TUI COVID-19/Health/NPHET Queries.

A significant difficulty for Teachers is fear of infection and worry of transmitting disease to their family members especially if anyone is in the High-risk category. This fear is real and is causing undue stress and worry. This anxiety and fear, in itself, are a significant health hazard. Dealing with these fears and concerns is a function for the public health authorities.

1. Can an active campaign be initiated to reassure Teachers, Students and Parents (in fact all members of the school communities)? This would include better explanations of how, why and when contact tracing occurs and how contacts are being made with schools. Uncertainty and a lack of clear and concise information is what is leading to this fear. The communication needs to change to alleviate the genuine concerns of teachers.

   We are actively putting out a significant amount of information. The information is on the HSE, HPSC and Dept. of Education websites and regularly updated. Additionally, we respond to questions asked, which are then often added to the FAQs which are available on line. We have undertaken webinars and we are happy to undertake further webinars if this is felt helpful.

2. Teachers have concerns that the numbers and identification of close contacts and testing don't equate to their experience in schools. For example, two teachers were both identified as close contacts due to an outdoor training session with a GAA team. Yet both were close contacts of a positive student for 4 days one was in fact a SEN teacher of the student, yet they were not deemed a close contact in the school environment. The definitions need to be stated more precisely in schools and supplied directly to schools' or teachers will lose faith in a system that they believe contradicts itself.

   The definition of a close contact is as per the HPSC website. A Public Health Risk Assessment is undertaken to consider who meets this definition. Many clinical parameters are taken into account, from the school, the case and the community and this informs the decision as to who exactly is determined as a close contacts. It has now also been addressed by the letter to schools.

3. The numbers supplied last week are reassuring but our members believe there are large numbers of asymptomatic students and students with mild symptoms coming to school for many reasons including the worry that calculated grades may apply again this year (this is a factor certainly for LC students and to a lesser extent for JC students).Teachers also believe certain students may be ignoring being identified as close contacts as they feel fine and then come to school. This all adds to the fear that schools are under identifying the numbers in schools and the spread of COVID. What can be done to counteract this worry and genuine concern?

   As of 09.30 on 3rd November 17,167 close contacts have been tested across the primary, post primary and SEN sector. These are asymptomatic close contacts who have had very close proximity to a confirmed case of Covid-19. Of these 17, 167 tests, 444 have tested 'detected' positive for Covid-19 (2.6% of all tests). Please see table below. Were there to be large numbers of asymptomatic cases of Covid-19 in the schools, we would expect to see a larger proportion identified in the asymptomatic

contact testing undertaken to date. When PH undertakes the PHRA we get information from schools and the case to inform the close contact determination. These close contacts are then informed, asked to restrict their movements and offered Covid-19 testing appointments. It is not discussed with the identified close contacts whether they feel they are close contacts or not.

Facility Type	No. Facilities	No. Tested	No. Detected	Detected %	No. Not Detected	No. Pending	No. not Tested/ Invalid
Post Primary	214	5364	107	2.0%	5240	6	11
Primary	403	10814	301	2.8%	10446	49	18
Special Education	40	989	36	3.6%	952		1
Overall	**657**	**17,167**	**444**	**2.6%**	**16,638**	**55**	**30**

4. Antibody testing i.e. saliva testing has been mentioned as a rapid test for schools where false positives can be a factor. This may not be a concern as a more accurate test can be taken later but it would appear that false negatives also occur that would be a serious concern for teachers for the reasons outlined in 3 above and would add to the numbers in schools who are believed to be spreading the virus. Is this being considered and why and if it is going to be implemented a clear rationale needs to be given to all the stakeholders?

   There is a group chaired by the National Clinical Leads for Health Protection and Pathology who are reviewing the availability and accuracy of a variety of tests for COVID 19. This is mainly based on the Health Technology Assessments produced by HIQA. As yet it is the Irish position that the newer tests do not provide either sufficient evidence for being as accurate as the present tests or have insufficient other benefits to indicate they can be an alternate.

5. The numbers of COVID cases in schools has increased and is worrying for teachers as they realise that it does not spread linearly but exponentially. As outlined previously there is a belief that there are unidentified carriers in schools all the time. There are no such things as pods at second level due to subject choices and other reasons for mixing across post primary. Post primary schools cannot create pods and function meaningfully for students. At what point does an exponential increase in COVID in a school community warrant a closure for a class, year group, programme or school?

   All confirmed cases are asked to self-isolate. Anyone with symptoms which could be consistent with Covid-19 are asked to not attend the educational facility. The increase in numbers in schools reflects the general increase in society. We expect to see more cases in school attending staff and students when community cases are high, however what is key is whether these cases spread infection whilst they are in the educational facility. The data so far are reassuring that this is not commonly the case across facilities. Where it has been a concern following PHRA, public health has taken actions which have included class removal, year removal and facility closure – as

outlined in the schools pathway document. There is no evidence to date that such is warranted other than in exceptional circumstances.

What is important is the level in schools is not as high as the community level would suggest it could be.

6. Are there any additional measures which schools should try to implement in order to limit transmission as some schools feel they are not doing enough and on the other hand there is a minority of schools that are not fully implementing the current advice. What can be done by PH to encourage these schools to take the threat as seriously as other schools?

   No, there is nothing else except trying to ensure consistent and universal implementation of the existing guidance. Areas which we have identified as being problematic are:
   - Coming to and from school.
   - Areas where people (staff/students) congregate outside of the direct teaching environment.
   - Coming into school with symptoms

   We encourage everyone to promote the need for all recommended measures to be implemented, and consistently throughout the school day and in the non-classroom environment.

7. Given the figures being used for schools can we be told what quantifies mass testing?

   We use more appropriately 'bulk testing' and not 'mass testing'. What happens in most, if not all, schools is a bulk testing exercise where once the PHRA has identified who needs testing we arrange for the swabbing testing etc. to be done, in a single go, to facilitate the individual school and PH team in assessing and the reporting of results.

   Mass testing would be like we identify cases in a Nursing Home and "mass" test all the residents/staff. The implications of COVID in a school is very different from a Nursing Home. Even so, it can be possible in certain Nursing Homes only to test a proportion if, like in schools the PHRA indicates that the risk is such only a subsection need testing.

8. Schools and adequate ventilation, while suggestions and recommendations have been put forward it is unclear how to maintain heat in schools in winter. What alternatives to opening windows are going to be suggested?

   Recommendations as per HPSC guidance. This is an issue for consideration by Education and HPSC

9. Is it intended to install monitors in classrooms as per official advice given on ventilation for air exchange This is an issue for consideration by Education
    1. Based on the latest advice from the HPSC on ventilation (dated 15 October) – do NPHET recommend that indoor air quality metre are installed in all classrooms? HPSC advice states:
        - *Consider installing an indoor air quality (IAQ) meter in each classroom that relies on natural ventilation. IAQ meters monitor the level of CO2 in an area, alerting the user to when the level rises above a set parameter, indicating that there is poor ventilation. They should be mounted in a visible location, away from fresh air inlets. The Federation of European Heating, Ventilation and Air Conditioning Associations (REHVA) recommend setting the lower limit to 800ppm of CO2 (23). When this limit is reached, the necessary steps need to be taken to increase classroom ventilation (e.g. opening a window).*

10. Schools and students cannot wear masks while eating, as extraordinary as our teachers are, they cannot police this as students are spread all over the school. What advice can you issue to schools to assist?

    In the circumstances described, it is the general messages the school and staff give, the partnership that is undertaken with the school community, and also how this is re-enforced. From our discussions with schools most seem to have found appropriate solutions for their school community, dependent on their physical and social environment.

11. Is any consideration given to the viral load in a classroom and the possible shedding of the virus by large numbers of possibly asymptomatic carriers in enclosed spaces and students with mild symptoms how that builds up over the school day?

    The evidence of testing over 17,000 asymptomatic individuals who have had close contact with a confirmed case of Covid-19, suggests that this is not a significant issue. In 2-3% of occasions have further cases been identified – and most of these reflect community cases identified through the schools testing process, and not spread within the facility.

12. Why is it perceived that the definition of close contacts changed on October 14th in some cases and on the 19th October without sharing the reasoning behind it. What was the reason, or did this even happen?

    Nationally the close contacts guidance was updated on 19th October. It is being further considered currently as per the national close contact definition. Education specific close contact guidance has been developed and published and will be reviewed and updated as required, as per all guidance.

13. It appears that because masks are being worn and the environment is perceived to be a controlled one, a contact in school is never a close contact.

    We have repeatedly stated that it is the PHRA that determines ultimately who is a close contact. From the 17,000 pupils and staff in educational facilities that have

been excluded and tested as close contacts - the statement "a contact in a school is never a close contact" is clearly not true. The PHRA is broader than just face coverings, as repeatedly highlighted. It entails multiple mitigation features, and information gathered from school, case and community.

14. Regarding the wearing of masks potentially offering viral protection-apparently to the extent of eliminating close contacts-all masks are certainly not equal. Can information be provided on masks which offer high levels of protection and provide this information to school community?

    There is limited evidence of the relative effectiveness of different types of face covering. There is a general consensus that surgical masks are preferred to other type of face covering, however, current recommendations are that outside of the healthcare setting, cloth face coverings are used. There are details regarding cloth face covering on the HPSC website.

15. Is prolonged use of masks for hours detrimental to our health in any way?

    Some people report adverse effects from use of masks and cloth face coverings. In some cases, people report discomfort, headache and related symptoms. Some people experience skin irritation and other local skin reactions. In situations where distance of can be maintained mask use is not essential and in general people are likely to experience less adverse effects if they can work in periods of breaks from mask use. In some cases irritation may be related to a specific fabric and a different fabric type may help. Keeping cloth face coverings clean and dry is also likely to effective.

16. Buses have been a major problem for students, overcrowding and noncompliance of mask wearing has been reported in schools with multiple schools traveling together and periods of time well in excess of 15 minutes being spent in these conditions Has this been identified as a greater risk than schools and were many case or close contacts identified due to school travel?

    Travel on buses can be a risk depending on time and seating arrangements. The PHRA specifically asks about transport to / from school. The length of time / conditions on the bus are taken in to account as part of this. Close contacts have been identified from these settings. The time point for contact racing depends on when the symptoms began (48 hours before), and, if no symptoms, 24 hours before a positive test.

17. Many teachers have expressed concerns the contact tracing only goes back 48 hours. This means that someone could be in school on Friday and tested Monday and nobody at school would be deemed Close contact. Can we be sure that this is adequately protecting schools or should it be a 4 day look back?

    The time period of contact tracing is nationally agreed – 48 hours prior to symptom onset, 24 hours prior to test if asymptomatic.

18. Currently it has been reported that some people are being asked to do their own contact tracing and Principals. Can it now be confirmed that the HSE will take this in control?

    This happened for a brief period and the week of 19th. October and mainly in one part of the country where we are experiencing major difficulties due to ill health.

    Close contact determination is made by Public Health doctors.

19. Can the following information be provided on a weekly basis?

    - Total number of school staff diagnosed with COVID-19 – nationally – not currently recorded as per HPSC

    - National and regional breakdown on COVID-19 infection by grade of staff i.e. teacher, SNA, auxiliary staff - as above

    - Level of national and regional teacher absenteeism owing to COVID-19 as a result of teachers waiting on a test, waiting on test results, restricting movement, self-isolating etc data on close contacts staff and student excluded can be provided. Numbers of people symptomatically presenting and referred for testing are per GP data and not part of the HSE systems.

    - Number of schools nationally and regionally by level (i.e. primary, post primary, etc.) who have had to partially close owing to COVID-19. Public Health have asked to close <5 facilities nationally. Some facilities choose to close because of the staffing ratios and numbers, but this is not closure on public health recommendations.

    - Number of schools nationally and regionally, by level (i.e. primary, post primary, etc.) who have had to fully close owing to COVID-19 as above

    - Number of school staff nationally and regionally who have recovered from COVID-19 and have returned to school not currently recorded as per HPSC

20. Are there any recommendations for additional protective measures for schools in a Level 5 situation?

    No. Protective measures remain as is. Vigilance and attention to implementation is clearly most important in a level 5 situation. Schools working with the school community to ensure no-one presents with symptoms which could be consistent with Covid-19 is important, as well as encouraging all to follow the national public health recommendations for hygiene, and for social interactions only as permissible for level 5.