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**Operational Public Health Advice Note for Welsh Government on the investigation and management of clusters and incidents of COVID-19 in educational and childcare settings**

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**FOR WELSH GOVERNMENT AND KEY PARTNERS**

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**Purpose and Summary of Document:** To outline the national processes for investigation and management of any clusters and outbreaks of COVID-19 that occur in educational and childcare settings in Wales after 29 June 2020.

## 1 Purpose of this Advice Note

This advice note sets out the public health advice for how clusters and incidents of COVID-19 should be investigated and managed when they occur in education and childcare settings in Wales. It will be reviewed and updated as necessary, in line with national guidance.

## 2 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 20 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. There have not been any recognised clusters or outbreaks in these.

On 3 June 2020, the WG Minister for Education announced that schools would increase operations from the 29 June until the 24 July, so all learners have the opportunity to 'check in, catch up and prepare for summer and September'. This increase in pupil numbers will also coincide with a re-opening or increase in numbers of children attending many childcare settings such as day nurseries, which was announced by the First Minister and commenced on 22 June. Whilst WG has outlined steps that should be taken in order to maintain social distancing, it is recognised that there may be circumstances when it will not be possible to maintain social distancing between children and also adults at educational and childcare settings. This is therefore 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.

Investigation and control of clusters and incidents of cases of COVID-19 will aim to:

1. Protect individuals and communities where outbreaks are occurring, as well as reducing spread to other communities
2. Evaluate control measures to inform national recommendations for outbreak control 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

### **3 Definitions**

#### **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*

#### **Childcare settings to include:**

- *Full Day Care*
- *Sessional Day Care*
- *Childminders*
- *Open Access Play Provision*

- *Out of School Care*
- *Creche*

### **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, students or staff who are direct close contacts, proximity contacts or in the same group or cohort (sometimes referred to as ‘bubbles’)\* in the educational or childcare setting within 14 days”.*

*\* a small group, cohort (‘bubble’) might be a class, year group or other defined group. This definition aims to distinguish between transmission occurring in the community versus transmission occurring within the educational or childcare setting.*

### **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: 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 or travelled in a small vehicle with a confirmed case*

### **Infectious period**

The infectious period is considered to be from 48 hours prior to symptom onset to 7 days after, or 48 hours prior to testing if the case was asymptomatic.

## 4 Summary of actions in investigation and management

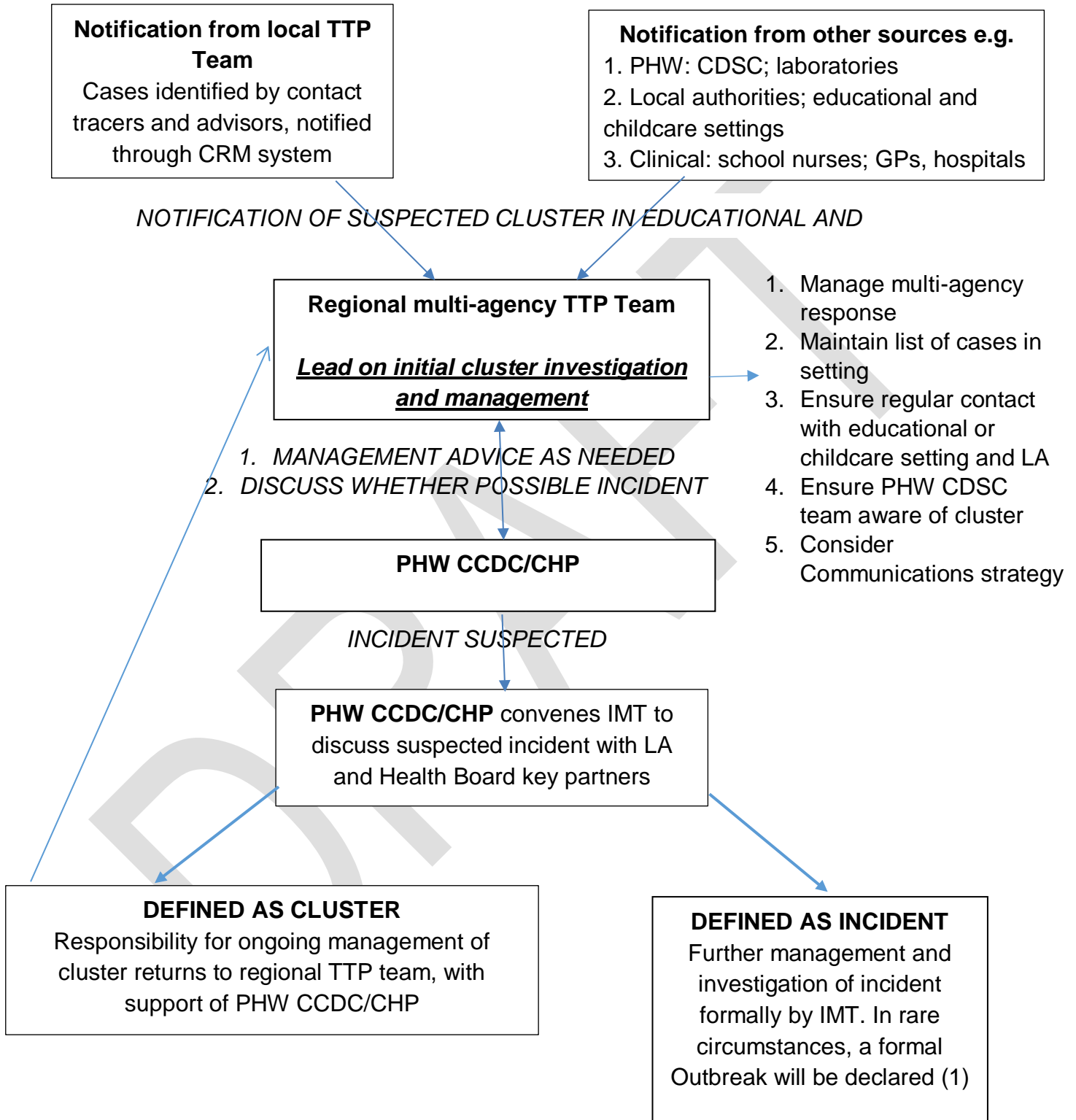
A summary of the overarching steps in investigation and management of clusters and incidents of COVID-19 in educational and childcare settings is outlined in figure 1. Further detail is given in section 5 but these are, broadly:

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

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

*IDENTIFICATION OF CASES AND POSSIBLE CLUSTERS*



(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; EDPH: Executive Director of Public Health;; IMT: Incident Management Team; LA: Local Authority; OCT: Outbreak Control Team; TTP: 'Track, Trace, Protect' contact tracing system.

## 5 Investigation and management of clusters and outbreaks

### 5.1 Identification of clusters

Clusters of cases in educational and childcare settings will be identified by:

- Notification ('flagging') of individual cases if possible on the CRM contact tracing system by contact tracers and contact advisors (through discussion with confirmed cases and contacts (or their parent/guardian)). These possible 'flagged' cases should be escalated to the regional level through the CRM system.
- Direct notifications from usual sources, such as from laboratories and the PHW CDSC surveillance team, educational and childcare settings and local authorities, and health practitioners (including school nurses). These notifications may come through local and regional teams, or directly to the national PHW team, including through the national 0300 00 300 32 number. If they come directly to the national team they should initially be fed down into the regional team.

**When a confirmed case is identified in an educational or childcare setting contact should be made with that setting to identify if there are any further cases there. If there are concerns that there could be a cluster of cases in this educational or childcare setting, the regional TTP team will become the point of co-ordination for the further investigation of this possible cluster.**

### 5.2 Gathering of minimum information

A clear lead for the investigation of a possible cluster should be appointed in the regional TTP to enable a rapid and timely risk assessment of the situation.

Early and affective communication between the regional lead for a cluster and the head of the educational or childcare setting with a possible cluster is crucial. A clear point of contact with a designated person in the setting (usually the Head Teacher, Manager or equivalent and a deputy if needed) should be established. This contact should ideally be available outside of normal working office hours. The educational or childcare setting should be asked to regularly update the regional team with any new information until the regional lead considers that the cluster is no longer of concern.

The initial response to a possible cluster should involve the regional TTP team gathering information on cases and possible links between them. They should gather this information from, for example, cases (or their parents/guardians), contacts, educational or childcare institutions (through the head of the setting) and LAs.

**Initial data collection should include the following information:**

1. Setup of setting:
  - Nature of educational or childcare setting (e.g. LA/ church school/ nursery)
  - Layout of school/setting buildings and number of sites
  - Total children/students currently attending, numbers of small groups, cohorts ('bubbles') and number of children/students in each one
  - Total number of all staff, *\*including but not limited to teaching, support, administrative, cleaning, caretaking, catering staff and any volunteers or helpers*
  - Any vulnerable or extremely vulnerable children or staff who are attending setting and which small group or cohort they are in; if the setting is a special school, identify the nature of pupils' special needs
2. Whether the setting is aware of and following guidance on infection control measures/social distancing measures for staff and students (including the use of PPE if pupils require personal care)
3. Confirmed and possible cases in children/students and which small group or cohort (classes, groups and year groups) they attend; include symptomatic children/students 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; check whether staff move between sites if applicable
5. Onset dates of cases and symptoms of cases (dates of test where asymptomatic)
6. Any siblings or children 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/guardians, 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

### 5.3 Initial cluster management and risk assessment

The regional cluster lead should develop the initial investigation and management of the cluster of cases in order to assess how significant the risk from it may be (box 1).

Initial investigation of a cluster should consider:

- *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*
- *Whether the cases are connected in time and space or whether there is evidence to suggest a wider spread of cases*
- *Whether there are any initially obvious causes of the cluster of cases e.g. social distancing measures were not followed at the time*

#### Box 1: Initial risk assessment should be based on:

- Severity** – any children, students or staff reported to have been admitted to hospital, ICU or known to have died as a result of COVID-19
- Spread** – Establish the date 48 hours before the earliest onset of symptoms or positive test for any confirmed or suspected case, number of confirmed or suspected cases currently absent, number of cases by year group and class
- Uncertainty** – can the setting distinguish between absence rate for symptoms of COVID-19 vs absence due to non-attendance due to shielding/self-isolation as contacts or parental choice to withdraw child from school.
- 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 students, consider the ages of children/young people and likely adherence to measures.
- Context** – communication issues, operational issues, anxiety or misinformation circulating in staff and parent/guardians/children/young people; ages and groups affected; children's adherence to social distancing/IPC measures; vulnerable children.

#### The following actions should 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 IP and



C guidance) is being implemented and to consider whether any additional actions can be taken to increase measures already put in place<sup>1</sup>.

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 team managing the cluster if they identify any new cases or have any other concerns. They should be advised of a clear route for this (named contact/s and number for them both in and out of hours). The educational or childcare setting should be emailed a copy of the Minimum Dataset for Educational and childcare Settings spreadsheet, if this assists them in keeping track of absences related to COVID-19. If the regional team are not contacted by the school regularly, they should make contact with the school themselves until the cluster is considered over. The educational or childcare setting should also be reminded that other infections such as meningitis are still prevalent, and should seek medical attention where appropriate.
4. Educational and childcare settings should be reminded that, as per WG/PHW guidance, if a child, young person or staff member develops symptoms compatible with COVID-19, they should be sent home, advised to self-isolate for 7 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<sup>2</sup>.
5. The local TTP team will contact all cases and contacts of cases to give advice on testing and isolation (as per national guidance and under the guidance of the regional team). However in general:
  - a. If a child, young person or staff member tests negative, and is well, they can return to their educational or childcare setting when recovered from their acute illness.
  - b. If a child, young person or staff member tests positive, the rest of their class or group within their childcare or education setting (if defined as contacts) should be sent home and advised to self-isolate for 14 days from the last point of contact with the case.

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<sup>1</sup> See guidance at: <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://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>

<sup>2</sup> See guidance at: <https://gov.wales/keep-education-safe-operational-guidance-schools-and-settings-covid-19#section-43726>

- c. 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.
  - d. The other household members of that wider class or group (i.e. household contacts of contacts) do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms.
6. The regional cluster lead should consider what wider communications are needed with staff, governors, parent/guardians and pupils. 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. Settings should be provided with this template letter.
  7. The regional lead 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.
  8. 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/students 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 Consultant in Communicable Disease Control/Consultant in Health Protection (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 5.4.**

#### **5.4 Incidents in an educational or childcare setting**

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

1. The PHW CCDC/CHP will make urgent contact with designated senior colleagues in the relevant LA, PHW and Health Board, 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 immediately will be implemented prior

to this meeting. Urgent actions to control the situation (including class closures/ whether widespread swabbing required) will be agreed at this meeting.

### **Box 2: 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 5.4 and 5.5, which allows for investigations and control measures to be rapidly instituted, including wider swabbing of identified school classes/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.

When and how an outbreak should be declared and managed 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).**

## **5.5. 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 from the cases and the characteristics and type of 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:
  - a. How was infection introduced into this setting?
  - b. What is known about the extent of spread?
  - c. 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:

- a. Adjustments should be made to how the educational or childcare setting is operating to facilitate IP and C measures and social distancing.
  - b. 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/students. The group for testing may be wider than the group identified for exclusion and could include the whole school/setting or a distinct section of the school/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 and childcare setting, their families or the wider community.
4. Examples of situations when this might be considered could include those when:
- the index case is a confirmed case in a child attending a mainstream school/setting and risk assessment suggests that the household is not the source i.e. suspicion is that infection is acquired in the setting
  - one confirmed case in a teacher/staff member with suspected cases in children in a mainstream school/setting i.e. suspicion is that the teacher/staff member acquired the infection from the children
  - suspected cases in more than one child attending mainstream school with the index a confirmed case in a family member i.e. we know how infection got into school but there appears to be onward transmission and need to assess extent of this.
5. 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:
- a. swabbing of children and staff by health professionals at the setting or a designated clinic/site or by a Mobile Testing Unit
  - b. parents swab children and staff self-swab at school
  - c. postal self-swabbing at home for children and staff
6. In some circumstances there may be the need for other further investigations in a subset of the incident. These could include:

- i. more detailed follow up of households of positive cases
  - ii. follow-up antibody testing
  - iii. genomic testing
7. In an incident in an educational or childcare setting, it will be important to work closely with LA education 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 (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.
8. 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.

**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/students and/or staff in that time have tested negative.**