



Public Health
England

Protecting and improving the nation's health

PHE WM COVID-19 Template Resource Pack for Schools

**Version 3
Stoke on Trent**

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About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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Please note that, as COVID-19 is a rapidly evolving situation, guidance may change with little notice.

Therefore, we advise that, in addition to familiarising yourself with the content of this document, you refer to the relevant national guidance (links provided in Section 4).

Section 1: Local Area Key Contacts

For COVID-19 queries related to educational settings

Covid Response Team - Tracecovid19@stoke.gov.uk

01782 231222

For information and advice on Infection Prevention and Control or PPE please contact **Covid19@stoke.gov.uk**

These operate 9am – 5pm, 7 days a week.

What is an Outbreak?

A setting is determined to have an outbreak which is defined as **two or more epidemiologically linked suspected and/or confirmed cases in the same setting** with onset during a 14-day period.

However, **please report any suspected or confirmed** individual cases to the City Council Response Team, using the contact details above so that you get appropriate advice and early support.

Any confirmed cases involving children, young people or staff need to be reported to both the City Council's Covid Response Team and PHE immediately.

To notify suspected outbreaks Public Health England West Midlands Health Protection Team

Monday – Friday (0900 – 1700)

0344 225 3560
(opt 0, 2)

Or online at

<https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2I>

Out of Hours PHE Contact:

Public Health England first on call via West Midlands Ambulance Service First Response

01384 679031

Or online at

<https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2I>

Section 2: COVID-19 Key messages

What are the symptoms?

The main symptoms of COVID-19 are:

- new continuous cough and/or
- fever (temperature of 37.8°C or higher)
- loss of, or change in, normal sense of taste or smell (anosmia)

Children may also display gastrointestinal (GI) symptoms.

The symptoms that would prompt a test remain the high temperature, new continuous cough, or loss or change in the sense of taste or smell, as stated on the NHS website:

<https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>

Gastrointestinal symptoms would be relevant in requiring the isolation period to be extended, as described in “How long to self-isolate” on the NHS website below:

<https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/how-long-to-self-isolate/>

With the examples of feeling or being sick, diarrhoea or loss of appetite. This is because it has been recognised that in some cases covid-19 can cause GI symptoms. However, the relevant symptoms for starting self-isolation and prompting a test remain the three specified in the guidance, and would not include the GI symptoms.

As an example, if someone developed GI symptoms without having recently had a high temperature, cough or anosmia, they would not be considered as a possible case of covid-19 (but may be a case of something else) and would not need to self-isolate for the purposes of covid-19 (but may be required to stay at home as a precaution in the light of other potentially infectious infections, such as the commonly used requirement to stay at home until 48 hours after any vomiting or diarrhea).

What is the mode of transmission?

COVID-19 is passed from person to person mainly by large respiratory droplets and direct contact (close unprotected contact, usually less than one metre). These droplets can be directly inhaled by the person, or can land on surfaces which another person may touch which can lead to infection if they then touch their nose, mouth or eyes.

What is the incubation period?

The incubation period (i.e. time between exposure to the virus and developing symptoms) is between 1 and 14 days (median 5 days).

When is a person infectious?

A person is thought to be infectious 48 hours before symptoms appear, and up to seven days after they start displaying symptoms.

Are children at risk of infection?

Children of all ages can catch the infection but children make up a very small proportion of COVID-19 cases with about 1% of confirmed cases in England aged under 19 years. Children also have a much lower risk of developing symptoms or severe disease.

Can children pass on the infection?

There is some uncertainty about how much asymptomatic or mildly symptomatic children can transmit the disease but the evidence so far from a number of studies suggests children are less likely to pass it on and do not appear to play a major role in transmission. Most children with COVID-19 have caught the infection from adults and not the reverse. This is unlike 'flu.

Why is PPE not recommended for teachers and children?

Transmission of Covid-19 is usually through droplets; the mainstay of control measures is minimising contact and thorough hand and respiratory hygiene. When these measures are maintained, and symptomatic persons are excluded, the risk is minimal.

The majority of staff in education settings will not require PPE beyond what they would normally need for their work. PPE is only needed in a very small number of cases, including:

- where an individual child or young person becomes ill with coronavirus (COVID-19) symptoms while at school, and only then if a distance of 2 metres cannot be maintained
- where a child or young person already has routine intimate care needs that involve the use of PPE, in which case the same PPE should continue to be used

The guidance on [safe working in education, childcare and children's social care](#) provides more information about preventing and controlling infection, including when, how PPE should be used, what type of PPE to use, and how to source it.

Section 3: Management of a suspected Case

What to do if a child or staff member is unable to attend school because they have COVID-19 symptoms

Anyone who develops symptoms of COVID-19, or whose household member develops symptoms, should immediately self-isolate. They should not attend school and should follow the steps below.

Parent/Carer or staff member should notify the school of their absence by phone

School should record and keep minimum dataset (see suggested template in Appendix 1): Reason for absence, date of onset of symptoms, symptoms, class, contacts etc.

Direct to [Stay at home](#) guidance for isolation advice for child/staff member and their households. The person with symptoms should isolate for **10 days** starting from the first day of their symptoms and the rest of their household for **14 days**.

Advise that the child/staff member should get tested via NHS UK or by contacting NHS 119 via telephone if they do not have internet access. This would also apply to any parent or household member who develops symptoms.

If any staff contact develops symptoms then they can apply for a test via <https://www.gov.uk/apply-coronavirus-test-essential-workers>.

There is no further action required by the school at this time, but please contact the local authority Covid Response Team to ensure they are aware and can provide any additional support and advice as needed.

Email Tracecovid19@stoke.gov.uk or phone 01782 231222.

What to do if someone falls ill while at school

If anyone becomes unwell with a new continuous cough, a high temperature or a loss of or change in their normal sense of taste or smell they must be sent home as soon as possible

If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected before being used by anyone else (**see cleaning section on page 17**).

PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained, (such as for a very young child or a child with complex needs).

If a 2 metre distance cannot be maintained then the following PPE should be worn by the supervising staff member:

- Disposable gloves
- Disposable plastic apron
- Fluid-resistant surgical face mask
- Eye protection (goggles, visor) should be worn ONLY if a risk assessment determines that there is a risk of fluids entering the eye from, for example, coughing, spitting or vomiting

The school should record and keep the details of the incident in case it is needed for future case or outbreak management (see suggested template Appendix 2)

Please notify the Local Authority Covid Response Team of the incident, so they can also provide further advice and support if required.

Email TraceCovid19@stoke.gov.uk or phone 01782 231222

Section 4: Management of a confirmed case

If a child who attends or staff member who works at an educational setting tests positive for COVID-19 please let the Health Protection Team and the local authority know (contact details on page 5), unless you have already been contacted by a 'contact tracer'.

The headteacher or appropriate member of the leadership team at the educational setting will be asked to work with the contact tracer to **identify direct and close contacts of the case during the 48 hours prior to the child or staff member falling ill**. The social distancing measures put in place by educational settings outside the classroom should reduce the number of other direct/close contacts.

Direct/close contacts:

A person who has had face-to-face contact (within one metre) with someone who has tested positive for coronavirus (COVID-19), including:

- being coughed on, or
- having a face-to-face conversation, or
- having skin-to-skin physical contact, or
- any contact within one metre for one minute or longer without face-to-face contact
- a person who has been within 2 metres of someone who has tested positive for coronavirus (COVID-19) for more than 15 minutes
- a person who has travelled in a small vehicle *with* someone who has tested positive for coronavirus (COVID-19) or in a large vehicle *near* someone who has tested positive for coronavirus (COVID-19)
- people who spend significant time in the same household as a person who has tested positive for coronavirus (COVID-19)

All direct and close contacts will be excluded from school and advised to self-isolate for 14 days starting from the day they were last in contact with the case. For example, if the case tests positive on Thursday and was last in school on the previous Monday the first day of the 14-day period is on the Monday. Household members of contacts do not need to self-isolate unless the contact develops symptoms.

The contact tracer will provide a standard letter to the school containing the advice for contacts and their families; the school will be asked to send the letter to the identified contacts.

Contacts will not be tested unless they develop symptoms (contract tracer may provide advice on this). If a contact should develop symptoms, then the parent/carer should arrange for the child to be tested via [NHS UK](https://www.nhs.uk) or by contacting NHS 119 via telephone if they do not have internet access. This would also apply to any parent or household member who develops symptoms. If any staff contact develops symptoms then they can apply for a test via <https://www.gov.uk/apply-coronavirus-test-essential-workers>.

The school should ensure the Local Authority Covid Response Team and PHE have been notified of any confirmed cases.

Section 5: Arrangements for management of a possible outbreak

If there are more confirmed cases linked to the school the local Health Protection Team and/or local authority will investigate and will advise the school on any other actions that may be required.

If a school has come across two or more confirmed cases, or there is a high reported absence which is suspected to be COVID-19 related, then the local health protection team and the local authority public health team should be notified promptly (**see page 5**).

However, it is probable that some outbreaks will be identified by either the local health protection team or the local authority public health team; and the school will then be contacted by one of these teams.

The health protection team and local authority will work with schools in this situation to guide them through the actions they need to take.

We recommend schools keep a record of pupils and staff in each group, and any close contact that takes places between children and staff in different groups throughout the school day (including transport, wrap around provision, school based extra-curricular activities) to aid with identifying any actions which may be required.

Section 6: Frequently Asked Questions

Cases and contacts

Should a child/staff member come to school if a member of their household is unwell?

No. If a member of the child's household is unwell with COVID-19 symptoms then the child/staff member should isolate for 14 days starting from the day the household member(s) became ill. If the child subsequently develops symptoms then they should isolate for 10 days from the date they developed symptoms. See [Stay-at-home-guidance](#). The household member(s) should be tested within 5 days of symptom onset. If **all symptomatic** household members test negative, the child/staff member can return to work.

If I am notified by a parent that their child is ill do I need to exclude the other children in their class?

No, classmates and staff can attend school as normal. A child who is ill **with possible Covid-19 symptoms** should stay at home ([Stay-at-home-guidance](#)) and be advised to get tested. If the child has any siblings who attend the school they should also be self-isolating at home for 14 days. If the child tests positive for COVID-19, **identified contacts** should be excluded for **14 days from last contact with the case**. The school will be contacted by contact tracers to support with contact identification and provision of advice.

If I am notified by a parent that their child has had a positive test do I need to exclude the other children in their class or notify anybody?

No. Please ensure the child is following the Stay at Home guidance **and contact the Health Protection Team and TraceCovid19@stoke.gov.uk or phone 01782 231222**. **They will work with you to identify any actions and contacts that need to be excluded. The Health Protection Team will also contact schools directly if they become aware of a positive test result for someone who attends the school, as identified by NHS Test and Trace.**

Who is considered a contact in a school setting?

A person who wore appropriate PPE or maintained appropriate social distancing (over 2 meters) would not be classed as a contact.

A contact is defined as a person who has had contact (see below) at any time from 48 hours before onset of symptoms (or test if asymptomatic) to 10 days after onset of symptoms (or test):

- a person who has had face-to-face contact (within one metre) with someone who has tested positive for coronavirus (COVID-19), including:
 - being coughed on, or
 - having a face-to-face conversation, or

- having skin-to-skin physical contact, or
- any contact within one metre for one minute or longer without face-to-face contact
- a person who has been within 2 metres of someone who has tested positive for coronavirus (COVID-19) for more than 15 minutes
- a person who has travelled in a small vehicle *with* someone who has tested positive for coronavirus (COVID-19) or in a large vehicle *near* someone who has tested positive for coronavirus (COVID-19)
- people who spend significant time in the same household as a person who has tested positive for coronavirus (COVID-19)

Which contacts need to self-isolate?

Where the child, young person or staff member **tests positive** and they had attended the school in the 48 hours prior to developing symptoms, close contacts will be identified and advised regarding self-isolation by a contact tracer.

Please note: The other household members of that wider class or group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms.

Can the siblings of a child who has been excluded because they are a contact of a case attend school?

Yes, other household members of the contact do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms

A child/parent reports to us that they have had contact with someone with symptoms – what should we do?

There is no action required of the school. No-one with symptoms should be attending school and anyone who develops symptoms while at school should be isolated and sent home as soon as possible. Schools should regularly remind parents of the government guidance on staying at home and the importance of a household self-isolating if anyone in the household develops symptoms.

If a child has COVID-19 symptoms, gets tested and tests negative, can they return to school even if they still have symptoms?

If the child is **NOT** a known contact of a confirmed case the child can return to school if the result is negative, provided they feel well and they have not had a fever for 48 hours.

If the child **is a contact** of a confirmed case they must stay off school for the 14-day isolation period, **even if they test negative**. This is because they can develop the infection at any point

up to day 14 (the incubation period for COVID-19), so if a child tests negative on day 3 they may still go on to develop the infection.

If a child who was a contact of a confirmed case tests negative, can they return to school?

No, the child should complete **14 days of isolation**.

If I get confirmed cases does the school need to close?

If schools have two or more confirmed cases within 14 days, or an overall rise in sickness absence where coronavirus (COVID-19) is suspected, they may have an outbreak and must continue to work with their local health protection team and local authority who will be able to advise if additional action is required.

In some cases, health protection teams may recommend that a larger number of other pupils self-isolate at home as a precautionary measure – perhaps the whole site or year group. If schools are implementing the system of controls, addressing the risks they have identified and therefore reducing transmission risks, whole school closure based on cases within the school will not generally be necessary, and should not be considered except on the advice of health protection teams.

Testing

How can a parent arrange testing?

The parent can arrange for any child to be tested via [NHS UK](#) or by contacting NHS 119 via telephone if they do not have internet access.

Schools also have a limited number of home test kits which should only be offered to individuals in the exceptional circumstance that you believe an individual may have barriers to accessing testing elsewhere.

Will the school be informed of any test results?

The school will be informed if a child or staff member tests positive as part of NHS Test and Trace. The school will not be informed of any negative results.

How can a staff member get tested?

All education and childcare workers are considered essential workers and can apply for a test if they are symptomatic via <https://www.gov.uk/apply-coronavirus-test-essential-workers>.

Can they be tested if they do not have symptoms?

No. People should only be tested if they have symptoms.

High risk groups

Can our pregnant members of staff work? What if staff have pregnant household members?

Pregnant women are in the 'clinically vulnerable' category and are generally advised to follow the advice for this group, which applies to all staff in schools. Employers should conduct a risk assessment for pregnant women in line with the Management of Health and Safety at Work Regulations 1999 (MHSW).

The Royal College of Obstetrics and Gynaecology (RCOG) has published [occupational health advice for employers and pregnant women](#). This document includes advice for women from 28 weeks gestation or with underlying health conditions who may be at greater risk. We advise employers and pregnant women to follow this advice and to continue to monitor for future updates to it.

If a staff member lives with someone who is pregnant, they can work.

Should children or staff who are shielding (classed as clinically extremely vulnerable due to pre-existing medical conditions) attend school?

In line with National guidance, shielding measures were paused from the 1st August 2020 (with the exception of areas where local lockdown means that shielding will continue) Therefore those staff or children that are classed as clinically or extremely vulnerable can return to school in September 2020 provided their school has implemented the system of control measure outlined in the national guidance : <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools>

All children and staff in this category should follow the national guidance as outlined above to minimise the risks of transmission. This includes taking particular care to observe good hand and respiratory hygiene, minimizing contact and maintaining social distancing.

Some pupils no longer required to shield, but who remain under the care of a specialist health professional may need to discuss their care with their health professional before returning to school.

Should children or staff who have family in the shielding group be coming to school/work?

In line with National guidance, shielding measures were paused from the 1st August 2020 (with the exception of areas where local lockdown means that shielding will continue). Therefore, children or staff who have family that were previously shielding can return to school/work in September 2020.

Staff

We have staff who are asymptomatic but wish to be tested is this possible?

Currently, only people who are symptomatic can access a test via NHS UK or ringing 119

We have had a child confirmed as a case and had contact with other staff, including catering staff at lunch, do they need to be excluded?

It depends on the level of contact. Staff would need to be excluded only if they had face to face contact with a case for any length of time, including being coughed on or talked to. This includes exposure within 1 metre for 1 minute or longer OR the staff member had extended close contact (within 2 metres for more than 15 minutes) with the case.

Can the school still have supply teachers come in if there have been multiple cases?

Local risk assessment should be undertaken and staff excluded if in direct contact with a symptomatic case according to the national guidance.

If a supply teacher has not been identified as a close contact in any of their workplaces then exclusion will not be necessary and they should be able to work.

[Schools are being advised](#) to adopt preventative measures including small class sizes and social distancing to minimise contact between students and teachers.

Can non-teaching staff, for example cleaners and caterers, work for 2 or more schools?

Local risk assessment should be undertaken and staff excluded if in direct contact with a symptomatic case according to the national guidance.

If a staff member has not been identified as a close contact in any of their workplaces then exclusion will not be necessary.

[Schools are being advised](#) to adopt preventative measures including small class sizes and social distancing to minimise contact between students and teachers.

Why are staff and children not advised to wear PPE?

The majority of staff in education, childcare and children's social care settings will not require PPE beyond what they would normally need for their work. This is because transmission in school settings is low and other infection control measures such as:

- Minimising 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 childcare settings, schools or colleges
- Cleaning hands more often than usual - wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered
- Ensuring good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
- Cleaning frequently touched surfaces often using standard products because high contact surfaces will present the main risk in terms of indirect transmission

- Minimising contact and mixing by altering, as much as possible, the environment (such as classroom layout) and timetables (such as staggered break times)

The government has provided updated guidance on the use of face coverings for schools and other education institutions that teach people in years 7 and above in England. This can be accessed via the link below.

<https://www.gov.uk/government/publications/face-coverings-in-education>

Cleaning

What additional cleaning is necessary following a symptomatic or confirmed case?

All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:

- Objects which are visibly contaminated with body fluids
- All potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells

Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below: use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine

or

a household detergent followed by disinfection (1,000 parts per million available chlorine. Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants

or

if an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses

Avoid creating splashes and spray when cleaning.

- Wear disposable or washing up gloves and aprons for cleaning
- Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles.
- If an area has been heavily contaminated, such as with visible bodily fluids, use protection for the eyes, mouth and nose, as well as wearing gloves and an apron.
- Any items that are heavily contaminated, such as with visible body fluids and cannot be cleaned by washing should be disposed of.
- All the disposable materials should be double-bagged, then stored securely for 72 hours
- then thrown away in the regular rubbish after cleaning is finished.

- Wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning.

Do toilets need to be cleaned after every use?

Toilets are frequently touched surfaces, so they need to be cleaned frequently throughout the day, but not after every use (except if used by a symptomatic person whilst waiting to go home).

Increase the frequency of cleaning toilets to at least five times a day:

- before school starts
- after morning break
- after lunch
- after afternoon break
- at the end of day.

Apart from gloves and apron, there is no need for additional PPE (unless the toilet has been used by a confirmed/symptomatic case as outlined above).

Section 7: National Guidance Documents

This local guidance document has been based on national PHE, NHS and government guidance. Hyperlinks to key national guidance are displayed here for reference (click on the link to be taken to the relevant guidance/information online).

Social distancing for different groups

[Stay at home: guidance for households with possible coronavirus \(COVID-19\) infection](#)

[Guidance on social distancing for everyone in the UK](#)

[Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19](#)

Guidance for contacts

[Guidance for contacts of people with possible or confirmed COVID19](#)

Specific guidance for educational settings

[Guidance for schools and other educational settings](#)

[Opening schools and educational settings to more pupils: guidance for parents and carers](#)

[COVID-19: implementing protective measures in education and childcare settings](#)

[Safe working in education, childcare and children's social care settings including the use of PPE](#)

[Guidance on isolation for residential educational settings](#)

[Guidance for full opening: schools](#)

[Maintaining FE provision](#)

[How schools can plan for Tier 2 local restrictions](#)

Testing

[NHS: Testing for coronavirus](#)

[Home test kits for schools and FE providers](#)

Infection prevention and control

[Safe working in education, childcare and children's social care settings including the use of PPE](#)

[5 moments for hand hygiene: with how to hand rub and how to handwash.](#) Posters

[Catch it. Bin it. Kill it.](#) Poster

[Face coverings in education](#)

Coronavirus Resource Centre posters
[available here.](#)

APPENDIX 1 – Template to record school absences

In the event of a COVID-19 outbreak, the table will ensure that important information is recorded in one place and is easily accessible

Date	Name	Class	Reason for absence*	Date of onset of symptoms	Symptoms**	Has the child/staff been assessed by GP, NHS 111 etc? Y/N/NK	Has the child/staff been tested? Y/N/NK	Is the child/staff reporting a positive test result? Y/N/NK	Identified contacts who will need to isolate if positive test	Is the child/staff in hospital? Y/N/NK	ACTION taken including who and which organisation notified

Reason for absence*: Ill, Household member ill, Contact of a confirmed/suspected case, Shielding, Other e.g. dental appointments

Symptoms * T = Temp (>=37.8 C), C = Cough, D = Diarrhoea, V = Vomiting, ST = Sore Throat, H = Headache, N = Nausea, LST = Loss of smell/taste, Other

APPENDIX 2 – Template to record illness at school

In the event of a COVID-19 outbreak, the table will ensure that important information is recorded in one place and is easily accessible

Date	Name	Class	Date/Time of onset of symptoms	Symptoms*	Time between detection of symptoms and isolation at school	Did staff member wear PPE? ** Y/N	Identified contacts who will need to isolate if positive case

Symptoms * T = Temp (>=37.8 C), C = Cough, D = Diarrhoea, V = Vomiting, ST = Sore Throat, H = Headache, N = Nausea, LST = Loss of smell/taste, Other

**** Only required if social distancing could not be observed**