

COVID-19 Pandemic

Questions frequently asked by
parents and carers.

June 2020



COVID-19 FREQUENTLY ASKED QUESTIONS FROM PARENTS/CARERS

In this document we have pulled together a number of questions that we have been asked by parents and carers. We will continually add to this document with new questions and answers to help provide you with the most up-to date information you need.

1. Are children less likely to pass on the virus?

Recent UK and international data suggest that children are as likely as adults to become infected and carry the virus and also be asymptomatic in many cases. They may be less likely than adults to transmit the virus because, for instance, adults are contagious for longer than children. To mitigate this, as far as is possible, we will conduct a brief entry screening every day and be extra vigilant about any child who appears unwell at school.

2. Are our children's teachers and other school staff at risk by being with children all day?

Most young teachers who are healthy are unlikely to get more than a mild disease. But we know that factors such as age, being male, underlying health conditions (e.g. obesity, diabetes, high blood pressure, cardiovascular disease) and being from BAME backgrounds may make teachers and staff more vulnerable, in particular in areas with high BAME populations. We are taking all risk factors very seriously in our decision making and ensuring government guidance and Public Health England information is followed. As we go forwards we will also be following the locality-based COVID 19 infection rates as the best indicator of the ongoing risk. This may lead to the closure of individual schools if the infection rates suggest a local spike in transmission and cases.

3. Is getting coronavirus dangerous for my child?

There is scientific consensus that children generally have much milder disease than adults, with a very small number of infected children becoming seriously ill. Concern has been raised that some children might develop a COVID-19 related Kawasaki-type immunological disease that may require critical care, but indications so far are that this is extremely rare. If children get symptoms, these are typically similar to other respiratory illnesses: mild fever, cough, sore throat, sneezing, muscle pain and tiredness.

4. Given how high the death rate is, how can we be sure sending children back won't trigger a second wave?

To date there is no absolute answer to this. Where there are ongoing new infections within local communities, evidence suggests that re-opening schools could have an impact. However, evidence from other countries suggests that school closures have had only a small impact on the rate of transmission. There have been recent reports of an upsurge of cases following reopening of schools in France, South Korea and Denmark, leading to re-closing in some instances. However, this does not necessarily suggest that transmission happened within schools as it could also be because infections have generally gone up in communities where lockdown requirements have been eased. We will be keeping a very close eye on all new developments, particularly in relation to the local areas around our schools.

5. Why is the government opening schools before the Test, Track, Tracing programme has been fully established?

As a Trust we have made the decision NOT to re-open our schools to more children until the week beginning 8th June. This will ensure the test, track and tracing programme is in place and working. It will also help us to better understand how the virus is behaving in our local areas and ensure outbreaks within or outside our schools are quickly spotted and contained. The programme will enable protection of high risk and vulnerable adults (including teachers and family members) and children by testing people, tracing their contacts and isolating infectious children or adults.

6. With schools under pressure to re-open, I fear it will become a box ticking exercise rather than attention to detail/risk factors. Given that the medical experts are constantly learning about this new virus surely it makes more sense for children not to go back until September when more factors are clear?

The Trust Board which oversees all our schools decided to delay opening for the designated groups until week beginning 8th June. The reason for this decision was to allow more time for detailed safety planning, risk assessments and staff training. Furthermore, delaying the reopening of schools means that public health officials, GPs and local authorities have more time to prepare and find solutions to local challenges and set up strong local testing procedures.

7. I want to know what the plan is going forward; school is just talking about the year groups who go back in June but what's the plan for the other children?

This is a question that many parents have asked us. Only a handful of children/year groups are returning to school which raises important questions about those remaining at home. Returning to school is important for children psychologically and socially, as well as educationally and our aim is that all year groups should return to school safely. However, given that we must follow the physical distancing requirements we cannot return all children to school sites safely at the moment as our school buildings cannot accommodate everyone. Furthermore, as groups of children must be kept small, with high child:adult ratios, there is an impact on the number of adults needed to run the school safely. We are keeping this situation under constant review.

8. What sort of teaching will take place? Will my child be expected to attend in uniform or his/her own clothes?

These are hugely important questions and we have answered them in our Parental Guidance Document, which you will find on both the Trust and school websites. We intend for the children to spend as much time as possible outdoors as transmission of the virus is much lower outside. We are also making uniform non-compulsory for the moment and would encourage children to attend school in clean clothes every day to avoid cross-contamination.

9. What has my child's school done to prepare?

Every school in the Trust has completed a detailed risk assessment to assess levels of risk across a range of measures. These measures consider how we can best achieve:

A safe environment - Safe children – A safe workforce

We have developed a Re-Opening Strategy and Risk Assessment Tool which incorporates all government guidance and recommendations from Public Health England and the local authorities of Birmingham and Dudley where our schools are located. The Re-Opening Strategy also demonstrates engagement with local authorities including public health, trade unions, parents and staff.

10. We live in a household where it's me, my husband, our three children and my mother-in-law who is over 70. My mother-in-law has a weak immune system and has rheumatoid arthritis. How can I send my child to school but also make sure she doesn't get coronavirus?

Local test, track and tracing programmes – undertaken by public health workers, and involving local GPs, should enable the protection of vulnerable adults (including grandparents in multigenerational homes) by regularly testing people and tracing their contacts and isolating infectious children or adults. In the situation above, parents will need to make an informed choice about sending their child to school taking into account the local infection rates and also the risk assessment of the school environment. If parents remain worried and to reduce the risk of the child bringing coronavirus into the home, it would be helpful for the child to have a shower and change their clothes when they return home. In addition, parents could ensure general hygiene and social distance at home between the child and their grandmother and keep rooms well ventilated. The family also need to ensure that they do not share items such as towels.

11. What happens if my child's school has a case of Covid-19?

The government's Test, Track and Tracing Programme, along with support for people and families to self-isolate, will reduce the chance of infectious staff or children attending school. All Trust schools are well prepared to quickly spot any children or adults displaying symptoms and isolate them from others until they can be collected or go home. If a group or school has to be temporarily closed, this is what we will do as an integral part of the local community based test, track and trace approach that will play an essential role in hopefully preventing any second wave of infection.

12. How will my child be protected through hygiene, personal protection and cleaning arrangements?

All Trust schools have planned new school routines and timetabling to ensure both children and adults can be kept as safe as possible. This includes:

- Pupil entry and exit routines including staggered start and finish times
- Access to enhanced hand hygiene including sufficient wash facilities and hand sanitisers
- Physical distancing
- Enhanced cleaning regimes across all areas including toilets
- Enhanced cleaning regimes for resources and equipment
- Pupils given their own stationary and writing equipment
- Staggered break and lunch times

CHECKLIST FOR PARENTS/CARERS

The following checklist may be helpful when you are preparing for your child for a return to school:

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| 1. | Monitor your child's health and keep them at home if they are ill. |
| 2. | Teach and model hygiene practices for your child. |
| 3. | Encourage your child to ask questions and express their feelings with you and their teachers. Remember that your child may have different reactions to the stress of the Covid-19 pandemic. Be patient and understanding. |
| 4. | Talk to your child about physical distancing and why this is important. |
| 5. | Remind your child to be kind to others in school and to follow adult instructions so that everyone is kept safe. |