COVID-19
Interim Recommendations for the reopening of schools and educational facilities

This document summarises interim recommendations for the reopening of schools and educational facilities during the COVID-19 pandemic. It will inform the development of sector specific guidance for educational settings by the Department of Education.

This is interim guidance developed in the context of the current COVID-19 epidemiology in Ireland and will be updated to reflect the changing situation.

Version 0.8 24.06.2020

Version	Date	Changes from previous version

Table of Contents

1. Key points

> - The measures outlined in this guidance are aimed at risk minimisation of COVID-19, for young people, teachers, other staff, their families and the wider surrounding community, recognising the importance of education for health and wellbeing.
> - No person (child, teacher or parent) should attend an educational setting if unwell or any members of their household are unwell with symptoms consistent with COVID-19.
> - Social (Physical) distancing, hand hygiene and good respiratory etiquette should be observed by all (children, teachers, parents and visitors).
> - This document does not replace existing health and safety regulations or other legal obligations for education providers. It is intended to supplement existing infection prevention and control guidance by providing information around specific concerns relating to COVID-19.
> - This guidance should be read in conjunction with the Government Roadmap for the reopening of society to correspond with national policy.

2. Introduction

2.1 Purpose of this document

The purpose of this document is to provide the Department of Education with clear and actionable guidance for safe operations through the prevention, early detection and control of COVID-19 in schools and other educational facilities. This document can be used by the Department of Education in developing its own guidance to the school system.

This guidance provides key messages and considerations for engaging school administrators, teachers and other staff, parents, caregivers and community members, as well as children themselves in promoting safe and healthy schools. These measures are aimed at risk minimisation of COVID-19, for young people, teachers, other staff, their families and the wider surrounding community, recognising the importance of education for health and wellbeing and that free primary education provided for by the State is a fundamental right guaranteed by the constitution.

This guidance should be used in conjunction with other relevant plans and guidance for COVID-19. This information is available from the following links:

- HSE-HPSC
- HSE Hub
- HSA Safe Return to Work
- Department of Health

This document does not replace existing health and safety regulations or other legal obligations for education providers. It is intended to supplement existing infection prevention and control guidance by providing information around specific concerns relating to COVID-19.

It is important for parents, pupils/students and for those who deliver education to accept that no interpersonal activity is without risk of transmission of infection at any time. Generally speaking the closer the physical contact, the more likely infection is to spread from one person to another.

There are particular issues with small children because they tend to put things in their mouths and naturally seek very close contact with caregivers and other children. In second level education there may be different challenges related to intimacy between teenagers which may also pose a risk of infection.

The risk of spread of infection in education or other settings is related to the size of the groups of people that interact with each other. Generally speaking the larger the number of people in a group, the more people are placed at risk if infection is accidentally introduced.

These issues are brought into sharper focus during a pandemic, but the principles are not different from those that apply to education at any time. Most parents and children understand that some level of risk of infection is unavoidable as a part of a normal childhood. However, parents and children are very different with respect to their tolerance of infection risk and ability to accept infection and the harm it causes. Therefore, it is important that parents and pupils (as age appropriate) have a clear understanding of the benefits and risks of education and social interaction and that it is not possible to guarantee that infection can be prevented in any setting either in an education centre, at home or in any other setting where they interact with other people.

Standard infection prevention and control procedures in education settings are always important but even more so in a pandemic situation. A heightened awareness by staff, parents and children (where age appropriate) is required so that they know how to protect themselves and each other and how to recognise and report symptoms of COVID-19 infection.

One of the key challenges for schools during this pandemic is to balance the need for a practical and sensible level of caution with the need to provide a supportive environment for pupils/students and where teachers feel able to engage with pupils in a way that supports their learning. The evidence now available indicates that the risk for otherwise healthy children of serious illness associated with COVID-19 is very low, although occasionally severe illness occurs. The risk of serious illness associated with COVID-19 for adults is higher and is related to older age and underlying health status. As in healthcare and other sectors, acknowledging, accepting and managing this in the context of other occupation health risks is essential to provide an environment where learning can succeed. An atmosphere of fear and an overwhelming preoccupation with infection and hygiene can be harmful to teachers and pupils and to the quality of the educational experience without materially reducing the risk of infection beyond what can be achieved with a common-sense approach.

The most critical part of managing the risks of COVID-19 related to schools is doing everything practical to avoid introduction of COVID-19 into the school. If the infection is not introduced it cannot spread. The risk of introduction is related to how common the infection is in the community served by the school at a given time. If the infection is uncommon in the community then the likelihood of introduction is much lower.

The other measures outlined are directed towards reducing the likelihood of spread within the school in the event that the COVID-19 is introduced to the school. It is important to emphasize that the risk of spread of infection in both directions exists in all interpersonal interaction's pupil-pupil, teacher-teacher and teacher-pupil therefore the risk is not limited to the classroom and must be managed in all settings.

What is COVID-19?

The virus which causes COVID-19 is called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and belongs to the broad family of viruses known as coronaviruses. It was first identified in the Wuhan province in China in December 2019 and a global pandemic event was declared in March 2020.   In Ireland, COVID-19 was added to the Infectious Diseases Regulations in February 2020   and in March 2020 Medical Officers of Health were granted authority for the detention and isolation of persons in certain circumstances to help control the spread of COVID-19.

What are the symptoms of COVID-19?

Symptoms of COVID-19 are similar to symptoms of cold or flu. The most common symptoms are fever, cough, shortness of breath and loss of sense of smell or taste. More information regarding the most up to date signs and symptoms of COVID 19 are available on the HSE website.

3. General Recommendations

This section should be read in conjunction with the 2014 Guidelines on the management of infectious disease in schools available here.

The key recommendations are

- Minimising Risk of Introduction of Infection (Exclusion of pupils, staff members and visitors who are ill)
- Managing risk of spread if introduced by the following
    o Regular hand hygiene
    o Maintaining physical distancing
    o Application of respiratory hygiene and cough etiquette
    o Environmental hygiene

4. Minimizing the risk of introduction of COVID-19 into the school community

4.1 Staff & Students

- Promote awareness of COVID-19 and it's symptoms among staff, parents and pupils as age appropriate for example with posters, email/text communications.

- Advise staff members that have symptoms of COVID-19 or other acute infectious disease not to attend work, to phone their doctor and to follow HSE guidance on self-isolation.

- Advise staff members not to present for work if they have been identified by HSE as a Contact of a person with COVID-19 and to follow the HSE advice on restriction of movement .

- Advise staff members that develop symptoms at work to bring this to the attention of their manager promptly and to follow HSE guidance on self-isolation.

- Request all staff members to confirm on arrival for work each day that they do not have symptoms of COVID-19 infection

- Advise parents not to bring their children to school if the child has symptoms of a viral respiratory infection or if there is someone in the household suspected or known to have COVID-19.

- Advise parents not to bring their children to school if they have been identified as COVID-19 contacts

- Ensure students (as appropriate) are aware of the reason why they should not attend if they have respiratory symptoms.

- Ensure students are aware that if they develop signs or symptoms when at school they should let their teacher know.

- It is unlikely to be practical to ask pupils to declare that they are symptom free on arrival to school however parents should be advised that the school reserves the right to decline entry to pupils who appear to have fever or respiratory tract infection.

- Note: On-site temperature taking is not recommended because fever is not a consistent symptom of COVID-19 in children and would result in delayed school entry. Parents and/or educational settings do not need to take children's temperatures every morning.

- Schools should ensure that they have contact numbers for parents/guardians who can be contacted to collect pupils from school in the event of illness

- Everyone entering the building should be required to perform hand hygiene with a hand sanitiser. This may need to be supervised.

4.2 Visitors

Visits to the school during the school day should be by prior arrangement and visitors should be received at a specific contact point (for example the school office) and should be subject to the same controls that apply to staff entering the school.

Physical distancing of 2 metres should be maintained with visitors where possible.

In schools where there is likely to be a high throughput of visitors to a specific contact point e.g. school office considers the use of physical barriers such as Perspex where the 2m distance cannot be reliably maintained or the use of cloth face coverings as per NPHET guidance. In relation to drop off of forgotten items (books lunch boxes) a designated drop off point that does not require interactions with staff may be appropriate.

Parents visiting for meeting with teachers should be by appointment and should be facilitated in a way that observes social distancing requirement. Meetings should be arranged to ensure that congregation of parents in waiting areas is minimised for example when parents travel for a meeting by private car they may be invited to remain in the car until the teacher is ready to meet them.

4.3 Influenza Immunisation

Follow the vaccine programme for 2020 as per National Immunisation Guidelines.

5. Managing the risk of spread if infection is introduced

5.1 Hand Hygiene

Support and promote good hand hygiene.

- Staff and pupils should understand why hand hygiene is important, when to wash their hands and how to wash their hands (see Guidelines for additional information & link to resources here)**.**

- Promote good hand hygiene and display posters throughout the facility available on the [HPSC website](#).

- Hand hygiene can be achieved by hand washing or use of a hand sanitiser (when hands look clean).
- Hand sanitiser dispensers can be deployed more readily at entry and exit points of schools and classrooms and are an appropriate alternative in most cases. Care should be taken to clean up any hand sanitiser spills to prevent risk of falls.
- There is a requirement for access to hand washing facilities after activities that are likely to soil hands for example gardening or certain sporting activities as hand sanitiser does not work on dirty hands.

- Use of hand hygiene facilities including wash hand basins needs to be managed so as to avoid congregation of people waiting to use wash hand basins and hand sanitiser

Hand washing facilities – to the greatest extent practical

- Should be adequate to meet the needs of the school population and should be age/ability appropriate. Hand sanitiser can be used to bridge the interval until sufficient handwashing facilities can be provided or upgraded.

- Wash hand basins, warm running water, liquid soap dispensers and hand drying facilities should be provided in all toilets, kitchens and other food preparation areas.

- Foot operated pedal bins should be located near wash basins for disposing of paper towels.

- Hand washing facilities should be maintained in a good condition and supplies of paper towels and soap should be topped up regularly to encourage pupils to use them.

- Cleaning staff should be reminded to check the soap dispensers at frequent intervals.

- Wash hand basins should be at an appropriate height for staff and pupils of all ages.

- Good quality disposable paper towels (preferably wall mounted) should be available at or near the wash hand basins for drying hands. Shared towels should not be used.

- Hot air hand dryers are an acceptable alternative although they are often not used properly; either because the machines are not very efficient (too slow, wrong height) or there are not enough dryers for the numbers requiring them, especially at break times. If hand dryers are provided they must be regularly maintained. There is no evidence that hand dryers are associated with increased risk of transmission of COVID-19.

- Roller type cloth towels should be avoided.

- Posters displaying hand washing technique and promoting hand-washing should be placed on the wall adjacent to washing facilities (these can be downloaded free from www.hpsc.ie and laminated or placed in a plastic sleeve).

Water temperature

- Warm water is preferable to hot or cold water because it is kinder to skin and soaps emulsify more readily in warm water.

- If the plumbing system only supplies cold water, a soap that emulsifies easily in cold water should be provided.

Hand washing products

- Liquid soap and warm running water should be provided.

- A mild unscented liquid soap is preferred especially for staff and pupils with sensitive skin. Antibacterial soap is not recommended.

- Disposable cartridges of liquid soap that are wall mounted are preferred.

- If the liquid soap container is refillable, the container and pump should be emptied, cleaned, and dried completely before being refilled.

- Soap and water must be used if hands are visibly soiled.

Hand sanitiser - Alcohol Based Hand Rubs

- Hand sanitiser is suitable for use for hand hygiene when hands are not visibly soiled (look clean)
- Evidence of effectiveness is best for alcohol-based hand rubs but non-alcohol-based hand rubs are available and may be preferable in some settings
- Alcohol based hand rubs are flammable and can be toxic if ingested.
- Where hand rubs/gels are used in the school setting, care should be taken to ensure that children do not accidentally ingest the products.
- Young children should not have independent use of containers of alcohol gel

Frequency of hand hygiene

- Pupils and staff should perform hand hygiene

  o   On arrival at school;

  o   Before eating or drinking;

  o   After using the toilet;

  o   After petting animals;

  o   After playing outdoors;

o   When their hands physically dirty;

o   When they cough or sneeze.

- Pupils and staff should learn how to perform hand hygiene with an effective technique (for example the World Health Organisation technique)

- Opportunities to perform hand hygiene should be provided and good technique encouraged

5.2 Wearing of Face coverings/masks

Students

Non-medical masks may reduce transmission from individuals who are shedding the virus. However, the extent of this benefit is unknown (especially in children) and would only be potentially beneficial if done properly. It is not practical for many students to wear a mask properly for the duration of a school day. Cloth face coverings are not suitable for children under the age of 13 and anyone who:

- has trouble breathing
- is unconscious or incapacitated
- is unable to remove it without help
- has special needs and who may feel upset or very uncomfortable wearing the face covering

Older students should not be requested to wear a facial covering but those who may wish to wear a facial covering where physical distancing is difficult to maintain should not be discouraged.

It is essential that those wearing a cloth face covering understand

- The purpose is not to protect themselves but to reduce onward transmission and the benefit is reliant on ensuring the mask is worn appropriately see guidance on mask wearing
- Wearing a face covering or mask does not negate the need to stay at home if symptomatic.
- It is not a teachers responsibility to enforce mask use by pupils

Wearing of Gloves

The use of disposable gloves in the school setting by pupils or teachers is not appropriate. It does not protect the wearer and may expose others to risk from contaminated gloves. Routine use of disposable gloves is not a substitute for hand hygiene. Washing or use of hand sanitiser on gloved hands is not appropriate.

5.3 Physical Distancing

Physical distancing measures fall into two broad categories:

- increasing separation;

- decreasing interaction.

The principle of distancing can be usefully applied in the school setting, allowing for some flexibility when needed. However, it must be applied in a practical way, recognising that the learning environment cannot be dominated by a potentially counterproductive focus on this issue.

The implementation of physical distancing will look different across the various ages and stages of learning. How physical distancing is implemented for primary school children, for children with special educational needs or disabilities and for pupils in the secondary level will be different.

Care should be taken to avoid generating tension or potential conflict and some flexibility in the implementation of measures may be required at times.

It is acknowledged that staff will not always be able to maintain physical distance from their pupils and it is not appropriate that they would always be expected to do so where this could have a detrimental impact on the child e.g. if a child sustains an injury and requires first aid. However, where possible teachers should maintain a minimum of 1m distance and where possible 2m. They should take measures to avoid close contact at face to face level such as remaining standing rather than sitting beside/crouching down.

Physical Distancing in the Classroom

Increasing separation
- All available space in the school should be availed of in order to safely maximise physical distancing. The class space should be reconfigured to maximise physical distancing.

- Maintaining as much distance as is reasonably practicable between people within the classroom is likely to have substantial effect.

- Situations that require people to sit or stand in direct physical contact with other people should in particular be avoided.

- The teacher's desk should be placed at least 1m and where possible 2m away from pupil's desks.

Decreasing interaction
The extent to which this is practical will depend on the school setting. A common-sense approach is required in recognising the limits to which decreasing interaction between pupils can be achieved.

The following measures should be encouraged:

Limit interaction on arrival and departure and in hallways and other shared spaces

Social physical contact (hand to hand greeting/hugs) should be discouraged.

Where pupils need to move about within the classroom to perform activities (for example to access a shared resource) this should be organised to the greatest extent possible to minimise congregation around the point of access to the shared resource

Pupils and teachers should avoid sharing of personal items such as pens and other writing materials, tablets and phones to the greatest extent possible

Encourage people to avoid behaviours that involve hand to mouth contact (putting pens/pencils in the mouth)

Where teaching and learning involves use of keyboards or tablets the contact surfaces of the devices should be cleaned regularly and hand hygiene encouraged

Where sub-groups are formed within a class for group work, to the greatest extent possible the same pupils should generally be in the same group, although movement between groups may be necessary to address tensions between pupils

Primary Level

- A distance of 1 metre should be maintained between desks or between individual pupils. It is recognized that younger children are unlikely to maintain physical distancing indoors. Therefore, achieving this recommendation in the first 4 years of primary school, is not a prerequisite to reopening a primary school for all pupils.

- Where possible, work-stations should be allocated consistently to the same staff and children rather than having spaces that are shared.

- The risk of spread of infection may be reduced by structuring pupils and their teachers into Class Bubbles (i.e. a class grouping which stays apart from other classes as much as possible) and discrete groups or 'Pods' within those class bubbles, to the extent that this is practical.

- If a class is divided into Pods, there should be at least [1m distance] between individual Pods within the Class Bubble and between individuals in the pod, whenever possible.

- Generally speaking the objective is to limit contact and sharing of common facilities between people in different Class Bubbles (and Pods within those Class Bubbles) as much as possible, rather than to avoid all contact between Pods, as the latter will not always be possible.

- The aim of the system within the school, is that each class grouping mix only with their own class from arrival at school in the morning until departure at the end of the school day. The Pods within those Class Bubbles is an additional measure, to limit the extent of close contact within the Class Bubble.

- Pod sizes should be kept as small as is likely to be reasonably practical in the specific classroom context.

- To the greatest extent possible, pupils and teaching staff should consistently be in the same Class Bubbles although this will not be possible at all times.

- Different Class Bubbles should where possible have separate breaks and meal times or separate areas at break or meal times [or this could be different class years i.e. 2nd class, 3rd class etc.].

- Sharing educational material between Pods should be avoided/minimised where possible.

- Staff members who move from class bubble to class bubble should be limited as much as possible

Post Primary level

- Physical distancing of 2 metres where possible or at least 1 metre should be maintained between desks or between individual students or staff. In future planning, consider moving to individual desks and chairs for students.

- As far as possible students would remain in the classroom and teachers would move between rooms.

- All children would be assigned to a main class cohort, which would remain in the classroom for most subjects with teachers moving between rooms.

- Where possible double classes would be planned to minimise movement during the day.

- Where students have to move to an elective subject they would move quickly into the new class and would be seated with members of their class cohort, observing as much physical distancing as possible.

- Hand washing and/or sanitising would be required when moving between classes by both teacher and students.

- Physical distancing between the teacher and the class would be observed.

- Where movement of class groups between rooms is required it should be planned to minimise interaction with other class groups (for example coordination of movements at staggered times).

Physical distancing outside of the classroom and within the school

Arrangements for dropping off / picking up children:

- Students should maintain 2 metres physical distance as much as possible.

- Walking/Cycling to school should be encouraged as much as possible.

- These should be organised to maintain a distance of 2 metres between parents and guardians and between parents and guardians and the school staff.

- The aim is to avoid congregation of people at school gates where physical distancing requirements are not respected.

- Some approaches that that may be considered include the following:

    o Staggered drop off/pick up times where practical/feasible, so that not all children arrive onsite at one time.

    o If the school has additional access points, consideration may be given to whether it would be beneficial to open these to reduce congestion.

    o Consideration may be given to where children go as they arrive at the facility. This could include heading straight to their small group's designated learning space/classroom.

    o For those arriving by car, parents may be encouraged to park further away from the school and then walk with their children to avoid congestion, or alternatively use active travel routes where feasible.

    o Where learning spaces can be accessed directly from outside, this should be encouraged to decrease interactions between individuals in circulation spaces.

Physical distancing considerations for staff

- A distance of 2 metres is recommended for physical distancing by staff. In the context of education this is especially relevant to distancing between adults when they are not engaged in teaching for example when on breaks and arriving for work.

- If a distance of 2m cannot be maintained in staff group interactions, as much distance as possible should be maintained and guidance on face coverings should be observed.

- Physical distancing should be observed between staff members within the staff room through the use of staggered breaks etc. In particular at post primary level, this could also be facilitated through the formation of school staff 'pods' / teams who work together and take breaks together.

- Staff meetings may be held remotely, or in small groups or in large spaces to facilitate physical distancing.

- Implement a no hand shaking policy.

- Minimise gathering of school staff in workplace at beginning or end of school day.

- Staff can rotate between areas/classes but this should be minimised where possible.

Canteen facilities – to the greatest extent possible

- Ensure that physical distancing is applied in canteen facilities.

- Stagger canteen use and extend serving times to align with Class Groupings.

- Implement a queue management system with correct marking to avoid queues.

- Make sure students clean their hands before and after entering the canteen area.

Corridors & Stairwell

Briefly passing someone in a hallway is very unlikely to contribute significantly to spread of infection if people do not have physical contact and avoid informal group discussions.

Yard/Supervision

The risk of virus transmission from contact with outside surfaces or play areas is low

- Adjust playtime/outdoor activities to minimise crowding at entrance and exits

- It is not possible to maintain physical distancing when primary school children play together outdoors, but in so far as practical it is helpful to keep to consistent groups.

- Stagger break times and outdoor access;

- Children should be encouraged to perform hand hygiene before and after outdoor activities;

- Minimize equipment sharing, and clean shared equipment between use by different people.

5.4 Activities

Choir/Music Performances

- Choir practices/performances and music practices/ performances involving wind instruments may pose a higher level of risk and special consideration should be given to how they are held ensuring the room is well ventilated and the distance between performers is maintained.

Sport Activities

See HPSC guidance on Return to Sports activities.

5.5 Use of Shared Equipment

Toys

- All toys should be cleaned on a regular basis for example weekly. This will remove dust and dirt that can harbour germs.

- Toys that are visibly dirty or contaminated with blood or body fluids should be taken out of use immediately for cleaning or disposal.

- When purchasing toys choose ones that are easy to clean and disinfect (when necessary).

- If cloth or soft toys are used they should be machine washable.

- Jigsaws, puzzles and toys that young pupils or those with Special Educational Needs may be inclined to put in their mouths should be capable of being washed and disinfected.

- All play equipment should be checked for signs of damage for example breaks or cracks. If they cannot be repaired or cleaned, they should be discarded.

- Clean toys and equipment should be stored in a clean container or clean cupboard. The manufacturer's cleaning instructions should always be followed.

- At this time, soft modelling materials and play dough where used should be for individual use only.

Cleaning Procedure for Toys

- Wash the toy in warm soapy water, using a brush to get into crevices.

- Rinse the toy in clean water.

- Thoroughly dry the toy.

- Some hard-plastic toys may be suitable for cleaning in the dishwasher.

- Toys that cannot be immersed in water that is electronic or wind up should be wiped with a damp cloth and dried.

- In some situations, toys/equipment may need to be disinfected following cleaning for example: Toys/equipment that pupils place in their mouths, Toys/equipment that have been soiled with blood or body fluids or toys used where a case of COVID-19 has been identified.

- If disinfection is required: A chlorine releasing disinfectant should be used diluted to a concentration of 1,000ppm available chlorine. The item should be rinsed and dried thoroughly.

Art Equipment

- Where possible students should be encouraged to have their own individual art and equipment supplies.

Electronics

- Shared electronics such as tablets, touch screens, keyboards should be cleaned between use.

- Follow the manufacturer's instructions for all cleaning and disinfection products used on electronic devices.

- Consider use of wipeable covers for electronics to facilitate cleaning.

Music Equipment/Instruments

- To the extent possible, instruments should not be shared between students and if sharing is required, the instruments should be cleaned between use. Wind instruments should be cleaned and disinfected between use.

Shared book/library policy

- Where practical each pupil should have dedicated school books.

- Textbooks that are shared should be covered in a wipeable plastic covering that can be wiped with a suitable household cleaning agent between uses.

- Children should be encouraged to perform hand hygiene after using any shared item.

- Library books which are used in the classroom or school library setting can be returned to the shelf and made available again without any delay.

Shared Sports Equipment

- Children should be encouraged to perform hand hygiene before and after these activities.

- Minimize equipment sharing, and clean shared equipment between use by different people.

5.6 Environmental Hygiene

Before reopening the school

- Each facility should remove unnecessary clutter to facilitate cleaning but taking into account the importance of having educational materials, wall posters and artwork displays in creating a stimulating learning environment.

- Consider ways to reduce the need for pupils/teachers to physically touch common objects/ doors for example by installing no-touch waste containers, propping doors open, sensor operated hand towels.

- Consider where possible, whether work-stations could be assigned to the same members of staff and group of children rather than having spaces that are shared.

- Consider if room ventilation especially in classrooms can be improved without causing discomfort. Where possible the opening of doors and windows should be encouraged to increase natural ventilation and also to reduce contact with door handles.

- The building is in a good state of repair, and where necessary take the necessary corrective measures.

- Legionella

    o With little or no water use over a prolonged time, water is left lying in pipes. Issues arising from this include: Stagnant water and dead ends, depletion of disinfection substances (chlorine) and possible fluctuation of water temperatures. All these are favourable conditions for: the growth of harmful bacteria including Legionella, leaching out of chemicals from piping (lead and copper); growth of biofilms.

    o Further advice on the prevention of Legionnaires' disease after the COVID-19 Pandemic is available at:
    https://www.hsa.ie/eng/topics/biological_agents/specific_biological_agents_infections/legionellosis/covid-19_legionella_information_note.pdf

How to Clean

- Cleaning is best achieved using a general-purpose detergent and warm water, clean cloths, mops and the mechanical action of wiping/scrubbing. The area should then be rinsed and dried.

- The routine use of disinfectants is generally not appropriate but is recommended in circumstances where there is a higher risk of cross-infection for example someone has become ill whilst at school or if there has been a spillage of blood, faeces or vomit. See Table 1.

- Disinfectants are potentially hazardous and must be used with caution and according to the manufacturer's instructions. Surfaces and items must be cleaned before a disinfectant is applied as most disinfectants are inactivated by dirt.

Table1. Cleaning options for school settings

	Routine	Post COVID case
Surfaces	Neutral detergent	Neutral detergent AND 0.05% sodium hypochlorite OR Virucidal disinfectant
Toilets	Neutral detergent AND (optional) 0.1% Sodium Hypochlorite OR virucidal disinfectant	0.1% sodium hypochlorite OR Virucidal disinfectant

Cleaning equipment	Non –disposable cleaned at the end of cleaning session	Non-disposable disinfected with 0.1% sodium hypochlorite OR virucidal disinfectant
Personal protective equipment for cleaning staff	Uniform AND household gloves	Uniform AND plastic apron (if available) AND household gloves
Waste management	Domestic waste stream	Place in plastic bag and tie, then place in a second plastic bag and store securely for 72 hours before putting it out for collection in the normal domestic waste stream

Adapted from Table 1. ECDC Technical Report. Disinfection of environments in healthcare and non-healthcare settings potentially contaminated with SARS-CoV-2. March 2020

- The manufacturer's instructions for mixing, using and storing solutions must always be followed.

- Using excessive amounts of cleaning agents will not kill more germs or clean better but it will damage work surfaces, make floors slippery and give off unpleasant odours.

- Water should be changed when it looks dirty, after cleaning bathrooms and after cleaning the kitchen.

- Always clean the least dirty items and surfaces first (for example countertops before floors, sinks before toilets).

- Always clean high surfaces first, and then low surfaces.

- Separate colour coded cleaning cloths and cleaning equipment should be used for kitchen areas, classrooms and toilets.

- Cleaning cloths can either be disposable or reusable. Disposable cloths should be disposed of each day.

- Ideally, reusable cloths should be laundered daily on a hot wash cycle (at least 60°C) in a washing machine and then tumble dried.

- Ideally, mop heads should be removed and washed in the washing machine at 60°C at the end of each day or in accordance with the manufacturer's instructions.

- If a school does not have a washing machines, after use the cloths and mops should be cleaned thoroughly with warm water and detergent, then disinfected using a low concentration of household bleach rinsed and air dried.

- Mop heads/buckets should not be cleaned in a sink that is used for food preparation.

- Mop heads should not be left soaking in dirty water.

- Buckets should be emptied after use, washed with detergent and warm water and stored dry.

- If equipment is stored wet, it allows germs to grow increasing the risk of cross infection.

- Waste bins should be emptied on a daily basis.

Toilets

- School toilets should be clean and in good repair and monitored regularly.

- All toilet areas should have hand washing facilities.

- Toilets, wash hand basins and surrounding areas should be cleaned at least daily and whenever there is visible soiling.

- The cleaning of toilets, bathroom sinks and sanitary facilities used by pupils and or staff should be carefully performed.

- Toilets should be cleaned thoroughly using a general-purpose detergent paying particular attention to frequently touched areas such as toilet flush handles, toilet seats, basins and taps, and toilet door handles.

- Separate cloths should be used for cleaning the toilet and wash hand basin to reduce the risk of spreading germs from the toilet to the wash hand basin.

- Cleaning staff should inspect the toilets and hand washing facilities at regular intervals to ensure; The toilets and wash hand basins are in good working order (for example the locks on toilets are working, toilets are not blocked).

- There is a plentiful supply of liquid soap, paper towels and toilet rolls.

- Waste bins are not overflowing.

- A checklist should be located in the toilets which is dated and signed at regular intervals.

Schedule of environmental cleaning

- Each setting should be cleaned at least once per day. If there is access to additional cleaning support during school hours this should be focused on frequently touched objects and surfaces e.g., door handles, hand rails, chairs/arm rests, communal eating areas, sinks and toilet facilities.

- If pupils are moving between classes, consideration may be given to appropriate cleaning products being provided to enable them to wipe down their desk/chair/surfaces before leaving the room.

- Surfaces in dining areas should be wiped cleaned in between each sitting.

- Cleaning of the staff areas should be considered as part of the overall cleaning strategy.

- Any crockery and cutlery in shared kitchen areas should be cleaned with warm water and washing up liquid and dried thoroughly before being stored for re-use.

- A written cleaning schedule should be available for cleaning staff which details:

  o Item(s) and area(s) to be cleaned;

  o The frequency of cleaning;

o   Cleaning materials to be used;

o   Equipment to be used and its method of operation;

o   Written cleaning schedules should be available and should be monitored to ensure that they are adequate and are being followed.

Cleaning/disinfecting rooms where a child or staff member with suspected or confirmed COVID-19 was present

• The room should be cleaned as soon as is practicably possible.

• Once the room is vacated, the room should not be reused until the room has been thoroughly cleaned and disinfected and all surfaces are dry.

• Disinfection only works reliably on things that are clean. When disinfection is required it is always as well as cleaning never instead of cleaning.

• The person assigned to clean the area should avoid touching their face while they are cleaning and should wear household gloves and a plastic apron

• Clean the environment and the furniture using disposable cleaning cloths and a household detergent followed by disinfection with a chlorine-based product such as sodium hypochlorite (often referred to as household bleach).

• Chlorine based products are available in different formats including wipes. Alternatively use a two in one process of cleaning and disinfection with a single product for example certain wipes.

• If you are not familiar with chlorine based disinfectants then please refer to the HPSC Management of Infectious Diseases in Schools available at https://www.hpsc.ie/az/lifestages/schoolhealth/.

• Pay special attention to frequently touched flat surfaces, the backs of chairs, couches, door handles and any surfaces or items that are visibly soiled with body fluids.

• Once the room has been cleaned and disinfected and all surfaces are dry, the room can be put back into use.

• Carpets (if present) do not require special cleaning unless there has been a spillage however for ease of cleaning, it is preferable to avoid carpets in areas where possible (Existing carpets do not need to be removed)

Cleaning of communal areas if a person is diagnosed with COVID-19

• If a child or adult diagnosed with COVID-19 spent time in a communal area like a canteen, play area or if they used the toilet or bathroom facilities, then these areas should be cleaned with household detergent followed by a disinfectant (as outlined above) as soon as is practicably possible.

• Pay special attention to frequently touched sites including door handles, backs of chairs, taps of washbasins, toilet handles. Once cleaning and disinfection have been completed and all surfaces are completely dry, the area can be put back into use.

Wearing of face coverings/masks

Staff

Facial coverings

The National Public Health Emergency Team has recommended the use of cloth face coverings by members of the public in indoor settings where social distancing cannot be maintained.

In general, face coverings should not be required for school staff if physical distancing is possible and is practiced appropriately. Wearing a face covering will conceal facial expression and can make communication difficult.

The wearing of a visor as an alternative to a facial covering may be considered where there is a concern that there will be prolonged close contact and that exposure to fluid/respiratory droplets is likely e.g. where there are behavioural issues with problems such as spitting.

5.7 What to do if a child is in the school/educational facility and they suddenly feel unwell or develop symptoms?

- If a child develops any symptoms of acute respiratory infection including cough, fever, shortness of breath or sudden loss of taste or smell while in the care facility, a staff member will need to take them to the place that is planned for isolation. This should be a room if possible but if that is not possible it should be in a place 2m away from others in the room.

- Call their parent or guardian and ask them to collect their child as soon as possible.

- Remember the virus is spread by droplets and is not airborne so the physical separation is enough to reduce risk of spread to others even if they are in the same room.

- If a distance of 2m cannot be maintained then a staff member caring for a child waiting for pick-up should wear a cloth face covering or mask. Gloves should not be used as the virus does not pass through skin.

- The staff member should be aware that it is essential to avoid touching their own nose, mouth or eyes while caring for a symptomatic child and to perform hand hygiene.

- If a member of staff has helped someone with symptoms they do not need to go home unless they develop symptoms themselves or unless they are subsequently advised to by public health.

5.8 What to do if a staff member is in the school/ educational facility at the time that they feel unwell and develop symptoms?

- If a staff member develops symptoms of acute respiratory infection including cough, fever or shortness of breath ask them to go home without delay and contact their GP by telephone.

- They should remain 2 m away from others if possible.

- They should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in the bin.

- If tissues are not available, they should cough and sneeze into the crook of their elbow.

- If they can tolerate doing so and one is available they should wear a clean cloth face covering or a surgical mask.

- If they must wait, then they should do so in an office or other area away from others mindful of the need to observe good respiratory and hand hygiene.

- If they need to use toilet facilities they should wipe contact surfaces for example taps clean and clean their hands after attending the toilet.

6. Transport

- Transport personnel should be empowered to decline to transport a child who has obvious symptoms
- When waiting for transport physical distancing should be maintained.
- Children should disembark in a controlled way from the bus, that is one at a time
- Supplies of hand sanitizer, tissues, gloves or wipes should be supplied on board the transport vehicle for staff and children to use as needed.
- Where physical distancing cannot be maintained on board the vehicle then those over the age of 13 who can wear a cloth face mask/covering should be encouraged to do so recognising however that for many with special educational needs this will not be appropriate.

7. Special Educational Needs

Additional considerations for those with Special Educational Needs

For children with special educational needs (SEN) maintaining physical distancing in many instances will not be practical or reasonable 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 might suggest illness/COVID-19 infection and where symptoms are present, children should not attend the school.

Similarly, staff should be aware of their responsibility not to attend for work if they develop signs or symptoms of respiratory illness.

Hand Hygiene

Children who are unable to wash their hands by themselves should be assisted to clean their hands using either 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 require the use of aids and appliance 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 schedules

• Equipment used to deliver care should be visibly clean.

- Care equipment should be cleaned in accordance with the manufacturer's 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,
    o First clean thoroughly with detergent and water.
    o Then disinfect by wiping with a freshly prepared solution of disinfectant
    o Rinse with water and dry.

Use of personal protective equipment

- Staff who provide healthcare to children with medical needs in the school environment should apply Standard Precautions, as per usual practice
- The use of a face covering will conceal facial expression and can make communication difficult and as such may not be practical in this setting however the wearing of a visor as an alternative to a facial covering may be considered where there is a concern that physical distancing cannot be maintained, there will be prolonged close contact and/or that exposure to fluid/respiratory droplets is likely

Education support in the home

General

- Staff should work consistently with one household or the same designated number (2-3 of households)
- Staff should be aware of the common symptoms of COVID-19 (fever, cough, shortness of breath and myalgia/muscle aches) and that if they have symptoms of infection including COVID-19 should not provide the service.
- Families should inform the teacher as soon as possible if any member of the family has a new cough, temperature or shortness of breath

Before entering the student's home:

- Confirm that the child and members of the child's household have no symptoms of COVID-19

On arrival to student's home:

- Perform hand hygiene with soap and water or with hand sanitiser if your hands are visibly clean on arrival and when leaving the house.
- Bring a limited number of the items you expect to use with you into each child's home
- Bring as little as possible of your personal items into the child's home. Where it is necessary to bring personal items with you try to avoid using them in the child's home and minimise any contact between the child and your personal items. If you bring a mobile phone into the client's home try to avoid using the phone during the visit and if use is unavoidable remember to clean the mobile after leaving the premises

During the visit:

- Remember not to touch your face (eyes, nose or mouth) with your hands.
- Try and - maintain a physical distance of 2 m from adults in the house where possible
- Where social distancing cannot be maintained a facial covering should be considered as per NPHET guidance (See Facial coverings section)
- Gloves are not required and should not be worn

After the visit:

- Ensure that any items that have been used by the child are appropriately cleaned and if necessary disinfected before using it in another household.

8. CHECKLISTS

8.1 FOR SCHOOL MANAGEMENT, TEACHERS AND STAFF

1. Promote and demonstrate regular hand washing and positive hygiene behaviours and monitor their uptake.

2. Clean and disinfect school buildings, classrooms and especially water and sanitation facilities at least once a day, particularly surfaces that are touched by many people (railings, lunch tables, sports equipment, door and window handles, toys, teaching and learning aids etc.)

3. Increase air flow and ventilation where climate allows (open windows, use air conditioning where available, etc.)

4. Post signs encouraging good hand and respiratory hygiene practices and post markings on the floor at the entrance to the school and in outside play areas that identify a 2 metre distance.

5. Ensure rubbish is removed daily and disposed of safely

Parents

It is important for parents and for those who provide education to accept that no interpersonal activity is without risk of transmission of infection at any time. Some level of risk of infection is unavoidable as a part of a normal childhood. It is important that parents have a clear understanding of the benefits and risks of education and that it is not possible to guarantee that infection can be prevented in any setting either in a childcare centre, school or in a home.

Know the latest facts

Understand basic information about COVID-19, including its symptoms, complications, how it is transmitted and how to prevent transmission. Stay informed about COVID-19 through reputable sources such as UNICEF and WHO and national advice and guidelines. Be aware of fake information/myths that may circulate by word-of-mouth or online.

Recognise the symptoms of COVID-19 in your child

If your child develops COVID-19 symptoms, seek medical advice by first calling your GP. Remember that symptoms of COVID-19 such as cough or fever can be similar to those of the flu, or the common cold, which are a lot more common. If your child is sick, keep them home from school and notify the school of your child's absence and symptoms. Request reading and assignments so that students can continue learning while at home. Explain to your child what is happening in simple words and reassure them that they are safe.

Keep children in school when healthy

If your child isn't displaying any symptoms such as a fever or cough it's best to keep them in school – unless a public health advisory or other relevant warning or official advice has been issued affecting your child's school.

Instead of keeping children out of school, teach them good hand and respiratory hygiene practices for school and elsewhere, like frequent handwashing, covering a cough or sneeze with a flexed elbow or tissue, then throwing away the tissue into a closed bin, and not touching their eyes, mouths or noses if they haven't properly washed their hands. The HSE website provides further information on how to wash hands properly to decrease the risk of COVID-19 transmission.

Help children cope with the stress

Children may respond to stress in different ways. Common responses include having difficulties sleeping, bedwetting, having pain in the stomach or head, and being anxious, withdrawn, angry, clingy or afraid to be left alone. Respond to children's reactions in a supportive way and explain to them that they are normal reactions to an abnormal situation. Listen to their concerns and take time to comfort them and give them affection, reassure them they're safe and praise them frequently.

If possible, create opportunities for children to play and relax. Keep regular routines and schedules as much as possible, especially before they go to sleep, or help create new ones in a new environment. Provide age-appropriate facts about what has happened, explain what is going on and give them clear examples on what they can do to help protect themselves and others from infection. Share information about what could happen in a reassuring way.

8.2 CHECKLIST FOR PARENTS/CAREGIVERS & COMMUNITY MEMBERS

1. Monitor your child's health and keep them home from school if they are ill.
2. Teach and model good hygiene practices for your children.
   - Wash your hands with soap and warm water frequently. If soap and water are not readily available, use an alcohol-based hand sanitizer. Always wash hands with soap and water, if hands are visibly dirty;
   - Ensure waste is safely collected, stored and disposed of;
   - Cough and sneeze into a tissue or your elbow and avoid touching your face, eyes, mouth, nose.
3. Encourage your children to ask questions and express their feelings with you and their teachers. Remember that your child may have different reactions to stress; be patient and understanding.
4. Prevent stigma by using facts and reminding students to be considerate of one another.
5. Coordinate with the school to receive information and ask how you can support school safety efforts (though parent-teacher committees, etc.).

Students

Children and young people should understand basic, age-appropriate information about COVID-19, including its symptoms, how it is transmitted and how to prevent transmission. Stay informed about COVID-19 through reputable sources such as HSE, HPSC, UNICEF, WHO and national advice on the radio and television. Be aware of fake information/myths that may circulate by word-of-mouth or online.

8.3 CHECKLIST FOR STUDENTS AND CHILDREN

1. In a situation like this it is normal to feel sad, worried, confused, scared or angry. Know that you are not alone and talk to someone you trust, like your parent or teacher so that you can help keep yourself and your school safe and healthy.

- Ask questions, educate yourself and get information from reliable sources.

2. Protect yourself and others

- Wash your hands frequently, always with soap and water for at least 20 seconds;
- Remember to not touch your face;
- Do not share cups, eating utensils, food or drinks with others.
- Practice physical and social distancing as much as possible

3. Be a leader in keeping yourself, your school, family and community healthy.

- Share what you learn about preventing disease with your family and friends, especially with younger children;
- Model good practices such as sneezing or coughing into your elbow and washing your hands, especially for younger family members.

4. Don't stigmatize your peers or tease anyone about being sick.

5. Tell your parents, another family member, or a caregiver if you feel sick, and ask to stay home.

9. Age-specific health education suggestions

Below are suggestions on how to engage students of different ages on preventing and controlling the spread of COVID-19 and other viruses. Activities should be contextualized further based on the specific needs of children (language, ability, gender, etc.).

9.1 Preschool

- Focus on good health behaviours, such as covering coughs and sneezes with the elbow and washing hands frequently;
- Sing a song while washing hands to practice the recommended 20 second duration;
  - Children can "practice" washing their hands with hand sanitizer.
  - Develop a way to track hand washing and reward for frequent/timely hand washing;

- Use puppets or dolls to demonstrate symptoms (sneezing, coughing, fever) and what to do if they feel sick (i.e. their head hurts, their stomach hurts, they feel hot or extra tired) and how to comfort someone who is sick (cultivating empathy and safe caring behaviours);
- Have children sit further apart from one another, have them practice stretching their arms out or 'flap their wings', they should keep enough space to not touch their friends.

9.2 Primary School

- Make sure to listen to children's concerns and answer their questions in an age-appropriate manner; don't overwhelm them with too much information. Encourage them to express and communicate their feelings. Discuss the different reactions they may experience and explain that these are normal reactions to an abnormal situation.
    - Emphasise that children can do a lot to keep themselves and others safe.
    - Explain the concept of social distancing (standing further away from friends, avoiding large crowds, not touching people if you don't need to, etc.).
- Focus on good health behaviours, such as covering coughs and sneezes with the elbow and washing hands
    - Help children understand the basic concepts of disease prevention and control. Use exercises that demonstrate how germs can spread. For example, by putting coloured water in a spray bottle and spraying over a piece of white paper. Observe how far the droplets travel.
    - Demonstrate why it is important to wash hands for 20 seconds with soap and water
    - Put a small amount of glitter in students' hands and have them wash them with just water, notice how much glitter remains, then have them wash for 20 seconds with soap and water
- Have students analyse scenarios to identify high risk behaviours and suggest modifying behaviours
    - For example, a teacher comes to school with a cold. He sneezes and covers it with his hand. He shakes hands with a colleague. He wipes his hands after with a handkerchief then goes to class to teach. What did the teacher do that was risky? What should he have done instead?

9.3 Secondary School

• Make sure to listen to students' concerns and answer their questions.

• Emphasize that students can do a lot to keep themselves and others safe.

    - Explain the concept of social distancing;
    - Focus on good health behaviours, such as covering coughs and sneezes with the elbow and washing hands;
    - Remind students that they can model healthy behaviours for their families.

• Encourage students to prevent and address stigma

    - Discuss the different reactions they may experience and explain these are normal reactions to an abnormal situation. Encourage them to express and communicate their feelings.

• Build students' agency and have them promote facts about public health.

    - Have students make their own Public Service Announcements through school announcements and posters.

• Incorporate relevant health education into other subjects.

- Science can cover the study of viruses, disease transmission and the importance of vaccinations;
- Social studies can focus on the history of pandemics and evolution of policies on public health and safety;
- Media literacy lessons can empower students to be critical thinkers and makers, effective communicators and active citizens.

References:

1. Considerations for school-related public health measures in the context of COVID-19 – WHO, 10th May 2020, https://www.who.int/publications/i/item/considerations-for-school-related-public-health-measures-in-the-context-of-covid-19

2. Boast A, Munro A, Goldstein H. An evidence summary of Paediatric COVID-19 literature, Don't Forget the Bubbles, 2020 (https://dontforgetthebubbles.com/evidence-summary-paediatric-covid-19-literature)

3. Dong Y, Hu Y, Qi X, Jiang F, Jiang Z, Tong S 2020. Epidemiology of COVID-19 Among Children in China. Pediatrics Vol. 145, Issue 5 (https://pediatrics.aappublications.org/content/early/2020/03/16/peds.2020-0702.1)

4. National Centre for Immunisation Research and Surveillance (NCIRS). COVID-19 in schools – the experience in New South Wales (http://ncirs.org.au/sites/default/files/2020-04/NCIRS%20NSW%20Schools%20COVID_Summary_FINAL%20public_26%20April%202020.pdf)

5. Zhang J, Litvinova M, Liang Y, Wang Y, Wang W, Zhao S, Wu Q, Merler S, Viboud C, Vespignani A, Ajelli M, Yu H. Science. Changes in contact patterns shape the dynamics of the COVID-19 outbreak in China. Science (https://science.sciencemag.org/content/early/2020/05/04/science.abb8001/tab-pdf)

6. UNICEF, WHO, IFRC 2020. Key Messages and Actions for COVID-19 Prevention and Control in Schools (https://www.unicef.org/reports/key-messages-and-actions-coronavirus-disease-covid-19-prevention-and-control-schools, accessed 10 March 2020)

7. UNESCO, UNICEF, World Bank, World Food Programme. Framework for reopening schools, April 2020 (https://unesdoc.unesco.org/ark:/48223/pf0000373348, accessed 01 April 2020),