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

23/09/21

These FAQs are to support the implementation of the decision announced by the Minister of Health, in line with recommendations from NPHE that from Monday September 27th routine contact tracing of asymptomatic close contacts in children >3 months -13 years, including for those attending primary educational and ELC/SAC settings will no longer take place. As per updated contact tracing guidance [Contact tracing under 13s.pdf \(hpsc.ie\)](https://www.hpsc.ie/hpsc/information/COVID-19/Contact%20tracing%20under%2013s.pdf) it is now recommended that:

- Anyone who has symptoms of COVID-19 should self-isolate at home immediately and contact their GP for advice and guidance, and to arrange a COVID-19 test if appropriate.
- All children should attend for vaccination when eligible.
- Automatic contact tracing is no longer recommended for children aged > 3months to under 13 years of age who are asymptomatic but were close contacts of cases outside of household settings and vulnerable settings (e.g. Special Educational Needs (SENs), respite/ residential care).
- Testing of **asymptomatic** non-household close contacts >3 months to under 13 years is discontinued with a focus on clinically relevant disease. There will be transition to testing for public health action and surveillance as indicated on public health or clinical grounds.
- Children >3 months to under 13 years of age, who are identified as a close contact in non-household settings and who are asymptomatic will no longer be routinely required to restrict movements, unless advised by Public Health Risk Assessment. This applies regardless of the number of confirmed cases identified in the non-household settings.
- Cases and outbreaks in Special Educational Needs settings, and respite care should have a public health risk assessment (PHRA) which may still require children to be identified as close contacts in these settings, be referred for testing and have their movements restricted. Generally, the advice for those children who are close contacts in these settings



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will be to have one test (if possible) and if they are advised to restrict movements, it will be for 5 days.

- Children > 3 months to under 13 years of age who are identified as household contacts who are not fully vaccinated, or have not had a confirmed infection with COVID 19 in the last 9 months, will still be required to restrict their movements and will have testing arranged for them by the HSE contact management programme (CMP) .
- Public Health advice remains the same that any child > 3 months to under 13 years of age with symptoms consistent with COVID-19 should immediately self-isolate, should not attend childcare or school or socialise and follow current public health advice. Please see here for further information.
- It is important to adhere to good respiratory etiquette, hand hygiene practice and also adhere to the 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.

What does the above mean for my school / facility / group?

This means that for any case of Covid-19 that has been in attendance at your facility or group whilst they were infectious, will no longer be contacted by Public Health and a Public Health Risk Assessment (PHRA) will not be routinely be undertaken to identify close contacts.

Further, it means that when this change is implemented, children aged between 3 months and 13 years, who have already been identified as a close contact through a non-household and non-SEN setting and are asymptomatic, can end their restricted movements and return to school / clubs / facilities etc. They will not be required to attend for any test that might have been organised for them. For children identified as close contacts within the SEN setting, if a PHRA indicates that restriction of movements is warranted, it will generally be for 5 days. (see below). For children who are household contacts, they will continue to be asked to restrict their movements and be referred for Covid-19 testing, as per normal processes.



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The focus is now on ensuring that children with new symptoms consistent with Covid-19 do not attend your facilities, or if identified, are isolated and removed from the facility, pending home observation and contact with their GP. The child's GP will refer for Covid-19 testing, or organise any other appropriate testing for their symptoms, as necessary.

When will these changes be implemented?

These changes will be implemented on Monday 27th of September.

Why have these changes been made?

These changes have been made because:

- 1) Effective vaccines against COVID-19 are now available and a robust vaccination programme is underway in Ireland for children aged 12 years and older. Although precautions to prevent 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 [Contact tracing under 13s.pdf \(hpsc.ie\)](#)



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Does this guidance change apply to the special educational needs sector?

This change in guidance **does not** apply to special educational needs schools or SEN specific classes or children attending respite care. In these circumstances close contacts amongst children **may** well still be identified and asked to restrict their movements, following a Public Health Risk Assessment. However, 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, whilst not prolonging restricted movements and the harms to children from these restrictions.

Does this guidance change apply to children who are household close contacts?

This guidance does not apply to children living in the same household as a case of Covid-19. Unvaccinated children, with no confirmed previous infection with COVID-19, in these circumstances will still be identified as close contacts and asked to restrict their movements, in line with national guidance.

** The definition of a household contact, will now include a child aged under 13 years, who was present over-night, in the house or in close contact in a residential setting, of a case whilst they were infectious i.e., any child who was attending a 'sleepover' when someone in the household was infectious with Covid-19, will also be designated a close-contact and required to restrict their movements and be tested.*

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

Yes. 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 sleep over or similar. Children in this situation will be asked to restrict their movements and undertake testing for Covid-19, in line with national guidance.



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

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 do not now need to take any specific actions**, with regard to discussing with HSE / Public Health.

You should ensure that, as always,

- 1) You are vigilant to anyone developing new symptoms or unwell within your facility with symptoms of Covid-19 and isolate them as normal until a parent can safely collect them.
- 2) That all your recommended infection prevention control and mitigation measures e.g. pods, physical distancing where appropriate, face-covering use where required, ventilation, hand hygiene, encouragement of respiratory etiquette etc are all in place
- 3) Following the specific PH guidance for your school, facility, activity with regard to e.g. singing, music etc

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

From a public health perspective there is no clinical need for information to be shared with contacts of cases, therefore Public Health do not recommend that you tell parents of other children that there has been a case of COVID 19 within your class / facility / group. Any sharing of health data is therefore is not being undertaken on the advice of Public Health and under the Infectious Disease Regulations, as it will have been to date. At all times it is important that families are aware of the need to ensure they do not send children in to facilities/activities if they have new symptoms consistent with COVID 19, that in these circumstances they should observe their child and contact their GP as appropriate. It is also important to regularly re-enforce the benefit to all of continuing to abide by infection prevention control and mitigation measures in place within your facility.

We note that information often gets shared by certain groups (WhatsApp etc) and remind of the importance that an individual's confidentiality is not 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.



Will the HSE Principals line and CCF line still remain open?

Over a short transition period from routine PHRA and contact tracing, to this new phase being embarked upon in the country which sees less routine contact tracing of asymptomatic people, these lines will still be available for queries with regard to COVID 19 confirmed cases. However, only for Principals of SEN schools or a facility with an SEN class, will a PHRA be undertaken. Generic advice, as per information available to principals and within this FAQ document, will be the information provided for all other settings.

Reminder of core important information:

Vaccination:

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

A. The National Immunisation Advisory Committee make recommendations for vaccinations to the Department of Health. Currently, all those aged 12 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)

A. Currently the national guidance is that someone who is fully vaccinated does not need to restrict their movements or undertake routine testing for Covid-19, as long as they have no symptoms of Covid-19. If they know they are fully vaccinated, they will not be required to restrict their movements, pending contact with the HSE, as long as they have no symptoms of Covid-19.

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.



Previous confirmed infection with Covid-19:

Those who have had a previous confirmed infection with Covid-19, within the past 9 months will not be required to restrict their movements or be tested, as long as they have no symptoms of Covid-19. This will apply to children identified as close contacts within the household setting, or after a PHRA for a specific facility e.g. SEN school or class.

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

Yes, **unless** they are fully vaccinated or have had a confirmed Covid-19 infection within the past 9 months.

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 that people are not as restricted in activities and play dates out of school and therefore it is important this occurs to further enable the number of close contacts and those at onward risk are kept as low as possible within the community.

Close contact testing:

Q. If a child or adult is identified as a close contacts within your facility / school / group – has the period of restricted movements required of a pupil/student or staff member deemed to be a “close contact” who are not vaccinated changed?

A. Unvaccinated children and adults who are household contacts , who have not had a recent confirmed infection of Covid-19 (in the previous 9 months) are still required to restrict their movements for 14 days and the HSE will refer them for 2 free COVID-19 tests.

Restricted movements can end after ten days with a Not Detected result and providing they have no symptoms.



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However, for children designated close contacts after a PHRA in a specific setting such as an SEN class or school, these children will generally be asked to restrict their movements for 5 days and will be referred for 1 test. This is to balance the observation period required for children for signs of infection, with testing at the most relevant time, whilst not prolonging restricted movements and the harms to children from restrictions and potential regression associated with exclusions, for children with greatest needs.

It is important to note that in the months since the Covid-19 pandemic has occurred, we have learned that¹:

- Children seem more likely than adults to have no symptoms or to have mild disease. Please see here for information on [symptoms](#)
- Investigation of cases identified in school settings suggest 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 in to the household setting
- Children are not more likely than adults to spread infection to other people.