

KEY POINTS FROM SCHOOL'S PATHWAY FOR COVID 19 – THE PUBLIC HEALTH APPROACH FOR PARENTS 30TH AUGUST 2020

It is important to note that in the months since the Covid-19 pandemic has occurred, we have learned that:

- **Children seem more likely than adults to have no symptoms or to have mild disease.** Symptoms in children include cough, fever, shortness of breath, sore throat, anosmia, ageusia or dysgeusia
- **Investigation of cases identified in school settings suggest that child to child transmission in schools is uncommon and not the primary cause of Sars-CoV-2 infection in children,** particularly in preschool and primary schools
- **Children are rarely identified as the route of transmission** of infection in to the household setting
- **Children are not more likely than adults to spread infection** to other people.
- There are some recent reports that **the virus that causes Covid-19 infection may trigger a rare inflammatory disease, Paediatric Inflammatory Multisystem Syndrome, in some children.** International research in to this rare disease and its association with Covid-19 is ongoing.

1. **Child to child transmission in schools is uncommon**

Both ECDC² and PHE³ have recently reported that investigations of cases identified in school settings suggest **that child to child transmission in schools is uncommon** and not the primary cause of SARS-CoV-2 infection in children whose onset of infection coincides with the period during which they are attending school, particularly in preschools and primary schools.

2. **PARENTAL RESPONSIBILITY RE ASSESSING CHILD'S FITNESS FOR SCHOOL**

Children with a blocked or runny nose, but no fever can attend school or childcare, **but if they require paracetamol or ibuprofen for their symptoms, they must not attend school for 48 hours and GP assessment for testing is indicated. Page3**

3. **PARENTAL RESPONSIBILITY TO MAINTAIN SOCIAL DISTANCING FROM EACH OTHER AND FROM STAFF**

Transitioning children into and out of school will bring parents and school staff into close physical proximity. **Staff can be secondary sources of infection in schools. Parents should maintain at least 2m physical distancing and should drop and collect their child in an efficient manner and should avoid gathering in groups of any size.**

4. **SCHOOL'S RESPONSIBILITY TO MAINTAIN CONFIDENTIALITY**

Schools do not need to inform parents that a pupil or teacher has been removed due to their **symptoms.** Other pupils or staff do not need to be removed from class. HSE Departments of Public Health will take action if the person has confirmed Covid-19 infection on testing, which will include HSE advice and guidance on communication to school pupils and staff where needed. Page 4

5. **PARENTAL RESPONSIBILITY TO ACCESS GP ADVICE**

The parents / legal guardian of the sick child should contact their GP as usual, to discuss clinical concerns. If it is determined by the GP that the child/pupil requires to be tested for

Covid-19, any other household contacts should be removed from the school setting.' Page 4

6. SCHOOL'S RESPONSIBILITY TO HAVE CONTACT DETAILS AVAILABLE

'It is vital that schools have current lists of staff and pupils, by classes with contact telephone numbers for parents and guardians. These should be in excel and ready to share with Department of Public Health, if required and requested under Infectious Diseases legislation, 1981, as amended.' Page 4 **Parents are responsible to inform us if the contact numbers and address we have on file have changed recently**

7. SCHOOL'S RESPONSIBILITY TO HAVE SENIOR CONTACT PERSON IN PLACE TO LIAISE WITH PUBLIC HEALTH

'Covid-19 test results remain confidential as per doctor - patient relationship. No other child, parent, family or teacher will be informed of their results. However, parents should be advised at the point of testing that their child's swab test result if Covid-19 detected will likely need to be shared with the educational facility, if this is deemed necessary by the Medical Officer of Health, for the safe management of any potential outbreak. **Only details as necessary for safe onward management are shared with an agreed senior person in the school, such that appropriate public health actions can be undertaken.**' Page 4

8. Confirmed Case

The Medical Officer of Health (Consultant in Public Health Medicine, MOH), and teams will liaise directly with the school and inform them of the confirmed case as necessary; will undertake a Public Health Risk Assessment to inform any further actions and recommendations by the Medical Officer of Health.

9. Assessment of procedures and the school environment

Every facility will be unique in how the schools are organised and therefore the risks associated within them will be unique too e.g. special educational needs settings, primary, secondary and boarding schools will all have very different environments, and will need to be assessed separately.

10. Close contacts

The definition of close contacts within the school setting will be variable. It will not be automatically assumed that a whole class will be deemed as close contacts.

11. Close contacts will be identified following PHRA and engagement with the school and removed from the school setting. They will be tested as per national contact guidelines (Day 0 and 7) and they should be advised to restrict their movements and remain alert for symptoms, as per national guidelines.

12. Onward testing strategy will be determined by information from the initial risk assessment. **There is no blanket policy to test entire classes or years.** The strategy will be determined after risk assessment of the confirmed case, considering the likely source of infection and the likely potential for onward transmission of infection within the school setting.

13. SCHOOL'S RESPONSIBILITY TO AWAIT MEDICAL OFFICER OF HEALTH CONTACT

'The Medical Officer of Health (Consultant in Public Health Medicine, MOH), and teams will liaise directly with the school and inform them of the confirmed case as necessary; will undertake a Public Health Risk Assessment to inform any further actions and recommendations by the Medical Officer of Health.' *Page 5*

It is the school's responsibility to wait for the Public Health Authorities to advise them of any action that needs to be taken.

14. ACTION FOR SCHOOLS

To inform the public health risk assessment and to manage cases and outbreaks and identify relevant contacts, schools should have prepared a summary outlining the below ready to give to the Medical Officer of Health as part of the statutory investigation and management of Covid-19.

- a brief description of the school (type, numbers of staff and students and special features) pertaining to the school
- A list of staff and students with appropriate contact telephone numbers
- Prepare a broad description of classrooms
- An outline of the staff and students movements around the school, between lessons and breaks
- A list of 'pods' and 'bubbles' should be kept up to date

15. It is unlikely that a single issue (or a single case of Covid19) would automatically lead to a decision to close an educational facility, although multiple cases across the facility setting will increase the likelihood of school closure.