

Education Services

Framework for Recovery, Resilience and Re-connection (RRR2020)

Introduction and purpose

This document has been produced by The West Partnership and amended to suit our context in response to the Covid-19 pandemic of 2020.

Our education system, learners, their families and their communities have experienced an unprecedented level of disruption during 2020 as a result of the Covid 19 pandemic. As we move together into a phase of recovery, the West Partnership have developed this guidance with the aim to assist in planning for the challenges which may lie ahead.

This document aims to support schools and nurseries in preparing and managing responses to any **localised outbreaks** of Covid-19 within establishments as well as any **localised closures** which may occur as we move through the recovery phase.

Schools will need to respond in different ways, for example, a small number of pupils and/or staff may need to self-isolate for a period of time. Whole classes or year groups may be asked to self-isolate by Public Health or the whole school may have to close.

Such localised closures will require a thoughtful, reassuring and well planned response from local authorities and establishments in order to ensure that the **wellbeing** of your learning community remains at the heart of your decisions and actions.

Having returned to school buildings in August 2020, it is important and helpful to reflect on the learning from the COVID-19 lockdown, March-June 2020. These reflections will assist in our planning should we be subject to temporary local lockdown measures in the future.

Ideally, these reflections should be undertaken with members of the whole school community: Children & Young People, parents, teaching and support staff and partners.

Similarly, a strategy to maximise inclusive **learning and teaching** approaches which engage learners in a variety of meaningful activities is required. Flexibility and the meeting of learner needs will be the basis of your most effective practice and a commitment to creating an effective remote and digital strategy which learners and their parents/carers can feel confident in interacting with.

For ease of use, this document is split into **Section 1- Managing a positive case** and **Section 2- Managing a localised closure**.

A number of useful **resources** are signposted within this document and the supplementary guidance which focus on our identified areas of key priority: Communication and Wellbeing and

Learning and Teaching. These lists are not exhaustive but offer a starting point in regards to helpful information for our children, young people and families.

All this advice is available on [RRR2020 - advice](#)

Section 1 : Managing A Positive Case

Schools Contact Spreadsheet

Letter A for parents and carers

Letter B for parents and carers

Letter C for parents and carers

NHS FAQs

Section 2 : Managing a localised closure

This suite will continue to be developed as we continue to learn from experience.

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Executive Director of Education

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Section 1- Managing a positive case

Advice for Heads of establishment:

We need to send children or staff home when they feel unwell with COVID-19 symptoms as a precaution and ask them to seek advice from NHS through their GP.

To remind ourselves:

The main symptoms of coronavirus (COVID-19) are:

- a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- a loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Testing inevitably brings more positive cases. A positive case can and will cause anxiety. Evidence shows that children tend not to be as adversely affected by this virus but the worry is the impact upon others if they catch it; so the anxiety is understandable. It is, therefore, critical that we lead our schools effectively and nurseries to provide confidence and reassurance to the school and wider community. The process outlined below has been informed by experience and has been agreed with Public Health colleagues.

Steps to be taken following confirmation of a positive case among the school community:

It is important that you are conversant with the actions to be undertaken in the event of a confirmed case.

You should familiarise yourself with “Test and Protect” protocols at this link:

<https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19>

You will normally hear about a confirmed case (that is, confirmed with a positive test) from the parent of the child or by the member of staff concerned.

You should ask them the following – write the answers down as you will need them to help us decide on when we need to consider contacts:

- When did they first feel unwell and/or develop symptoms?
- When were they last in school?
- When was the test confirmed and where was the test carried out?
- If possible, ask them for a screen shot of the confirmation text

You should also ask about their welfare and reassure them that you will be keeping in touch with them while they have to stay at home.

You should then phone your Head of Service and/or link QIO to inform them that you have a positive case. We are maintaining a record of all cases to help us continue to learn and improve our support for schools and nurseries. The link QIO will let your Head of Service and the Executive Director know that there is a case.

We need to confirm with Public Health that it is in fact a positive case. Sometimes there is a lag time between you hearing from the phone call and the test coming through on their system. This allows us to gather the necessary information.

Before informing staff, parents and pupils you need to have the positive case confirmed by Public Health.

The Head of Service/Executive Director may be able to contact Public Health via email to confirm the test outcome. If they are unable to do so then a call can be made on 0141 201 4917. Check with them first before phoning. Each case has a named Public Health consultant as a lead. This is who is responsible for making the decisions.

Please note that we have had cases where parents have advised that the child is confirmed but Public Health do not have a record of this. We have also had some confusion due to language barriers of parent. So asking for a copy of the email/text is very important.

Your next actions are to consider the 48 hours prior to the child/member of staff feeling unwell (becoming symptomatic) – this is considered to be the infectious period. If the child/member of staff did not have any symptoms when they took the test then you consider the 48 hours prior to the test being taken.

You need to compile a list of all the contacts within the school who may need to self-isolate. These would be the children/staff who **have been within 2 metres** of the positive child/member of staff. Whether these individuals will be classed as a contact will depend how close they have been (e.g. within a metre or 1-2m) and for how long. Public Health colleagues will support you in making this assessment and they will use the national guidance to do this. The definition of a contact is:

- People who are within 1m and face to face with the case for any length of time
- People who are within 1m for one minute or longer without face-to-face contact
- People who are within 1-2m of the infected individual for any more than 15 minutes cumulatively.

For older primary children and secondary pupils, this will be the children who have sat within 2 metres of the positive child/staff member in their class/each of their classes.

You need to identify the staff who have been within 2 metres of the positive child/staff member. For children you will also need to consider any friendship groups out with classes, for example, lunchtime and breaks and how they travelled to school. For staff you will need to consider breaks and contact between staff in staff rooms.

You should speak to the staff who have taught the pupil to ascertain whether or not they would be defined as a close contact, i.e. were they within 2 metres for a sustained period? Please stress the importance of confidentiality for the child.

Please ensure that you check this against absence records.

It is helpful if each class has a seating plan which can be used to identify direct contacts. In one secondary school each teacher had a seating plan and those seating plans informed the contact list. In primary schools, it has proved helpful if children have set tables for lunch in the dining hall. In another secondary school this was managed by the headteacher talking this through with the young person who had tested positive who had very mild symptoms and was keen to assist.

You should enter all the contact information (if any) on the School Contact Spreadsheet. The contact details of the confirmed case should also be included. This is to enable you to have one file with all the relevant

contact information on it. This list you have pulled together should include the names and contact details plus any additional information, for example, whether an interpreter might be needed for a parent. The final list will be agreed and shared with Public Health. This follows all the GDPR council guidelines.

You can find all the relevant documents here [RRR2020 - advice](#)

There is a Custom Report on SEEMIS which can be run to gain relevant information for an entire class/ school/ groups of children which will give you the information in a PDF format which can then be copied and pasted into the Spreadsheet.

Once Public Health confirms the positive case – by phone/email (this could be with the Head of Service/Executive Director) there are a number of different potential scenarios.

Scenario 1: There are no contacts that have been identified. In which case, once this has been explored and agreed, Public Health will advise that Letter C is sent out. This is a general advisory letter for all parents, carers and staff. The positive case must remain at home for 10 days from the date of the test.

Scenario 2: A list of contacts have been identified. This could be some pupils in the same class as a child/member of staff who tested positive. It could be the whole class. Our interest is only contacts in the school. Test & Protect will explore out of school contacts.

The contact spreadsheet should be returned to Public Health via the Head of Service/Executive Director/HT. Once Public Health confirm that they agree with the contacts via the Head of Service/Executive Director/HT then your next actions are:

- All those on the contact list will need personalised Letter B which includes their name and the date they should return to school. (14 days from the last contact with the confirmed positive case)
- All those on the contact list should be phoned by the school to advise them not to come to school/nursery for 14 days and that a letter will follow.
- Once all the contacts have been contacted by the school then Letter A can be sent out to all parents/carers and staff. This is a general advisory letter that goes to everyone – staff and families - and advises that there has been a positive case and that close contacts are being identified along with advice on being vigilant for any symptoms. This could be sent out through your usual communication channels, e.g. Groupcall.

There may be other more complex scenarios which develop. In these cases, it is likely that the doctor from Public Health will decide to have a conference call with you, the headteacher, the Head of Service and the doctor from Public Health – a three way Teams or mobile phone call. At this meeting, led by Public Health, the doctor will go through each of the areas that need to be considered and follow-up actions will be agreed.

In all scenarios, there are bound to be questions from parents and staff. It is important to remind all that our families' information is confidential. A suggested response: "We are following guidance from Public Health. We cannot discuss confidential information about our families."

Note that for ASL schools, Jean Miller will be the link and for nurseries, Heather Douglas will be the link. The Heads of Service will share the outcomes with Directorate and the Education communications officer or press office who will manage any media/digital enquiries for the school as normal.

Care-experienced children and young people

Where the positive case or the contacts are care-experienced, it is essential that we keep our social work colleagues informed.

- If the child is in a foster-care placement, then the foster parents should be contacted and an email sent to susan.orr@glasgow.gov.uk giving the name and a brief description of the position.

- If the child is care-experienced and living at home, then the parent should be informed and an email sent to the named social worker giving a brief description of the position.
- If the child is in one of our children's homes then the **manager** of the children's home should be contacted by phone and an email sent to susan.orr@glasgow.gov.uk and susanne.millar@glasgow.gov.uk giving the name and a brief description of the position.

Environmental Health may also need to be involved, depending on the circumstances – this is normal practice. They will be kept informed by Public Health.

Where there is a defined outbreak, i.e. linked cases within the school then there may be a need for further meetings with Public Health – these are called Incident Management Teams (IMT) meetings. The HT and Head of Service/Executive Director should be invited to these.

We are working with NHS to get the letters into community languages.

Communication and Continuity of Learning:

Once the decision has been made by Public Health as to who is to self-isolate and for how long, it is important that the school maintains each pupil and member of staff's attendance record using the appropriate codes. You will have the date of return from Letter B or in the case of no contacts, it is 10 days from the test for the positive case, if they feel well and have not had a fever for 48 hours. If there is more than one case, Public Health may agree to the same return date for everyone.

We must continue to maintain contact with the family whose child tested positive during their period of self-isolation. They may have a different date when it is recommended for them to return to school and this will also depend on how well they are. In the cases we have had to date, the children have recovered quickly and have displayed mild symptoms. A designated senior manager should contact the family at least once a week to check on their welfare and also to ensure that the child continues to get access to learning. When members of staff have to self-isolate, it is important that they are able to continue to contribute to children's learning. There should be a designated senior manager who contacts the member of staff at least once a week to check on their welfare and to agree work to be carried out.

It is also important for us to maintain regular contact with the children who are self-isolating. In some cases, this can be done through the class teacher if he/she is self-isolating and is able to lead learning from home. In secondary schools, pastoral care staff should be speaking to parents and the young people at least twice a week to check on their welfare and that school work is continuing to be completed.

School work needs to be provided for all pupils who are self-isolating. This can be planned in different ways. There are examples in Section 2 available on [RRR2020 - advice](#).

We are gathering examples as we learn through experience.

Here are some examples that we have had so far:

School informed on Tuesday that infant pupil tested positive. Child had not been in school since Friday. View was that this was not needed due to symptoms being out with the 48 hr period from school. Decision taken by Public Health that no self-isolation needed. General advisory letter C went out to all pupils at the school.

Teacher tested positive on Thursday morning, Symptomatic – Tuesday afternoon. HT gathering information. Monday and Tuesday contacts. Teacher maintains 2 metres – with all children and staff. Decision from Public Health no further action – general advisory letter C to be issued.

On the Wednesday, Public Health contacted Executive Director to advise that two children had tested positive. Child E and the sibling X attend two different schools. Child E was last in school on the previous Wednesday when h/she felt unwell and was sent home late in the afternoon. School is gathered information on contacts for Monday, Tuesday and Wednesday of that week. X was last in school on previous Wednesday but had no symptoms. Both children tested Saturday. Child E school – 24 pupils and 3 staff identified as contacts and are to self-isolate from 14 days starting on the previous Wednesday (i.e. last date of contact). School phoned all contacts. Letter B issued personalised. Letter A issued to all.

S5 pupil identified as being positive. She goes home for lunch and has a small friendship group. HT identified all possible contacts in partnership with pupil who was keen to contribute. Two teachers identified through this were contacted by HT but both didn't feel that they were within 2m for sustained period. 30 pupils' identified as contacts. Letter B to contacts and Letter A to all.

Class teacher symptomatic on Friday evening, tested Saturday, confirmed positive on Sunday. No close contacts in the school due to the teacher maintaining social distancing at all times, including in class. Letter C issued to all. Teacher to self-isolate for 10 days and teacher's family to self-isolate for 14 days.

Pupil symptomatic on Wednesday evening having been in school that day, tested that evening and confirmed positive on Thursday. Headteacher questioned pupils and teacher and identified 17 pupils as contacts. Letter B issued to 17 pupils and because restrictions in place in the Glasgow area, 17 pupils and their families to self-isolate for 14 days. Class teacher had maintained social distancing so did not need to self-isolate. Learning will continue to be provided for pupils on-line via See-Saw which is already established.