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| **Operational Public Health Advice Note for Welsh Government and Key Partners on the Investigation and Management of Clusters and Incidents of COVID-19 in Educational and Childcare Settings** | |
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| **Purpose and Summary of Document:** to outline the national processes for investigation and management of any clusters and incidents of COVID-19 that occur in educational and childcare settings in Wales. | |

# **Purpose of this advice note**

**This document sets out the public health advice for how clusters and incidents of COVID-19 should be investigated and managed when they occur in educational and childcare settings in Wales.** It will be reviewed and updated as necessary, in line with national guidance. It is intended to provide information for all involved in such settings about these arrangements.

# **Background**

In March 2020, the Welsh Government (WG) introduced national lockdown measures for preventing the spread of COVID-19 within communities in Wales. Alongside this, the WG announced the closure of most educational and childcare settings. All schools closed for formal education by the 20th March and remained closed for the next 3 months. Whilst children of key workers and vulnerable children continued to attend ‘Hub’ schools and childcare settings, this represented a very small proportion of normal attendee numbers.

On the 3rd June 2020, the WG Minister for Education announced that schools would increase operations from the 29th June until the 24th July, so all learners would have the opportunity to ‘check in, catch up and prepare for summer and September’. Children across Wales returned to schools for varying lengths of time over this period. This increase in pupil numbers also coincided with a re-opening or increase in numbers of children attending many childcare settings such as day nurseries. When schools close at the end of the summer term, some children will also continue to attend other childcare settings such as ‘Summer Camps’.

On the 9th July, the WG Minister for Education made a further announcement that all learners would return to school in the autumn term, starting from the 1st September (with a two week period of flexibility) and with a full return for all pupils from the 14th September. It outlined that schools should plan to open in September with all pupils physically present on school sites, subject to a continuing, steady decline in the presence of COVID-19 in the community[[1]](#footnote-1). Higher education settings are also currently planning how their staff and students will return in the autumn.

WG has outlined steps that should be taken in order to minimise risks from COVID-19, including infection prevention and control measures, social distancing and minimising contacts. However it is recognised that increasing attendance in educational and childcare settings is likely to lead to an increase in contact between children and adults from different households with a resultant possible increase in transmission of COVID-19.

This document explains public health advice for how clusters and incidents of COVID-19 should be investigated and managed if they occur in educational and childcare settings in Wales. Investigation and control of clusters and incidents of cases of COVID-19 will aim to:

1. protect individuals and communities where incidents are occurring, as well as reducing spread to other communities
2. evaluate control measures to inform future management of incidents and ongoing policy and guidance for educational and childcare settings
3. better understand the epidemiology and transmission of SARS-CoV-2 in educational and childcare settings

# **Definitions**

**For consistency, the terms ‘child/children’ and ‘staff member’ are used throughout this document. However, this advice note is intended to apply to all the settings outlined below. Therefore, depending on the setting being considered, the term ‘child’ should be interchanged with pupil/student/young adult, as appropriate, and the term ‘staff member’ should be interchanged with other adult roles such as ‘childminder’, as appropriate. Similarly, the term ‘parent’ should also be read as interchangeable with ‘guardian’ or ‘carer’.**

**Educational settings, to include:**

* *Early years settings e.g. nursery settings*
* *Primary schools*
* *Secondary schools*
* *Special schools/residential settings*
* *Further Education colleges*
* *Higher educational and childcare settings, including halls of residence*
* *Youth work settings*
* *Educational study centres*

**Childcare settings, to include:**

* *Full day care*
* *Sessional day care*
* *Childminders*
* *Open access play provision*
* *Out of school care*
* *Crèche*

**Potential cluster – needing further investigation**

*Two or more confirmed cases of COVID-19 among students or staff in the same educational or childcare setting 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)*

**Potential incident – needing further investigation**

*Two or more confirmed cases of COVID-19 among children or staff who are direct close contacts, proximity contacts or in the same group or cohort\* in the educational or childcare setting within 14 days*

\* these groups are sometimes referred to as ’contact groups’ or ‘bubbles’ and may vary in size e.g. a class, year group or other defined group

**Case**

*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**

*Direct close contacts***:** *within 1 metre of a case who they have had a face-to-face-conversation with, had skin-to-skin physical contact with, been coughed on or had other forms of contact within 1 metre for 1 minute or longer*

*Proximity contacts:*

* *extended close contact with a case (within 2 metres of the case for more than 15 minutes)*
* *travelled in a vehicle with a case or been seated near to one in public transport*

**Infectious period**

*Considered to be from 48 hours prior to symptom onset to 10 days after, or 48 hours prior to testing if the case was asymptomatic*

# **Summary of actions in investigation and management**

A summary of the overarching steps in investigation and management of clusters and incidents of COVID-19 in educational and childcare settings is outlined in figure 1. Further detail is given below but these are, broadly:

1. Identification of cases and possible clusters
2. Gathering of minimum information in clusters
3. Initial cluster management and risk assessment
4. Identification of an incident
5. Incident management
6. Escalation

## **4.1 Identification of cases and possible clusters**

Cases in educational and childcare settings will be identified by:

* + Notification (‘flagging’) of individual confirmed cases who attend an educational or childcare setting. These will be identified on the national (CRM) contact tracing system by contact tracers and contact advisors (through discussion with confirmed cases and contacts (or their parent)). These cases should be escalated through the national (CRM) system.

* + Direct notifications from other sources, such as from laboratories and the Public Health Wales (PHW) Communicable Disease Surveillance Centre (CDSC) team, educational and childcare settings, local authorities (LA), and clinicians (including school nurses). These notifications may come through local and regional teams, or directly to the national PHW team. If they come directly to the national team they should initially be fed down into the regional team.

**When a confirmed case of COVID-19 is identified as attending an educational or childcare setting, it is *recommended* that the actions outlined in box 1 are undertaken.** These are in addition to the normal process of contact tracing of household and social contacts.Whether local or regional teams undertake these actions may vary depending on the structure of teams across Wales. These recommended actions are outlined in greater detail in a template flowchart in technical appendix 1.

**Box 1: r*ecommended* actions after notification of a confirmed case who attends an educational or childcare setting (see technical appendix 1)**

1. Contact should be made with that case (or parent) to assess whether:
   1. they attended the setting during their infectious period and whether further tracing of contacts in the setting is needed
   2. it is likely that this setting was the *source* of infection for this confirmed case
2. Contact should be made with the setting to assess whether there are any further *possible* or confirmed cases associated with this setting (noting the need for the setting to maintain confidentiality)
3. Contact should be made with the setting to ensure they are1:
   1. following WG guidance to minimise potential transmission of COVID-19
   2. accurately recording absences, in keeping with WG guidance on this
4. The PHW CDSC team should be made aware of the name of the case and the setting they attend (see technical appendix 1 for further details)
5. The case should be recorded on the PHW ‘Tarian’ Health Protection system

*1 See guidance at:* [*https://gov.wales/sites/default/files/publications/2020-07/operational-guidance-for-schools-and-settings-from-the-autumn-term.pdf*](https://gov.wales/sites/default/files/publications/2020-07/operational-guidance-for-schools-and-settings-from-the-autumn-term.pdf)*;* [*https://gov.wales/protective-measures-childcare-settings-keep-childcare-safe*](https://gov.wales/protective-measures-childcare-settings-keep-childcare-safe)*;* [*https://gov.wales/keep-education-safe-operational-guidance-schools-and-settings-covid-19#section-43726*](https://gov.wales/keep-education-safe-operational-guidance-schools-and-settings-covid-19#section-43726)*;* [*https://gov.wales/recording-attendance-schools-and-settings-29-june-coronavirus*](https://gov.wales/recording-attendance-schools-and-settings-29-june-coronavirus)*;*

**When initial assessment of a confirmed case (box 1) leads to concerns about a possible cluster of cases, the regional TTP team will become the point of co-ordination for further investigation and management, as outlined in figure 1.**

[*https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings*](https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings)

**Figure 1: Flow chart for investigation and management of clusters and incidents of COVID-19 in educational and childcare settings**

*IDENTIFICATION OF CONFIRMED CASE/S IN EDUCATIONAL OR CHILDCARE SETTING*

**DEFINED AS CLUSTER**

Responsibility for ongoing management of cluster returns to regional TTP team, with support of PHW CCDC/CHP

**DEFINED AS INCIDENT**

Further management and investigation of incident formally by IMT. In rare circumstances, a formal Outbreak will be declared1

*POSSIBLE CLUSTER IN EDUCATIONAL OR CHILDCARE SETTING*

1. Manage multi-agency response
2. Ensure regular contact with setting and LA
3. Maintain list of cases in setting
4. Ensure PHW CDSC team are aware of cluster
5. Consider communications strategy

**Notification from local TTP Team**

Identified by contact tracers and advisors, notified through CRM system

**Notification from other sources e.g.**

1. PHW: CDSC; laboratories

2. LA; educational and childcare settings

3. Clinical: school nurses; GPs, hospitals

1. *Communicable Disease Outbreak Plan for Wales, 2020*

*CCDC: Consultant in Communicable Disease Control; CDSC: Communicable Disease Surveillance Centre; CHP: Consultant in Health Protection; CRM: Customer Relationship Manager; HB: Health Board; IMT: Incident Management Team; LA: Local Authority; MDS: Minimum Dataset; TTP: ‘Track, Trace, Protect’ contact tracing system.*

1. *MANAGEMENT ADVICE AS NEEDED*
2. *DISCUSS WHETHER POSSIBLE INCIDENT*

*INCIDENT SUSPECTED*

**PHW CCDC/CHP** convenes IMT to discuss suspected incident with LA and HB key partners

**Regional multi-agency TTP Team**

***Lead on initial cluster investigation and management***

**PHW CCDC/CHP**

## **4.2 Gathering of minimum information in clusters**

Where there is a possible cluster of cases, a clear lead for investigation should be appointed in the regional multi-agency ‘Track, Trace, Protect’ (TTP) team to enable a rapid and timely risk assessment of the situation.

Early and effective communication between the regional lead for a possible cluster and the head of the educational or childcare setting is crucial. A clear point of contact with a designated senior person in the setting (usually the Head Teacher/ Manager or equivalent and a deputy if needed) should be established. This designated person should ideally provide details of how they can be contacted outside of normal working hours, in the event that this is needed. The educational or childcare setting should be asked to regularly update the regional team with any new information (e.g. on new cases or other concerns such as possible cases) until the regional lead considers that the cluster is no longer of concern. They should also be reminded about the need to maintain confidentiality about cases within their educational or childcare setting.

The initial response to a possible cluster should involve the regional TTP team gathering further information on cases and possible links between them. They should gather this information from, for example, cases (or their parents), contacts, educational or childcare settings and LAs. A Minimum Dataset (MDS) is included in technical appendix 2 as a possible template for the collection and collation of this information.

**Data collection should include the following information**:

1. Set-up of setting:
   1. Nature of educational or childcare setting (e.g. LA/ church school/ nursery)
   2. Number of setting sites/buildings
   3. Total children currently attending, numbers of small groups, cohorts/‘bubbles’ (or other equivalent) and number of children in each one
   4. Total number of all staff, *\*including but not limited to teaching, support, administrative, cleaning, caretaking, catering, temporary or visiting staff and any volunteers or helpers*
   5. Any vulnerable or extremely vulnerable children or staff who are attending the setting and which group or cohort they are in; if the setting is a special school, identify the nature of children’s special needs
2. Whether the setting is aware of and following guidance on infection control and social distancing measures for children and staff (including the use of PPE if children require personal care)
3. Confirmed and possible cases in children and which small group or cohort (classes, groups and year groups etc.) they attend; include symptomatic children awaiting testing and any known to have been hospitalised
4. Confirmed and possible cases in staff (to include symptomatic staff awaiting testing and any known to have been hospitalised); their roles and groups they interact with, including checking whether staff move between sites if applicable
5. Onset dates of cases and symptoms of cases (dates of test where asymptomatic)
6. Any family members of cases who also attend the setting
7. Potential number of contacts meeting contact definitions; prompt the setting to consider if visitors (e.g. parent, governors, professional visits, supply teachers) in the relevant time period may be contacts
8. The operational impact on the educational or childcare setting thus far of cases and self-isolation of contacts and likely impact of any new self-isolation
9. Communication with parent/guardians thus far, with information on what has been sent out to date

## **4.3 Initial cluster management and risk assessment**

The regional cluster lead should develop the initial investigation and management of a cluster of cases in order to assess how significant the risk from it may be (box 2).

Initial investigation of a cluster should consider:

* 1. Whether the index case or initial cases are likely to have acquired their infection in the setting or from another source, such as at home
  2. Whether the cases are connected in time and space or whether there is evidence to suggest a wider spread of cases
  3. Whether there are any initially obvious causes of the cluster of cases e.g. social distancing measures were not followed at the time

**Box 2: initial risk assessment of a cluster should be based on:**

1. ***Severity*** – any children or staff reported to have been admitted to hospital, Intensive Care or known to have died as a result of COVID-19
2. ***Spread*** – establish the date 48 hours before the earliest onset of symptoms or positive test for any confirmed or suspected cases, number of confirmed or suspected cases currently absent, number of cases by year group/class/’bubble’/or other equivalent ‘contact group’
3. ***Uncertainty*** – can the setting distinguish between absence rate for symptoms of COVID-19 versus absence due to non-attendance due to shielding/self-isolation as contacts or parental choice to withdraw child from school
4. ***Control measures*** – assess actions taken to date and number of cases and contacts already self-isolating, check compliance with self-isolation of cases, infection control, handwashing, current social distancing measures in place, layout and separation of staff and children, consider the ages of children and likely adherence to measures
5. ***Context*** – communication issues, operational issues, anxiety or misinformation circulating in staff and parents/children; ages and groups affected; children’s adherence to social distancing/infection prevention and control measures; vulnerable children

**The following actions should then be taken:**

1. There should be a detailed discussion with the head of the educational or childcare setting to ensure that all WG advice for schools (including infection prevention and control guidance) is being implemented and to consider whether any additional actions can be taken to increase measures already put in place[[2]](#footnote-2).
2. Where a cluster is identified in an educational or childcare setting, it will become particularly important to ensure that all identified cases and contacts are following WG/PHW guidance on testing and isolation and extra resources may be needed in the local TTP team to ensure timely follow-up with them.
3. The educational or childcare setting should be asked to contact the regional TTP team managing the cluster if they identify any new cases or have any other concerns such as increasing numbers of possible cases. They should be advised of a clear route for doing this (named contact in the regional TTP team). Emailing the setting a spreadsheet to complete may help them to do this if there are multiple cases; an example MDS is included in technical appendix 2 as a possible template to be sent to the setting for the collection and collation of this information. If the regional team are not contacted by the setting regularly, they should make contact with the setting themselves until the cluster is considered over. The frequency of this contact should be decided by the regional lead based on the nature and timing of the cluster. The educational or childcare setting should also be reminded that other infections such as meningitis are still prevalent and that children and staff should seek medical attention for these where appropriate.
4. Educational and childcare settings should be reminded that, as per WG/PHW guidance, if a child or staff member develops symptoms compatible with COVID-19, they should be sent home, advised to self-isolate for 10 days and arrange to have a test to see if they have COVID-19. Further details on what to do in this situation are explained in detail in WG guidance[[3]](#footnote-3).
5. The local TTP team will contact confirmed cases and contacts of cases to give advice on testing and isolation, under the guidance of the regional team. **Whilst this will be in keeping with national guidance, in the event of a possible cluster, the regional TTP team will guide whether any different or additional advice is needed. This may need to be tailored depending on the nature of the setting, for example there may be differences in management between a large school and a single childminder working from their own home.** However in general:
   1. If a child or staff member tests negative, and is well, they can return to their educational or childcare setting when recovered from their acute illness (unless advised otherwise).
   2. If a child or staff member tests positive, any other member of their class/group/’bubble’ (or equivalent ‘contact group’) within their childcare or education setting **who are defined as contacts,** should be sent home and advised to self-isolate for 14 days from the last point of contact with the case.
   3. Any contacts who become symptomatic will be advised to arrange a test for COVID-19 or, if they do not get tested, should remain excluded for 14 days from the last point of contact with the confirmed case.
   4. The household members of the wider class or group (i.e. household contacts of contacts) do not need to self-isolate unless the child or staff member they live with from that group subsequently develops symptoms.
6. The regional cluster lead should consider what wider communications are needed with staff, governors, parents and children. This may include the educational or childcare setting sending out standard letters to contacts and non-contacts, as well as displaying posters and using on-line platforms such as Scoop and Hwb. Technical appendix 3 includes example template letters that can be adapted as necessary; these should only be used when authorised by the regional lead for this cluster, or the PHW Consultant in Communicable Disease Control/Consultant in Health Protection (CCDC/CHP)or relevant Health Protection Nurse assigned to each region.
7. The regional lead for this cluster should also make contact with the PHW CDSC team, both to make sure that they are aware of the suspected cluster under review and to identify whether they have any further information that might be relevant to this cluster investigation and management. The CDSC team should be emailed with the MDS of information related to this cluster (see technical appendix 2 for template MDS and contact details for CDSC).

A cluster should usually be considered over when there has been 28 days since the onset of the last confirmed case in the educational or childcare setting and the results of any possible cases in children or staff in that time have tested negative.

**Where the regional lead for the cluster has concerns about a high-risk cluster or a potential incident, they should discuss it with the PHW CCDC/CHP assigned to their region. If they are not available, the COVID-19 duty CCDC/CHP should be contacted instead. Together they should consider the information available and decide whether a cluster of cases *could* constitute an incident. If they think it could be an incident they should proceed to point 4.4.**

## **4.4** **Identification of an incident in an educational or childcare setting**

If an incident is suspected in an educational or childcare setting, the following actions should be taken:

1. The CCDC/CHP will make urgent contact with designated senior colleagues in the relevant LA, PHW and Health Board (HB), in line with existing health protection arrangements. An urgent incident meeting (Incident Management Team (IMT)) is likely to be convened to which key individuals who are needed to investigate and manage the situation will be invited. Any immediate control measures needed will be implemented prior to this meeting. Urgent actions to control the situation (such as class closures or whether widespread swabbing is required) will be agreed at this meeting. The IMT will also consider whether, in rare circumstances, a formal outbreak needs to be declared (see box 3).

**Box 3: when to declare an outbreak in an educational or childcare setting**

Most clusters and incidents will be comprehensively dealt with under the arrangements described in 4.4 and 4.5, which allows for investigation and control measures to be rapidly instituted, including wider swabbing of identified classes or groups, if required.

In rare circumstances, an educational or childcare setting incident will be so complex it will require management under the comprehensive formal structures of an Outbreak Control Team (OCT).

When and how an outbreak should be declared is explained in detail in the Communicable Disease Outbreak Plan for Wales (2020).

**When a decision is made to formally declare an outbreak*,* the outbreak should be managed as per the guidance in the Communicable Disease Outbreak Plan for Wales (2020)**.

## **4.5 Management of an incident in an educational or childcare setting**

The further management of an incident will develop from decisions taken by the IMT and may vary based on the particular circumstances of the incident, the characteristics and risks associated with the cases and the nature of the educational or childcare setting. However, the following points should be considered:

1. An approach for further investigation and management should be agreed by the IMT as soon as possible. The key questions that it should seek to answer include:
   1. How was infection introduced into this setting?
   2. What is known about the extent of spread?
   3. Could influenza/another virus be co-circulating?
2. The IMT should discuss with the head of the educational or childcare setting, whether further measures need to be taken in the setting based on risk assessment and pattern of spread. These should include consideration of whether:
   1. adjustments should be made to how the educational or childcare setting is operating to facilitate infection prevention and control measures and social distancing
   2. further groups need to be asked to self-isolate (e.g. class groups, other functional groups or year groups)
3. The IMT should make an assessment on whether to undertake an enhanced investigation including testing of a wider group of staff and children. The group for testing may be wider than the group identified as needing to self-isolate and could include the whole setting or a distinct section of the setting (e.g. year group, preschool, primary or secondary school). Wider testing should be particularly considered when mass testing might enable **real time public health decision** **making** to protect the health of individuals who attend the educational or childcare setting, their families or the wider community.
4. Examples of situations when this might be considered could include those when:
5. the index case is a confirmed case in a child attending a setting and risk assessment suggests that the household is not the source i.e. suspicion is that infection is acquired in the setting
6. one confirmed case in a staff member with suspected cases in children in a setting i.e. suspicion is that the staff member acquired the infection from the children
7. suspected cases in more than one child attending the setting with the index a confirmed case in a family member i.e. we know how infection got into the setting but there appears to be onward transmission and there is a need to assess the extent of this
8. How any mass testing may be undertaken is likely to vary depending on the nature of any incident and the educational and childcare setting, and the quickest and most practical way of getting this done. The IMT will make the decision on this. Options for undertaking mass testing could include:
   1. swabbing of children and staff by health professionals at the setting or a designated clinic/site or by a Mobile Testing Unit
   2. parents swabbing children and staff self-swabbing at the setting
   3. postal self-swabbing at home for children and staff
9. In some circumstances there may be the need for other further investigations in a subset of the incident. These could include:
10. more detailed follow up of households of positive cases
11. follow-up antibody testing
12. genomic testing
13. In an incident in an educational or childcare setting, it will be important to work closely with LA colleagues and these may become co-opted members of IMTs. There should also be a clear line of communication between the educational or childcare setting and IMT, with a named point of contact for the setting (that should ideally also be available out of hours). Educational and childcare settings should be asked to regularly update IMT members with progress until the incident is over.
14. The importance of a clear communications strategy is particularly important in educational and childcare settings, given the level of media attention that this kind of incident is likely to generate. Early involvement of colleagues from communications teams in PHW and partner organisations is therefore crucial.
15. The IMT should also consider whether shielding messages should be re-enforced for an appropriate period following the start of the incident. This may include re-enforcing infection prevention and control messages to:
    1. vulnerable contacts living within the same household as children/staff who attend the setting; in particular this may include suggesting that, where possible, elderly relatives or individuals with other vulnerabilities avoid contact with these children for 14 days
    2. vulnerable or previously shielded children/staff; including suggesting avoiding contact with the affected setting for 14 days

**An incident should be declared over when there has been 28 days since the onset of the last confirmed case in the educational or childcare setting and the results of any possible cases in children and/or staff in that time have tested negative.**

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1. [*https://gov.wales/sites/default/files/publications/2020-07/operational-guidance-for-schools-and-settings-from-the-autumn-term.pdf*](https://gov.wales/sites/default/files/publications/2020-07/operational-guidance-for-schools-and-settings-from-the-autumn-term.pdf) [↑](#footnote-ref-1)
2. *See guidance at:* [*https://gov.wales/sites/default/files/publications/2020-07/operational-guidance-for-schools-and-settings-from-the-autumn-term.pdf*](https://gov.wales/sites/default/files/publications/2020-07/operational-guidance-for-schools-and-settings-from-the-autumn-term.pdf)*;* [*https://gov.wales/protective-measures-childcare-settings-keep-childcare-safe*](https://gov.wales/protective-measures-childcare-settings-keep-childcare-safe)*;* [*https://gov.wales/keep-education-safe-operational-guidance-schools-and-settings-covid-19#section-43726*](https://gov.wales/keep-education-safe-operational-guidance-schools-and-settings-covid-19#section-43726)*;*  [↑](#footnote-ref-2)
3. *See guidance at:* [*https://gov.wales/sites/default/files/publications/2020-07/operational-guidance-for-schools-and-settings-from-the-autumn-term.pdf*](https://gov.wales/sites/default/files/publications/2020-07/operational-guidance-for-schools-and-settings-from-the-autumn-term.pdf)*;* [*https://gov.wales/keep-education-safe-operational-guidance-schools-and-settings-covid-19#section-43726*](https://gov.wales/keep-education-safe-operational-guidance-schools-and-settings-covid-19#section-43726) [↑](#footnote-ref-3)