

# Questions for Keeping Safe Videoconference: Public Health Enfield in association with Our Voice Parent Carer Forum

## Introduction from the Public Health Enfield Team

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- This is an unprecedented situation and we are learning new things about the virus every day.
- If you have a question that we do not know the answer to we are happy find out more and get back to you.
- This is a mild disease for most people and particularly for most children and young people (and some may have no symptoms at all), although there are children who will be at increased risk of more severe symptoms, and we recognise that some of you will have children who have been identified as being in this group
- We have increasing evidence that children are less likely to transmit the virus than adults.
- Whilst this is a new disease, infection control mechanisms have been tried and tested and we need to be adopting the in our day to day lives. The main ways in which we can all protect ourselves are:
  - 1) minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, self-isolate with their household and do not go out and about, or attend work or educational settings
  - 2) clean hands thoroughly more often than usual
  - 3) ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
  - 4) introduce enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach
  - 5) minimise contact between individuals from outside our household and maintain social distancing wherever possible

## General /risks/Getting back to normal

### 1. What are the infection rates like locally? Are they increasing or decreasing?

- Infection rates have vastly reduced since the end of April.
- Sickness rates/ admissions to hospital have also decreased dramatically.
- Currently infection rates are stable at a very low level. Since testing regime was introduced average daily number of cases has been 1.29 per day which is relatively low for a population of 330,000 people.
- Nationally as well as locally we monitor a range of intelligence to so that we are able to identify trends early. For example, we have monitored the impact of pubs re-opening 10 days ago as there

was a concern that this could have an impact and so far there does not seem to have been any impact.

- As at today's date (15<sup>th</sup> July) in the Borough of Enfield there have been a total of 1,187 cases of positive Covid-19 tests since the beginning of the outbreak.
- In North-Central London this is the second highest number (second to Barnet) – both areas have significant populations in local care homes, and that seems to be where most cases were generated.

**2. We heard on the news that Enfield was particularly high risk – there was even talk of the possibility of a local lockdown. Was there any truth in this or was it mis-reported?**

- This was a case of mis-interpretation of data by the national press.
- Enfield Public Health Team have looked into this and the stories seem to have come from the national press reporting increases in the number of cases from 3 to 4 as a 33% increase or from 1 to 2 as a 100% increase. This is a clear case of where it may be more illustrative to look at the actual number of cases. By this measure we are one of the lowest 20 Local Authorities in the country in terms of weekly numbers. It is also worth noting that this refers to people who are testing positive for the virus, not people who are sufficiently ill to need hospital treatment.
- As numbers of new cases are low, we are seeing very few people needing hospital treatment – for example last week there was one point where there was no-one in North Middlesex Hospital who had C-19 and that is a significant change.
- The virus spreads much less effectively in the hot weather conditions which we have had since the beginning of this pandemic. Additionally, in the winter other circulating viruses (coughs and colds) increase the opportunities for viruses to spread. So, there is a concern that there could be a change as we move into Autumn and Winter and this is probably the reason why there is currently discussion around changing the culture on face-coverings etc.
- We are about to embark on a push for 'flu immunizations this winter and we encourage all parents and children to get an immunization (as long as clinically appropriate)

**3. It feels as if everything is starting to return to normal for many people as pubs and playgrounds re-open. Do we really still need to be worrying about this virus or should we just be getting on with our lives now?**

- Although things have improved somewhat, and compliance with social distancing measures has been good in the London area, the virus has not gone away and there is always the possibility that the situation will get worse again very rapidly.
- Therefore, we should be continuing to be concerned about this virus and it is still important that everyone is taking appropriate measures such as social distancing, hand washing and coughing/ sneezing into tissue and washing hands after.
- Government shielding advice (advice to individuals with a range of different health conditions to remain 'shielded' at home) will be 'paused' as of the 1<sup>st</sup> of August allowing shielded individuals to recommence close to normal life. This is a reflection of the much lower rates of circulation currently, and that there is now a functional Test and Trace service which is becoming more effective now, and protects everyone.
- We all need to be following government guidance as well as guidance from NHS Test and Trace if we are contacted and asked to self-isolate.

**4. Given that transmission rates are dropping rapidly, when do you think we can get back to normal again?**

- This is very difficult to answer especially as this is a new virus. We anticipate that there may be a second wave, but it is difficult to predict what that might look like.
- Several vaccinations are being trialled, but we cannot rely on these yet and expect the virus to still be a threat into next Spring at least.

## Return to school

**5. What will the protocols be for young people requiring personal carers in special school/college settings? How will they safely be changed when an entire class will, for example, need to use the same facilities? Are you advising education settings on best practice or leaving them to work it out for themselves?**

- Schools/ education settings are following government guidance generally which includes a range of infection control measures including enhanced, regular cleaning of facilities.
- In the situation that young people require a personal carer in special school/ college setting this should carry on as usual providing that the young person and the carer are well. Each school will be working through generic risk assessments as well as risk assessments for pupils so should be considering the individual needs of pupils.
- Usual tools to reduce risks should be used (hand-washing, thorough regular cleaning etc).
- Each setting is unique and therefore will need to work out what works best for them, their school buildings and school community. Public Health are working closely with educational settings to support them in this and have provided Q&A sessions as well as outbreak management plans for school settings.
- All schools will have carried out risk assessments both for school in general and individual members of staff, and (particularly for special schools), for individual pupils.
- Working with schools on outbreak management to ensure that there is a very effective process in place so that if any cases are identified close contacts are identified very quickly and action taken so that the risk of spread is minimised.

**6. Are you going to test teachers regularly?**

- We are not testing teachers regularly although this might happen in the future.
- There are limitations to tests' accuracy, and the timing is critical – usually the test is only accurate from the day the symptoms develop until about 5 days afterwards (even though you would still be infectious at that point a negative test result may be returned). So, the test result is really only relevant on the day. Therefore the best protection is from isolating individuals whilst they are symptomatic, along with their close contacts.

**7. What will happen if someone gets sick at my child's school? Will the whole school have to shut down?**

- Each school is implementing a suite of infection control measures in line with government guidance, and each school will have to think through how these work best in that individual school, with input from Public Health. Measures include advice to parents and children about self-isolation, social distancing, movement restrictions within the school, hand hygiene, respiratory hygiene, regular cleaning and supporting case management and outbreak management (should that occur) with help from Public Health England.

- There may be particular challenges in the case of a special school, as well as secondary schools where pupils normally move frequently between classes.
- The key message is that this isn't an 'all or nothing' situation – even in those circumstances where it is not possible for a pupil to effectively socially distance from a teacher or other pupils, the other range of control measures to reduce infection (e.g. hand-washing, cleaning etc) can still be used.
- Due to the measures in place, even if a case occurs in a school, although part of the school may close temporarily, it is unlikely that a whole school would need to shut. Public Health England will assist the school in measuring coronavirus risks and other risks associated with closing schools.
- In Additionally Resourced Provisions (ARPs) children normally move in and out of their group/bubble into different year groups (e.g. one child from a bubble might take some lessons with year 3 whilst another is with year 4 and one with year 5) which would compromise all the 'bubbles' involved. Schools will need to work out their own ways of mitigating the risk in these circumstances.
- If a positive case should be identified, Public Health would work very closely with the school Head to work out which parts of the school would need to be shut down, provide the communication materials so families know what is going on and have appropriate information and guidance. Most test results are now back within 24 (or at least 48) hours.
- Public Health do appreciate the logistical implications where a school is set down and it would be very much a last resort that the whole school would need to close.

**8. My daughter doesn't really understand social distancing and neither do most of the children in her class (at special school). What can be done to keep them safe when they are back at school?**

- There are a range of infection control measures that schools are using and social distancing is only one of these. The key is to ensure that where social distancing is not feasible, other measures are used. The range of infection control measures that schools are asked to undertake are;
  - 1) minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend educational setting
  - 2) clean hands thoroughly more often than usual
  - 3) ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
  - 4) introduce enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach
  - 5) minimise contact between individuals and maintain social distancing wherever possible
  - 6) In school settings where necessary, wear appropriate personal protective equipment (PPE)

**Response to any infection:**

- 7) engage with the NHS Test and Trace process
  - 8) manage confirmed cases of coronavirus (COVID-19) amongst the educational setting community
  - 9) contain any outbreak by following local health protection team advice
- It is important to bear in mind that this is not an 'all or nothing' situation. Whilst it may not be possible to social distance effectively in some circumstances, continuing to observe social distancing whenever it is possible will still make a huge contribution to overall infection control. We all need to do what we can to contribute personally.

## Keeping my child safe - general questions

- 9. I am worried about taking my daughter anywhere because she tends to put objects into her mouth. What can I do to keep her safe?**
- It is important for parents, pupils and staff need to be very clear on taking action when someone becomes symptomatic – this is even more important in relation to children who put objects in their mouths or spit etc.
  - Parents know their children best and while we cannot comment on individual circumstances it is good generally for parents to develop a number of ideas about what they can do if a child is putting something into their mouths, for example thinking about anything they can do to stop/reduce the child putting certain things in their mouths e.g. giving them a different more appropriate or clean object. There will also be actions that schools and educational settings can use such as cleaning of object/equipment, or stopping some items of equipment being shared between different children.
  - We currently have low transmission rates and the majority of children who experience coronavirus infection have mild disease or have no symptoms.
- 10. My child cannot wear a face-covering because of his medical condition. Can we still use public transport? Will he be safe?**
- If a child under 11 or a child (or adult) over 11 years has a medical condition that means they cannot wear a face covering on public transport they are still able to use public transport -their protection will be through the compliance of others.
  - The general use of face coverings on public transport gives protection to everyone so those who can use face-coverings should do so – this is about caring for others including those who are more vulnerable.
  - This means that travellers without face coverings are protected to a degree.
- 11. Pre-Covid the London buses taking many children and young people to and from school were often completely full (to the extent that they would not stop to take any more children on). Once children go back to school and start using public transport again, would there be additional buses in line with social distancing measures? If not how can social distancing be maintained, and how can children who rely on public transport get to school safely?**
- We cannot speak for London Transport, but they will obviously be considering their approach.
  - Usual infection control measures will be important, including the use of face-coverings for everyone aged over 11 (unless not medically possible).
  - Schools will also be advising that they ensure children wash their hands upon arrival and provide appropriate facilities for disposal / secure storage of face-coverings and other measures to minimise spread of infection.
  - Each of us will probably have occasions when it is impossible for us to socially distance effectively, but we should do our best to keep these to a minimum.

**12. My son is shielding because he has a medical condition which makes him extremely vulnerable. When do you think we will be able to start going out again? How can it be safe for him to go back to school in September if the virus is still about then?**

- Shielding guidance will be 'paused' on 1<sup>st</sup> August which means that individuals who have been shielding should be able to get out and about more. This will be subject to national and local review of intelligence going forward. Shielding advice may change if our situation changes.
- It is important to continue to use infection control measures.
- Currently there is very low circulation of the virus in comparison to previous months. Schools have a range of infection control measures in place and will be following government guidance.
- If parents are concerned they can talk to a GP or Consultant/Specialist who knows the child's medical condition and can offer individual advice.

**13. When I go out and about, I see lots of people ignoring the guidance on social distancing, wearing face-coverings etc. How can I keep myself and my child safe when this is happening?**

- Maintaining your own social distancing is important and will protect you and your own family.
- It's also useful to avoid poorly ventilated, crowded social spaces as this is where transmission is most likely.

**14. What is the situation regarding the use of face-coverings in shops? Are face-shields better or face-coverings?**

- Face coverings will be required in retail settings from 24<sup>th</sup> July
- Face shields offer limited use in protection from the virus – only in situations in which you maybe splashed by bodily fluid such as a clinical setting.
- Generally, it is more useful for all of us to use face-coverings whilst in public enclosed spaces.

**15. Continual hand-washing and sanitising has really aggravated my child's eczema. Is there anything I can do?**

- Use hand washing rather than hand sanitiser wherever possible. Hand sanitisers are usually alcohol- based and dry out skin.
- Soap substitute products like emollient or lotion- based products are just as effective as soap at killing bacteria and viruses and are less likely to irritate skin conditions. It may also be helpful to use appropriate lotions to moisturise the skin after washing.
- Speak to your GP or Pharmacist to get advice and obtain appropriate soap-substitutes and lotions. It may sometimes be possible to get these on prescription if your child has a severe skin condition.

**16. Should schools be providing hand-gel for children to use?**

- Schools are legally required to provide suitable hand-washing facilities.
- Either hand-washing or gel are equally effective so either can be provided.
- We also encourage schools to provide supervised hand-washing wherever that is needed.