

Appendix 2

Health Protection Surveillance Centre (HPSC) guidance on the re-opening of schools

Reopening of Schools January 2021 with initial focus on special schools and special classes

The HPSC has set out detailed advice in respect of the infection prevention and control measures required for the safe and sustainable operation of schools during the COVID-19 pandemic.

This advice, aspects of which have been updated throughout the period since from September 2020 to January 2021 has become the basis of the “*School COVID-19 Response Plans*”. The schools plans are also based on the guidance provided by the Health and Safety Authority (HSA) in compliance with the protocols established by Departments of Business, Enterprise and Innovation and Health on “*Returning to Work*” safely. The Department of Education’s ongoing oversight and management of schools during this pandemic is also in line with the Government “*Resilience and Recovery: 2020 – 2021: Living with COVID-19 Plan*” and the successor to the “*Return to Work Safely*” protocols entitled “*Work Safely*”.

Full details of the range of supports and guidance available to schools, staff and students can be found on **gov.ie/backtoschool**.

General Management of COVID-19 in Schools

- All schools have and will update as appropriate their school COVID-19 Response Plan and COVID-19 Policy;
- Staff will be reminded to review again the training materials provided by the Department to include knowledge of symptoms, hand and respiratory hygiene, how to manage a suspected COVID-19 case as well as the specific module for SNAs, cleaners and lead workers;
- Schools should request staff to confirm that the details in the pre-return to work form remain unchanged following subsequent periods of closure such as school holidays.
- Schools should review their Risk Assessment Template and ensure that it continues to comply with the health and safety requirements as set out in the COVID-19 Response plan;
- Schools will continue to implement the control measures set out in Part 5 of the School COVID-19 Response plan (as updated) to include minimising the risk of introduction into schools, knowing the symptoms and how to respond if you have those symptoms, respiratory and hand hygiene, physical distancing within the classroom, physical distancing outside the classroom and within the schools, use of PPE as appropriate including face masks;

- Schools will pay particular attention to the management of the risk of COVID-19 in relation to school activities such as those associated with art, toys, books, sports equipment etc;
- Schools will implement the cleaning and hygiene arrangements at Part 7 of the School COVID-19 Response plan and the management of suspected cases of COVID-19 at Part 8 of the Plan.

Additional Measures for Supporting Children with Special Educational Needs

The School COVID-19 Response Plan recognises that additional consideration is required to support children with special educational needs and the staff who engage with them. These considerations are referenced in the HPSC advice on the Re-opening of Schools (June 2020). These include:

For children with special educational needs (SEN) maintaining physical distancing in many instances will not be practical or appropriate to implement. The focus should therefore be on emphasising that parents/guardians should have a heightened awareness of signs, symptoms or changes in baseline which suggests illness/COVID-19 infection and where symptoms are present children should not attend school. A precautionary approach should be taken. Similarly staff should be aware of their responsibility not to attend work if they develop signs or symptoms of respiratory illness. A precautionary approach should be taken.

Hand hygiene

Children who are unable to wash their hands by themselves should be assisted to clean their hands using soap and water or a hand sanitiser (if their hands are visibly clean) as outlined previously.

Equipment

Some children may have care needs (physical or behavioural) which requires the use of aids and appliances and/or medical equipment for example toileting aids, moving and handling equipment, respiratory equipment. Where cleaning of aids and appliances is carried out in the school it is recommended that a cleaning schedule is provided, detailing when and how the equipment is cleaned and the cleaning products to be used in accordance with the manufacturers' instructions.

The following points can guide the development of such cleaning schedule:

- *Equipment used to deliver care should be visibly clean;*
- *Care equipment should be cleaned in accordance with the manufacturers' instructions. Cleaning is generally achieved using a general purpose detergent and warm water.*
- *Equipment that is used on different children must be cleaned and, if required, disinfected immediately after use and before use by another child e.g. toileting aids;*
- *If equipment is soiled with body fluids:*
 - *First clean thoroughly with detergent and water;*
 - *Then disinfect by wiping with a freshly prepared solution of disinfectant;*
 - *Rinse with water and dry.*

Specific Advice relating to the work of SNAs in close contact settings and mitigation measures to be observed in those settings

Specific advice has been provided by the HPSC for the work of SNAs (updated January 2021) and it is intended that while directed to SNAs it can also be applicable to all school staff who work delivering personal care or attention within 2metres to a pupil. This advice does not materially differ to the original guidance issued in June 2020 but as it is recently provided by HPSC with a particular focus on special education settings, it is set out below.

It notes that the *“guidance is not a rulebook that must be followed to the letter. The appropriate use of this guidance requires the use of compassion and good sense and a reasonable judgment of the level of risk in most situations. If the general principles of this guidance are implemented, the risk that any given pupil or staff member in the educational setting on any given day has infectious COVID-19 is very low. All additional measures are applied as practical to the context with a view to further lowering the risk of transmission to staff or pupils in the event that a person with infectious COVID-19 is at school”. .*

The guidance goes onto say:

The role of the Special Needs Assistant and Associated Risks of COVID-19

People living with certain disabilities associated with increased medical vulnerability may be disproportionately affected by COVID-19. The measures taken to control the spread of COVID-19 can also have a very serious impact on people with disability. Some disabled children and young people have additional care needs that must be met to support them in achieving their full potential. Children have a right to education and ensuring continued access to education for people living with disability is critical to managing the public health emergency in an inclusive way.

Special Needs Assistants play a vital role in supporting the additional care needs of some children and young people.

- Some parts of the work performed by SNAs are similar to tasks performed by healthcare workers and in particular, the nature of the work is such that it is often not possible to maintain distance;*
- Some children and young people concerned may display behaviours that are associated with an increased risk of virus transmission if they are infectious;*
- Some children and young people concerned may have limited ability to self-report symptoms therefore recognising infection may be more difficult;*
- In this context, there is a requirement for specific guidance to support the work of SNAs and any other people who may provide similar support for children and young people with additional care needs.*

Transmission

Like other respiratory viruses, the transmission of SARS-CoV-2 occurs mainly through respiratory droplets generated from the mouth and nose of an infected person during activities such as coughing, sneezing, talking or laughing. The droplets may carry virus directly to the mouth, nose and eyes of person standing nearby or may land on a nearby surface. Under certain circumstances, airborne transmission may occur (such as when aerosol generating procedures are conducted in health care settings or potentially, in indoor crowded poorly ventilated settings elsewhere).

In general, higher levels of virus are present around the time of first onset of symptoms. Some people who never notice any symptoms may be infectious to others (asymptomatic transmission). Recognising infection is likely to be more difficult in people who are not able to describe their symptoms or communicate easily that they feel unwell however parents, SNAs, teachers and others who are very familiar with the baseline function of a child or young person may notice changes that suggest infection and may warrant medical assessment.

Virus can remain on the surface for some time and be transferred to the mouth, nose and eyes of another person on their hands after they touch the contaminated surface. The virus does not penetrate through the skin.

Survival in the environment

Virus on surfaces is easily removed or with common household cleaning products (detergent) and in those circumstances where disinfection is needed common bleach and a number of other disinfectants are effective

Duration of Infectivity

People may be infectious for up to two days before they develop symptoms (pre-symptomatic transmission). In Ireland, people with COVID-19 are generally considered infectious for up to 10 days after the date of onset of symptoms or for 10 days after the date of their first positive test if the date of onset of symptoms is not clear. A longer period may apply to people who were hospitalised with COVID-19. After 10 days, the person is no longer considered infectious if they have been free of fever for 5 days. Doing another test at the end of the ten days is usually not useful and should only be done if specifically requested by a doctor.

Practical Measures for Harm Reduction Related to COVID-19 when addressing Additional Care Needs in the educational Setting

The following practical measures for preventing harm related to COVID-19 when addressing additional care needs in the education setting are organised under 3 main headings, reducing the risk of introduction of COVID-19, reducing the risk of spread of COVID-19 and reducing the impact of COVID-19 infection if it occurs.

Reducing the risk of introduction of COVID-19 into the Educational Setting

The virus that causes COVID-19 cannot spread in any setting unless it is introduced.

Although there is significant anxiety about introduction of virus on objects in practice the

virus is essentially always introduced by a person who is infectious and is shedding the virus. Although some people with no signs or symptoms can be infectious, people are generally most infectious for others when they have symptoms and signs of infection.

- 1. School staff should be familiar with the main symptoms and signs of COVID-19 (see above) so that they may be able to recognise if a pupil develops obvious signs of infection.*
- 2. Pupils (as appropriate to their ability) their parents, guardians and families should be informed of the main symptoms and signs of COVID-19 (see above) so that they may be able to recognise if a pupil develops obvious signs of infection.*
- 3. School staff as well as pupils (as appropriate to their ability), their parents, guardians and families should be aware that they must not attend school or training if they have symptoms or signs that may suggest COVID-19 until they have taken appropriate medical advice and testing if appropriate. They should be aware that they should not attend school or training if they have been told they are close contacts of a person with COVID-19. These messages should be reinforced regularly.*
- 4. School staff as well as pupils (as appropriate to their ability), their parents, guardians and families should be aware of the general advice they should follow outside of the educational setting to lower the risk that they become infected with COVID-19.*
- 5. Limiting the number of people entering the educational/training setting to those essential to provide the service reduces risk of introduction of the virus.*
- 6. Staff should be alert for any signs of illness that suggest that they, a pupil or a colleague may have COVID-19 on arrival for school and throughout the day.*

Reducing the risk of spread of COVID-19 in the Educational Setting

If the virus is introduced into an educational setting, the highest risk of spread is related to close contact with an infectious person or their immediate surroundings. Therefore the most important measures to reduce the risk of spread are doing all that is practical to limit the degree to which different groups of people within the education/training setting mix and interact with other groups. This is especially the case indoors.

It is recognised that there are practical considerations that must be taken into account when it is necessary for an SNA to support multiple students across different settings in the course of a working day. It is also the case that some children will need to move from their special class into a mainstream class during the day to ensure that their integration needs for educational purposes are addressed. As below, where movement is necessary the risk can be reduced by hygiene measures.

The risk of spread can also be reduced to some degree by the highest practical standard of personal and environmental hygiene. In the context of COVID-19, the risk is associated with droplets and fluids from the respiratory tract. There is very little risk of spread of COVID-19 from other body fluids (such as urine and faeces) although they may carry other infectious microorganisms.

Reducing Mixing Between Groups

1. To the greatest degree that is practical in the context of the educational and care needs of the pupils groups/classes should avoid mixing with other groups particularly indoors.

2. SNA should support the smallest number of pupils that is practical (a pod of pupils) and should move between pods as little as is practical to do so recognising that flexibility is sometime essential to manage absence due to leave or illness.

3. If movement between pods/classes is necessary SNAs should move between the least possible number of pods/classes on any given day.

4. If members of discrete pods/classes assemble in one area for meals or other activities maintain as much distance as is practical between the pods/classes and manage entry and exit to reduce interaction between members of different pods/classes as much as is practical.

Promoting Key-Behaviours that Reduces risk of Person to Person Spread

1. Promote hand hygiene for staff and pupils particularly on boarding a bus if there is shared transport, on arrival at the school/centre each day, prior to departure, before meals and after any contact with the pupil that is likely to have resulted in contact with oral or nasal fluid.

2. There should be ready access to hand sanitiser in all educational settings with due regard in relation to placement to avoid the risk of ingestion by pupils. Please note also that alcohol based hand rub is flammable and needs to be kept away from naked flame.

3. Providing SNAs with personal pocket size dispensers of alcohol hand gel may be useful, particularly if wall mounted dispensers are not a safe option in a particular context and also for use during outdoor activities.

4. Promote respiratory hygiene and cough etiquette to the greatest extent possible.

5. Support in performing hand hygiene should be provided to pupils who need assistance.

6. Limit sharing of items between members of the pod in so far as is practical especially with respect to items that pupils may put in their mouth.

Personal Protective Equipment (PPE)

1. Personal protective equipment in the setting of COVID refers to items that are used to reduce the risk of infection in particular settings.

2. PPE can be of value as an addition to all the other measures outlined here to reduce the risk of infection for SNAs.

3. As with all children, pupils with additional care needs should not be required to wear a face covering if they are under 13 years of age. Those who choose to wear a face covering may do so.

4. Pupils with additional care needs who are 13 years or older should not be required to wear a face covering if the face covering causes distress or is a barrier to their education and care needs.

5. In this context and in association with other measures specified the use of a face covering should be routine for SNAs in accordance with Government guidance.

6. When SNAs are within 2m of a pupil and to whom they are delivering personal care or attention for a period of time the face covering should normally be a surgical mask. If surgical mask are not available a cloth face covering should be used. If for any reason use of a surgical mask or cloth face covering is not practical for any reason, they should use a visor of a quality suitable for use in a healthcare setting however HPSC advice is that a visor does not provide protection equivalent to a mask.

7. Mask and visors should be donned and doffed and disposed of as demonstrated in videos available at <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/>. Masks should be removed and disposed of if they are wet or damaged. Masks should be removed and disposed of if going on a break or visiting the toilet.

8. Gloves and aprons should not be used routinely in the educational setting.

9. If providing care that involves specific risk of exposure to blood or body fluids (oral fluids, faeces, urine) use of gloves and a disposable plastic apron is appropriate. These must be removed and disposed of safely and hand hygiene performed after caring for each individual. Note with respect to faeces and urine the risk of infection is related to other infectious organisms rather than COVID-19.

10. Hand hygiene should be performed before donning and after removing gloves.

11. If providing care that involves a risk of splashing of body fluids a visor is required to protect the eyes from splashing even if already wearing a surgical mask.

12. Used PPE is generally discarded directly into domestic waste.

13. PPE used when attending to a person with suspected COVID-19 while waiting for collection can be placed in a separate plastic bag, which is then placed in domestic waste.

Environment and cleaning

1. The educational environment should provide discrete rooms for each group to the greatest degree practical and be as spacious as is practical with as much natural ventilation as practical.

2. Surfaces should be easy to clean.

3. Outdoor activity is associated with lower risk and should be encouraged where appropriate and weather permits.

4. The highest practical standards of general hygiene should be maintained.

5. The floors, tables, chairs and other items should be easily cleanable and cleaned at least daily.

6. Cleaning is generally with water and detergent or detergent wipes. If disinfection is required in specific circumstances then this is always in addition to and never instead of cleaning.

Isolation for people who develop symptoms or signs in the educational setting

1. If anyone develops symptoms or signs that cause concern about COVID-19 during the day the person should move as quickly as possible to a separate room or if that is not possible to a separate area more than 2m away from other people other than the person(s) needed to provide support until they can leave.

2. The parents/guardian should be telephoned to come and take the pupil home as soon as is reasonably practical. This needs to be done reasonably promptly but this is not an emergency. It is important that parents and guardians do not expose themselves and others to other risks (for example road traffic accident) on the understanding that this is an emergency.

3. Parents/guardian should take medical advice regarding the requirement for testing and the duration of exclusion from education.

4. There is no requirement for other pupils or school staffs to interrupt their scheduled activity immediately if one person develops symptoms.

5. Contact surfaces in the immediate vicinity of the person with symptoms should be cleaned/wiped down.

6. The person accompanying a pupil waiting to be collected should limit physical contact as much as is practical consistent with the pupil's needs and should use a surgical mask, visor and nitrile gloves. Hand hygiene must be performed after removal of gloves.

7. When the pupil is collected, the accompanying person can resume work with other pupils after removing used PPE and performing hand hygiene.

8. It is not appropriate to require certification from a doctor before the pupil returns to education. There is a certificate that parents can be asked to complete on [hpsc.ie](https://www.hpsc.ie) website.

Reducing the Impact of COVID-19 Infection

It is likely that COVID-19 infection will impact on some pupils and SNAs during the coming school year as a result of infection acquired in everyday life or in the educational setting. The likelihood of suffering serious harm as a result of COVID-19 infection depends on the age and general health of the person when they became infected and on access to healthcare if they need it.

1. Maintaining a healthy lifestyle (exercise, nutrition, avoiding exposure to smoke) and good care of any existing medical conditions improves the likelihood of making a good recovery from COVID-19.

2. Early access to appropriate medical care, if required, is important in recovery from COVID-19. All pupils and school staffs should be registered with a GP to provide care if required.

Appendix 1

Links to the detailed documentation including School COVID-19 Response Plans and advice from Public Health (HPSC)

Relevant section of HPSC website with guidance documents for education settings (updated on ongoing basis)

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/educationguidance/>

Guidance for Schools Regarding Special Needs Assistants (SNAs) Supporting Children and Young People with Additional Care Needs in the Context of COVID-19 (Updated 7th January 2021)

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/educationguidance/COVID-19%20Education%20SNA.pdf>

Definition of Close Contacts in an Educational Setting (30th October 2020)

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casedefinitions/covid-19educationalsettingscasesandclosecontactsdefinitions/>

Interim HSE advice in relation to return to school and at risk groups (September 2020)

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/educationguidance/HSE%20advice%20on%20return%20to%20school.pdf>

Guidance on COVID-19 Respiratory Care in School for Children with Tracheostomy who require suctioning while in school (2nd September 2020)

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/educationguidance/Children%20Tracheostomy%20Suctioning%20Schools.pdf>

Guidance Document on Infection Prevention and Control Practices in Relation to Delivering Face to Face Education during the Global COVID-19 Pandemic (30.07.2020)

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/educationguidance/IPC%20Guidance%20for%20delivering%20face%20to%20face%20education.pdf>

Guidance on what constitutes Aerosol Generating Procedures (December 2013)

<https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/resources/aerosol-generating-procedures.pdf>