“Increase in background rate of absence due to suspected or confirmed cases of COVID-19 (does not include absence rate due to individuals shielding or self-isolating as contacts of cases)”.

Outbreak definition

“Two or more confirmed cases of COVID-19 among students or staff who are direct close contacts, proximity contacts or in the same cohort or ‘bubble’* in the school/college within 14 days”.

* a cohort or ‘bubble’ might be a class, year group or other defined group within the school/college. This definition aims to distinguish between transmission occurring in the community versus transmission occurring within the school/college setting.

Influenza (flu)- Key definitions

Case definitions:

Possible: Fever of >37.8° 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 Fever 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 setting

- Onset date & time in first case:
- Symptoms of cases
- 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 suspected case

Action	Date	Signature
Send symptomatic cases home to get tested. Children who develop symptoms should be isolated in a room behind closed doors until collected by parent/guardians/carers. Young people who can make their own way home can do so but should avoid using public transport or coming into contact with others. If isolation is not possible, they should be moved to an area at least 2 metres from other people.		
Case and household contacts must isolate until results of testing are available and prove that case does not have COVID.		
Advise anyone with COVID symptoms to get tested via the staff online testing portal/ NHS 111 systems or by calling 119		
Report suspected cases of COVID-19 to the head teacher (pupils, staff and visitors) to help to identify cases early		
Only telephone the Health Protection Team (HPT- 0300 303 8162) regarding possible COVID cases if: a. Hospital admission with covid like symptoms b. Possible case who can't /won't get tested c. Possible case with definite link to confirmed case		
Inform the Local Education Authority if this is your local standard procedure		
Check test result within 48 hours. If no test available, then risk assess the need for further public health actions as per a confirmed case. The HPT will help you do this.		
Results of COVID testing: If positive- treat as a confirmed COVID case If negative and child still unwell- could be a false negative or a different illness e.g. flu. The child should NOT return to school until fully recovered and at least 24 hours free of fever. If negative and child is back to normal AND no other identified risks- child can return to school and end isolation.		
Cleaning: Please follow guidance as described on page 6. The HPT can advise you on this if anything is unclear.		
PPE (see page 7) <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 6). 		
Residential schools: see page 8		

Checklist for a single case of confirmed COVID-19

Action	Date	Signature												
Confirmed cases must isolate at home until at least 10 days after the onset of symptoms or date of test if asymptomatic. (The day of symptom onset is Day 0). If fever persists on day 10, isolation is needed until temperature returns to normal.														
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Report further suspected cases of COVID-19 to the head teacher (pupils, staff and visitors) to help to identify cases early.														
Telephone the DfE helpline on 0800 0468687 who will advise you on actions to be taken.														
Inform the Local Education Authority														
NHS Test and trace <ul style="list-style-type: none"> Staff and children who have been in close contact with the confirmed case must isolate for 14 days. Household contacts of contacts do not need to self-isolate. Isolation of those who are identified as contacts: <table border="1" style="margin-left: 20px;"> <thead> <tr> <th></th> <th>Swab positive</th> <th>Swab negative</th> <th>No swab taken</th> </tr> </thead> <tbody> <tr> <td>Symptomatic</td> <td>10 days isolation from date of onset</td> <td>14 days isolation</td> <td>14 days isolation</td> </tr> <tr> <td>No symptoms</td> <td>10 days isolation from date of swab</td> <td>14 days isolation</td> <td>14 days isolation</td> </tr> </tbody> </table>		Swab positive	Swab negative	No swab taken	Symptomatic	10 days isolation from date of onset	14 days isolation	14 days isolation	No symptoms	10 days isolation from date of swab	14 days isolation	14 days isolation		
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Residential schools- see page 8														

Checklist for outbreak of Acute Respiratory Infections

Action	Date	Signature												
<p>Confirmed COVID cases must isolate at home until at least 10 days after the onset of symptoms or date of test if asymptomatic. (The day of symptom onset is Day 0). If fever persists on day 10, isolation is needed until temperature returns to normal.</p>														
<p>Send symptomatic cases home to get tested for COVID. Children who develop symptoms should be isolated in a room behind closed doors until collected by parent/guardians/carers. Young people who can make their own way home can do so but should avoid using public transport or coming into contact with others. If isolation is not possible, they should be moved to an area at least 2 metres from other people.</p>														
<p>Report confirmed cases of COVID-19 to the head teacher (pupils, staff and visitors) to help to identify cases early</p>														
<p>Telephone the Health Protection Team (HPT) to inform them of the outbreak 0300 303 8162.</p> <p>This will enable you to discuss infection control measures that are needed and the information to be communicated to others. You do not have to call the HPT every time you get a new case. For ongoing operational support (e.g. supply issues, staffing) please contact your local authority.</p> <p>However, call the HPT for advice if:</p> <ul style="list-style-type: none"> ○ The situation worsens considerably e.g. cases spreading to unaffected areas of the school ○ Any hospitalisations/ deaths ○ Any media interest ○ Any other concern you feel you need support with 														
<p>Inform Local Education Authority</p>														
<p>Inform any neighbouring schools/ attached childcare facilities</p>														
<p>NHS Test and trace if suspected COVID</p> <ul style="list-style-type: none"> ● Staff and children who have been in close contact with the confirmed case must isolate for 14 days. ● The HPT will help identify which staff/ children count as close contacts ● The HPT will provide template letters which can be used for informing all staff and children of the situation. ● Household contacts of contacts do not need to self-isolate. <p>Isolation of those who are identified as contacts:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Swab positive</th> <th style="text-align: center;">Swab negative</th> <th style="text-align: center;">No swab taken</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Symptomatic</td> <td>10 days isolation from date of onset</td> <td>14 days isolation</td> <td>14 days isolation</td> </tr> <tr> <td style="text-align: center;">No symptoms</td> <td>10 days isolation from date of swab</td> <td>14 days isolation</td> <td>14 days isolation</td> </tr> </tbody> </table>		Swab positive	Swab negative	No swab taken	Symptomatic	10 days isolation from date of onset	14 days isolation	14 days isolation	No symptoms	10 days isolation from date of swab	14 days isolation	14 days isolation		
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<p>Results of COVID testing:</p> <p>If positive- treat as a confirmed COVID case</p>														

<p>If negative and child still unwell- could be a false negative or a different illness e.g. flu. The child should NOT return to school until fully recovered and at least 24 hours free of fever.</p> <p>If negative and child is back to normal AND no other identified risks- child can return to school and end isolation.</p>		
<p>If parts of the school are unaffected, try to keep staff and pupils in unaffected areas away from affected areas if possible.</p>		
<p>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>		
<p>Cleaning: Please follow guidance as listed on page 6. The HPT can advise you on this if anything is unclear.</p>		
<p>PPE (see page 7)</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 (see page xxx). 		
<p>Consider whether a press statement should be prepared / released. The local authority/ HPT can assist you with this.</p>		
<p>Consider whether school closure is required. The most important factor in this decision is whether the school could function normally with depleted staff numbers. It might also allow cleaning and disinfection to take place. Closing the school is not routinely advised during an outbreak but should be discussed with the Health Protection Team and the LEA.</p>		
<p>Residential schools: please see page 8 If this is considered to be an influenza outbreak the HPT may: Consider swabbing cases for flu and liaise with GPs / Nursing staff to facilitate this. 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 key boards
- 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 and stay off work for at least 7 days (48 hours after resolution of fever if person has fever on day 7).
- 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)

- As a minimum, disposable gloves and aprons should be worn during cleaning.
- Adults who accompany/ care for a suspected or confirmed child in isolation and coming within 2 m distance of the child should wear gloves, aprons and masks.
- Wash hands thoroughly after removing PPE.
- 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 to protect the cleaner's eyes, mouth and nose might be necessary. Eye, mouth and nose protection may be required when coming into close contact with a person who is vomiting/ coughing/ spitting. Again, these situations need to be risk assessed.
- 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:

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 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 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:

Isolate:

- Guidance on self-isolation can be found [here](#).
- Isolate the child asap
- Decide whether the child is best kept in the school or can safely (and without using public transport) be sent home to isolate at home.
- If possible, decide pre-emptively for each resident child whether the child will stay in the school/ or return home should he/ she develop symptoms.
- Contacts of the child, both in the school learning environment and their household environment will need to isolate for 14 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.

Cleaning:

- Clean the places that the symptomatic cases were in as described in the guidance above and found online [here](#).

PPE:

- Only people coming within 2m of a person with symptoms needs to wear PPE.
- Those coming within 2m and giving personal/ nursing care should follow the guidance set out above (i.e. gloves, apron, fluid repellent mask and eye protection if risk of splashes).
- You should continue with your standard practices if you are in a setting where you would normally wear PPE to conduct your routine work (e.g. special school, nursery).

On line 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

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

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](#)

[Managing Single Cases Autumn 2020 MUSIC](#)

[Managing Single Cases Autumn 2020 NO MUSIC](#)

[Outbreak Mgt Autumn 2020 MUSIC](#)

[Outbreak Mgt Autumn 2020 NO MUSIC](#)