

FAQs for Primary School Principals, Early Learning and Care (ELC) and School Age Childcare (SAC) Managers or those hosting sports/social activities for children aged 3 months to less than 13 years, or in primary school.

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As schools reopen in 2022, it is important that we continue and renew our focus on the public health measures that will help your school communities to stay as safe as possible during the coming year. COVID-19 vaccination uptake in adults in Ireland is one of the highest globally. This high uptake helps protect those most vulnerable and significantly reduces the harm associated with Covid-19 infection for those who are fully vaccinated and boosted.

However, we still need to work together to ensure we continue with all measures to best control Covid-19 in schools and minimise its spread. The infection prevention and control (IPC) measures in place in schools and childcare facilities have helped prevent and control Covid-19 in schools. These measures have been reviewed and updated in light of the emergence of the omicron variant.

The Public Health School's Response team wishes to acknowledge the work of you and your staff. We have worked closely with many of you, and it is obvious that your priority has continued to be providing high-quality education for all our children despite the challenges posed by the COVID-19 pandemic. We note that you have continued to nurture the educational needs of our children while encouraging psychosocial development and participation in a myriad of activities outside of formal education which really benefit children.

It is important to note that in the months since the Covid-19 pandemic has occurred, we have learned that:

- Children seem more likely than adults to have no symptoms or mild disease. Please see here for information on [symptoms](#).
- Investigation of cases identified in school settings suggests that child-to-child transmission in schools is uncommon and not the primary cause of Sars-CoV-2 infection in children, particularly in preschool and primary educational settings.

- Children are rarely identified as the route of transmission of infection into the household setting.
- Children are not more likely than adults to spread the infection to other people.

These FAQs are to support Primary School Principals, Early Learning and Care (ELC) and School Age Childcare (SAC) Managers or those hosting sports/social activities for children aged 3 months to less than 13 years, or in primary school.

Summary of the current advice

General Advice:

- Public Health advice remains the same: any child > 3 months to under 13 years of age with [symptoms](#) consistent with COVID-19 should immediately [self-isolate](#), not attend childcare or school or socialise, and follow current public health advice outlined below.
- It is important to adhere to good [respiratory etiquette](#), hand hygiene practice, and general public health measures and physical distancing advice.
- Please ensure that appropriate measures are taken to improve ventilation in facilities where ventilation is identified as being inadequate following a risk assessment. Adequate ventilation of indoor spaces, either through natural ventilation (i.e., opening windows and external doors) or by mechanical means (e.g., central air-conditioning unit), is extremely important.
- All children should attend for vaccination when eligible.

Advice for confirmed cases (either by Rapid Antigen Detection Tests or by RT-PCR)

- All confirmed cases should self-isolate for 7 full days from the date of onset of symptoms or if asymptomatic, from the date of a positive test result (either a Rapid Antigen Detection Test (RADTs) or RT-PCR test). On receipt of a positive test result, no further testing is required.
- Any individual with a positive RADT should regard it as confirmed COVID-19 and register the positive test with the HSE. A confirmatory PCR test is not required. This individual should now be managed as a case and continue to self-isolate from the date of onset of symptoms or if asymptomatic, from the time of the positive test result.
- Confirmed cases can exit self-isolation after 7 full days; once symptoms have substantially or fully resolved for the final 2 days (48 hours) of the self-isolation period.

- All confirmed cases (from aged 9 years) are advised to wear an FFP2 or medical grade face mask (surgical mask) for 10 full days after onset of symptoms or if asymptomatic, from the date of a positive test result.
- On exiting self-isolation after 7 full days, cases should be advised to follow the below advice, especially during day 8, day 9, and day 10:
 - all individuals over 12 years old with a positive COVID-19 test result should wear an FFP2 mask or medical grade face mask (surgical mask) in crowded, enclosed, or poorly ventilated spaces and where they are in close contact with other people. Children aged 9-12 years old should wear a well-fitted mask as much as is reasonably practical during the 10-day period. A medical-grade mask (surgical mask) is preferable if it fits the child well; otherwise, a well-fitting cloth mask can be worn.
 - avoid contact with anyone who is at higher risk of severe illness if infected with COVID-19
 - work from home unless it is essential to attend in person
 - follow all public health protective measures
- If symptoms develop after exiting self-isolation, the symptomatic individual should self-isolate again and seek medical advice.

Advice for symptomatic individuals (including symptomatic close contacts)

- Anyone with symptoms should immediately self-isolate and get tested.
- All symptomatic individuals should use a well-fitted medical-grade (surgical) or FFP2 face mask.
 - Children aged 9-12 years old should wear a well-fitted mask as frequently as is reasonably practical.
 - A medical-grade mask (surgical mask) is preferable if it fits the child well; otherwise, a well-fitting cloth mask can be worn.
- The following individuals should seek an RT-PCR test
 - those aged between 0-3 years old
 - those aged 40 years and older
 - all healthcare workers (HCW)
 - those who are immunocompromised and those in risk groups should contact their GP to arrange an RT-PCR test

- Symptomatic close contacts (aged 4-39 years) should perform three RADTs over three consecutive days. The first test should be performed as soon as possible. The close contact should complete 3 RADTs. If all tests are negative, and if it is 48hrs since their symptoms have substantially or fully resolved, they can exit self-isolation but should continue to follow the advice as set out for (asymptomatic) close contacts.
- Any individual with a positive RADT should regard it as confirmed COVID-19 and register it with the HSE. A confirmatory PCR test is not required. This individual should now be managed as a case.
- If a child aged less than 3 months is symptomatic, contact your GP for advice.

Advice for asymptomatic close contacts who have recovered from COVID-19 since December 1st, 2021

- Asymptomatic close contacts of any age (regardless of vaccination status) who have recovered from COVID-19 following a positive PCR or antigen test carried out since December 1st, 2021 are exempt from restricted movements and testing unless they become symptomatic.
- If they become symptomatic, they should immediately self-isolate, get tested, and those aged 13 years and over should wear a well-fitted medical-grade (surgical) or FFP2 mask. Children aged 9-12 years old should wear a well-fitted mask as frequently as is reasonably practical during this period.

Who is deemed a household close contact?

You are a household close contact if you:

- Live or sleep in the same home as a person who has tested positive
- Use a kitchen or bathroom in shared accommodation with a person who has tested positive

Advice for asymptomatic household close contacts less than 13 years of age

- Asymptomatic **household** close contacts aged 0-12 years old **should restrict their movements for 7 full days**. Restricted movements should begin from the date of the last contact with a positive case (if known) or, if not, from the date of notification as a contact.

- **Children aged 9-12 years old should wear a well-fitted mask as frequently as is reasonably practical during the 10-day period.** A medical-grade (surgical) mask is preferable if it fits the child well; otherwise, a well-fitting cloth mask can be worn.
- **Asymptomatic household contacts aged 0-3 years are not required to undertake testing unless they develop symptoms.** If symptoms develop within this age group, a RT-PCR test is required.
- **Asymptomatic household contacts who are unable to isolate themselves from the person with Covid-19** should follow the advice [here](#).
- **Asymptomatic household close contacts aged 4-12 years old should take regular antigen tests over 7 days, with the last test on day 7.**
 - Asymptomatic close contacts should perform three RADTs. The RADTs used should be those recommended on the HSE website or received directly from the HSE.
 - The first RADT should be performed as soon as possible, the second three days later, and the final test on the seventh day of restricted movements.
- **If any of the RADTs is positive,** the close contact should now be regarded as a confirmed case of COVID-19 and follow the advice for cases above. No further testing is required.

Non-household contacts (except for SEN or Respite/Residential Care Settings)

- Asymptomatic non-household close contacts aged under 13 years are NOT required to restrict movements or undergo testing unless they develop symptoms.
- When a Principal is notified that a child has a positive COVID-19 test result, school principals are asked to text the other parents in the pod on how they can access free antigen test for their children in the identified pod. Antigen Freephone number is: 1800 110055 or parents may order antigen test online via www.hse.ie/schooltest. This is a voluntary antigen testing programme which advises three antigen tests be performed. Please see [here](#) for further information.
- When two or more confirmed cases of COVID-19 occur in a class, within a seven-day period, outside of a single pod, antigen testing will be offered to the full class via 1800 110055 or parents may order antigen test online via www.hse.ie/schooltest. This is a voluntary antigen testing programme which advises three antigen tests be performed. Please see [here](#) for further information.

- **All children in the pod/class can continue attending school** as long as they remain asymptomatic and do not have a positive COVID-19 antigen or PCR test result.

SEN or Respite/Residential Care Settings

- Cases and outbreaks in Special Educational Needs settings, and respite care should have a public health risk assessment (PHRA) which may require children to be identified as close contacts in these settings, be referred for testing and restrict their movements. Generally, the advice for those children who are close contacts in these settings will be to have one test (if possible), and if they are advised to restrict movements, it will be for 5 days.

Rationale for current policy

- 1) Effective vaccines against COVID-19 are now available, and a robust vaccination programme is underway in Ireland for children aged 5 years and older. Although precautions to prevent the introduction and spread of the virus are still required, vaccines have been proven to reduce the spread of COVID-19 and reduce the risk of severe disease and or hospitalisation.
- 2) As well as vaccination, the primary way to prevent the spread of the SARS-CoV-2 virus is by implementing a series of non-pharmaceutical interventions (NPIs), such as physical distancing, wearing of a face covering, and frequent hand hygiene. Increasingly the importance of improving ventilation in reducing transmission, especially in closed environments, has been understood and implemented either through natural ventilation (i.e., opening windows and external doors) or by mechanical means (e.g., central air-conditioning unit). These recommendations still stand and are required for implementation in all settings.
- 3) Social, sporting, ELC/SAC, and educational facilities are communities providing not only for the care and educational needs of children, but also many of their holistic, health, and pastoral needs. Within these settings, social interaction and physical activity can be learned and occur in a place of safety, support, and warmth. Therefore, routine exclusions of asymptomatic children should now not be undertaken in light of the impact of the national vaccination programme, our continued understanding of the effectiveness of the NPIs, and the impact of infection on children and disease transmission between children; and between children and adults. For further information, please see [here](#).

Summary of contact tracing in Special Education needs setting and respite/ Residential care settings

When children who attend these settings are identified during contact tracing, local Public Health Departments will follow up to carry out a Public Health Risk Assessment. In these circumstances, close contacts amongst children **may** well still be identified and asked to restrict their movements. However, if identified as close contacts, they will generally be requested only to restrict their movements for 5 days, and be referred for one COVID-19 test. This is to balance the observation period required for children for signs of infection, with testing at the most relevant time, while not prolonging restricted movements and the harms to children from these restrictions.

Will any close contacts be identified from a case of Covid-19 in a child aged 3 months – 13 years, or in primary school/childcare facility?

Yes, household close contacts of the case in a child between these ages will be identified through the HSE contact management programme. **They will identify only those within household settings** as close contacts, including children, as the transmission is higher in household settings. This will include children who were staying overnight in the house as part of a sleepover or similar. Children in this situation will be asked to restrict their movements and undertake testing for Covid-19, in line with [national guidance](#).

What should I do if I am aware that someone has tested positive for Covid-19 in my school / facility?

If you are aware that someone 3 months to 13 years, or a child attending primary school has recently tested positive for Covid-19, you should ensure that:

- 1) You are vigilant to anyone developing new symptoms or becoming unwell within your facility with symptoms of Covid-19 and isolate them as normal until a parent can safely collect them.
- 2) You should inform the parents of children sitting in the same pod as a confirmed COVID-19 case and advise them to participate in the voluntary antigen testing

programme which advises three antigen tests be performed. Please see [here](#) for further information. These children will not have to restrict their movements unless they become symptomatic or have a positive antigen test. If more than 1 pod is affected, all children and staff in the classroom can be advised to participate in the voluntary antigen test programme. **Classes do not need to be sent home or told not to come to school.**

- 3) Ensure all your recommended infection prevention control and mitigation measures are in place e.g., pods, physical distancing where appropriate, face-covering use where required, ventilation, hand hygiene.
- 4) Follow the specific PH guidance for your school, facility, activity with regard to the risk of the specific activity in question: singing, music etc.
- 5) Continue to remind all members of your school community of the importance of not attending your educational setting if they have any symptoms of Covid-19, however mild.

Other than adhering to these actions in relation to Covid-19 cases, there is no Public Health reason that you need to exclude a whole class or to close a school. It is important to remember that the confirmed cases will have been excluded and will no longer be in the school. The risk of onward transmission from those cases has therefore been removed from the school setting.

If the case was not in the school setting while infectious, the school will not need to take any action because there is no significant risk that the case has spread the infection in the school setting. The 'infectious period' is the timeframe during which someone with an infectious disease can spread it to other people – the 'infectious period' for Covid-19 includes the 24 hours before testing for asymptomatic cases, or the 48 hours before symptom onset for symptomatic cases and extends to 7 days after the onset of symptoms or date of test if asymptomatic.

Should I tell parents of the class / School / Group if I am aware that someone has tested positive for Covid-19?

You should inform the relevant parents of pod members when there is a case of COVID-19 in their class so that they can be advised to participate in the antigen test programme. If

multiple pods are affected, then the whole classroom can be informed. Outside of this, from a public health perspective, there is no clinical need for information to be shared with others.

We note that information often gets shared by certain groups (WhatsApp etc.) but need to be mindful of the importance of an individual's confidentiality not being broken by others, in line with normal GDPR requirements. It is also important that children and families do not feel targeted or pressured to release information.

Reminder of core important information: Vaccination:

Q. Who are recommended to have Covid-19 vaccines?

A. The National Immunisation Advisory Committee makes recommendations for vaccinations to the Department of Health. Currently, all those aged 5 years and above are eligible and recommended for Covid-19 vaccination. Further information on national Covid-19 vaccination recommendations are available at <https://www2.hse.ie/screening-and-vaccinations/covid-19-vaccine/>

Q. What happens if someone is identified as a close contact but is fully vaccinated? (This will apply to staff in settings)

Please see '[National Interim Guidelines for Public Health management of contacts of cases of COVID-19](#)' and guidance for [symptomatic](#) and [asymptomatic](#) close contacts of COVID-19 for further information.

Q. Are Principals / Managers / Sports / Social activities providers expected to know who is vaccinated amongst their attendees?

A. No. This is private health information, and the HSE ascertains this information as required and keeps it confidential.

Do children/staff who have no symptoms need to restrict their movements if someone in their house has symptoms of Covid-19 and is awaiting testing or a result?

Yes, Please see '[National Interim Guidelines for Public Health management of contacts of cases of COVID-19](#)' and '[Public health management of symptomatic contacts of COVID-19 algorithm](#)' for further information.

Pods:

Q. Do 'pods' still need to be organised and implemented?

A. Yes. We have asked children to be in pods as per last year and that indoors these pods are kept in place as much as possible. This is to ensure that the number of people (adults and children) who are in close contact with a case of Covid-19 is as limited as possible, and therefore the risks to others (all be it that the risks are low within a class setting) are kept to the lowest number. This year we have asked that close friends might sit together to reflect national guidance so that children are not as restricted in activities and playdates out of school and therefore it is important this occurs to further enable the number of close contacts and those at onward risk to be kept as low as possible within the community.

Further information can be found at:

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

<https://www2.hse.ie/conditions/covid19/>

For education-specific guidance, please see:

<https://www.gov.ie/en/campaigns/a128d-back-to-school/>