



Teachers' Union of Ireland

Procedures for dealing with suspected and confirmed COVID-19 cases in schools

Guidance for TUI members based on advice from the Office of the Clinical Director, Health Protection, HSE*

*Schools Pathway for COVID-19: The Public Health approach available at: <https://www.gov.ie/en/publication/7acad-reopening-our-post-primary-schools/>

What information must a school hold about teachers and students to assist the public health authorities in terms of COVID-19?

A school must have the following information available, in excel format, to share with the Department of Public Health, if required:

- An up-to-date list of all teachers and students in the school
- Contact telephone numbers for all teachers
- Class lists
- Timetables for each class and for each teacher

Is a school permitted to share this information with the Department of Public Health?

Yes. The Infectious Diseases Regulations (S.I. No. 390 of 1981) confer a general power on the Medical Officer for Health (MOH) to "take steps...for preventing the spread of [an]infection" where the MOH is aware of a suspected case of infection or a probable

source of infection. The 1981 Regulations were amended by S.I. No 53 of 2020, to include COVID-19.

Suspected Case of COVID-19 in Schools

A student develops symptoms of COVID-19 in school. What happens?

- The student should immediately be brought to the school's designated isolation area (pre-identified place) within the school. This area must be well ventilated and, if possible, have an external window opened
- The student's parents/guardians should be contacted and asked to collect their daughter/son as soon as possible
- The student should be accompanied by a staff member while in the isolation area (pre-identified place). This staff member must wear a mask and must avoid touching her/his face i.e. nose, mouth or eyes while supervising the student.

- *If the student becomes very unwell (remembering that the symptoms may not be indicative of COVID-19 but of a different illness) an ambulance should be called.*

What happens immediately after the student has been taken by his/her parent/guardian from the school?

The isolation area where the student was waiting must be cleaned. All contact surfaces must then be disinfected. The staff member who assisted the student does not need to go home unless s/he develops symptoms or is advised by the public health authorities to do so.

A student develops symptoms of COVID-19 in school. Must I advise other students and/or their parents/guardians?

No, this is not a requirement. Schools do not need to inform other students and/or their parents/guardians.

A student develops symptoms of COVID-19 in school. Should I remove all other students from that student's class?

No. Other students do not need to be removed from the class. The HSE/Department of Public Health will take action if the person has confirmed COVID-19 and will provide advice and guidance to schools on what must be communicated and who must communicate it. The school authorities are expected to await and act on this advice.

Once a student leaves the school after developing symptoms, should s/he be tested for COVID-19?

Once a student is collected from school, his/her parents/guardians (or the student if aged 18 or

over) should contact their GP and follow the directions of their GP.

If one of my students has tested positive for COVID-19, will my school be advised?

COVID-19 test results remain confidential as per doctor/patient relationship. No other child, parent, family or teacher will be informed of the student's COVID-19 test results.

However, parents/guardian (or the student, if aged 18 or over) should be advised, at the point of testing that their child's swab test result (or their own swab test result if aged 18 or over), will most likely need to be shared with the school if COVID-19 is detected. For this to happen it must be deemed necessary by the Medical Officer of Health for the safe management of any potential outbreak. Only such details as are necessary for safe onward management are shared with an agreed senior person in the school to enable appropriate public health actions to be taken.

COVID-19 - Not Detected

One of my students has been tested for COVID-19 and the result is that COVID-19 is not detected. What happens?

If a symptomatic student has a COVID-19 'not detected' result, the student should remain at home until he/she is clinically well enough to return to school, unless parents/guardians are specifically asked by HSE Public Health to ensure that their child remains excluded because of other investigations e.g. if the student is a known close contact of a now confirmed case.

It should be noted that all diarrhoea symptoms need to have been resolved for 48 hours prior to return to school.

COVID-19 – Confirmed Case

One of my students has been tested for COVID-19 and the result is that s/he has COVID-19. What happens?

All confirmed cases will be contacted directly by the contact tracing centres and the necessary case information and contact identification will be initiated. The case will be referred to the Medical Officer of Health within the regional Public Health Department, for onward Public Health Risk Assessment (PHRA) and management in this setting.

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

The Medical Officer of Health has statutory responsibility under the Infectious Diseases regulations, 1981, as amended to investigate and manage infectious disease sources.

What steps will be taken by the public health authorities if a student tests positive for COVID-19?

- *Public health will urgently engage in discussion with the school to establish any appropriate exclusions, i.e. advice to isolate for identified staff or students and to remove themselves from the school setting based on an informed Public Health Risk Assessment.*
- *Core to the Public Health Risk Assessment (PHRA) will be assessing the likelihood of onward transmission from the case identified. This will inform their further actions.*

- *Every school/facility will be unique in how the school is organised and therefore the risks associated within a school/facility 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.*
- *HSE/Public Health will assess whether the index case is also likely to be the primary case within the school setting or a secondary case. They will assess the likelihood of onward transmission from the case identified. This will inform their further actions.*
- *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. In secondary settings, where there is social distancing, close contacts will be determined by proximity and interaction with the index case; class placement; classroom structure; common travel; social networks and friendship groups etc.*
- *Close contacts will be identified following Public Health Risk Assessment (PHRA) and engagement with the school. Close contacts will be removed from the school. They will be tested as per national contact guidelines (Day 0 and Day 7) and they should be advised to restrict their movements and remain alert for symptoms, also as per national guidelines.*
- *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.

- *The risk assessment may be dynamic and may change as new information becomes available.*
- *The testing strategy may evolve as information unfolds.*
- *There may be other community close contacts who will also be excluded from the school but because of their community exposure NOT their school exposure e.g. siblings/cousins etc.*
- *Depending on results from testing, or following initial Public Health Risk Assessment, the Medical Officer for Health may recommend widespread swabbing within a class or a facility under HSE mass testing processes.*
- *Whether all students from a class/year are removed whilst undergoing testing, or whether they remain in school, will be determined by the risk assessment.*
- *An Outbreak Control Team may be called, as appropriate, and to assist the Medical Officer of Health in the investigation and control of COVID-19 cases and outbreaks.*

What steps will be taken by schools if a student tests positive for COVID-19?

To inform the public health risk assessment, to manage cases and outbreaks and to identify relevant contacts, schools should have prepared the following:

- *A brief description of the school (type, numbers of staff and students and special features pertaining to the schools)*
- *A list of staff and students with up-to-date contact telephone numbers*

- *A broad description of classrooms*
- *An outline of the staff members' and students' movements around the school, between lessons and during breaks.*

School closures (partial and/or full)

If there is a confirmed COVID-19 case in my school, will my school close?

Any decision to close, or partially close, an educational facility will be made by public health and not by the school authorities. That decision will be based on the best approach to control the spread of COVID-19.

What criteria will be considered by public health prior to deciding on a full or partial closure?

Criteria to be ordinarily considered with regard to any potential outbreak and educational facility closure, or partial facility closure, include but are not limited to:

- *Evidence or clear concern that spread within the school is the primary driver of cases, or suspect cases, notified. This is as opposed to spread of infection externally within the community setting (e.g. within households where students/teachers live etc)*
- *The numbers of, or rate of increase of, COVID-19 detected cases amongst staff/students is concerning*
- *The number and complexity of staff and student family units and structures within the educational facility setting amongst those identified as cases, contacts or suspected cases e.g. a teacher with several children/close cousins in the educational facility, all across different years*

- *The severity of cases (e.g. hospitalised) amongst students/staff is atypical and giving rise to concern e.g. several hospitalisations amongst students*
- *Physical structure or layout of school which limits the range or adequacy for any increased recommended prevention measures e.g. further social distancing measures or more specific recommendations relating to hygiene or cleaning measures*
- *Age group or ability of students e.g. if it is an educational facility or unit caring for and educating students with specific medical or behavioural needs. This may compromise the ability for staff and students realistically to comply effectively with requirements for symptom awareness, and disease transmission prevention during an outbreak*
- *Inability to undertake enhanced infection prevention and control measures as might be recommended from identification of transmission risks within the setting of concern e.g. due to the nature of equipment required, particularly for educational facilities or units for students with behavioural or physical needs and limitations*
- *Concerns regarding the engagement with public health medical teams by senior personnel within the educational facility or system, with regard to their understanding of, or their commitment to, the implementation of sufficient risk mitigation and infection prevention and control measures as are identified as necessary for the particular educational setting, in light of confirmed or suspected cases of COVID-19*
- *Evidence that the students (and families)/teachers are not adequately participating in recommended control measures e.g. not reporting and excluding students with mild symptoms; not re-enforcing training and implementation of social distancing and hygiene measures across the continuum of school and home etc*
- *Any evidence that significant spread in the wider local community can be shown, or be highly suspected of being linked or intertwined with the educational facility setting*
- *Results from any swabbing recommendations identifying a large number/high proportion of asymptomatic cases, particularly amongst groupings not previously considered to be at high risk of infection transmission*
- *Inability of the educational facility to safely operate as per operational requirements (e.g. legal requirements for staff : student ratios) if partial closure was being considered*

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