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| **Initial Covid-19 Assessment (SCHOOLS) - to be completed following notification of a positive PCR result ONLY** |

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| **Index Case Reference:** |  | | |
| **Positive LFD test result** | **DATE TAKEN REFERENCE NUMBER** | | |
| **Pupil:** | Choose an item. | **Member of Staff:** | Choose an item. |

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| **Name of Case:** |  | | |
| **Date of Birth:** |  | | |
| **Home Address:** |  | | |
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| **Postcode:** |  | **Telephone Number:** |  |
| **Mobile Number:** |  | **E-mail Address:** |  |
| **Parent/Guardian Name:** |  | | |

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| **Name of School:** |  | | |
| **Year Group:** |  | **Class:** |  |
| **Job Role (if staff member):** |  | **If teaching staff, subject taught:** |  |
| **Name of Head Teacher:** |  | | |
| **Telephone Number:** |  | **E-mail Address:** |  |

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| **Date PCR positive swab taken:** |  |
| **ONSET DATES OF:**   * **Anosmia** * **Fever** * **Temperature > 37.8oC** * **New continuous cough**   **Or state if ASYMPTOMATIC** |  |
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| **Date of last attendance at school:** |  |

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| **How did the Case travel to and from school?** | | Choose an item. |
| **Details of Transport Provider & vehicle details (if school transport):** |  | |

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| **Did the Case travel with other pupils / staff, and if so, with whom?**  ***(provide detail in bulk upload spreadsheet if necessary)***  **Confirm what PPE was worn by close contacts and the Case during travel to/from school.** | Choose an item. |
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| **How long was the Case at school on days attended during their infectious period?**  ***(Including arrival and departure times (breakfast/afterschool club/extra-curricular activities?)*** |
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| **Does the Case have other siblings/household members at the same school?**  ***(Provide names and class details)*** | Choose an item. |
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| **How many adults and children were in the school class with the Case during their infectious period?**  ***(Including teachers/teaching assistants/designated lunchtime supervisors)*** | |
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| **Where the Case is a child, did the pupil have any additional needs or require first aid to be administered during their infectious period?**  ***(please detail names of staff that would have assisted them or provided direct/personal care or first aid during their infectious period and details what PPE was worn)*** | Choose an item. |
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| **Did Case attend different classrooms with different individuals present during their infectious period?**  **If yes, detail which classes were accessed and confirm if 2m social distancing was maintained at all times or if PPE was worn by pupils and/or staff (with no breaches)?** | | Choose an item. |
| **Classes:** |  | |
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| **Was any equipment shared between pupils and staff during the infectious period of the Case?**  **If yes, confirm what equipment was cleaned between use and describe how equipment was cleaned (product used and contact time)** | | Choose an item. |
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| **Confirm how surfaces in classrooms / shared toilets / communal areas were cleaned in areas accessed/used by the Case during their infectious period**  ***(frequency of cleaning / product used / contact time followed)*** |
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| **Confirm what ventilation provision was available in rooms used by the Case during their infectious period** |
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| **Did the Case participate in any activities during their infectious period *(sport, swimming, wrap around care, after school clubs etc.)*?** | | Choose an item. |
| **What Activities / contact details if external provider** |  | |
| **Date & Duration** |  | |
| **Was 2m social distancing effectively maintained with the Case during the activities detailed above? If not, did other people in the group wear appropriate PPE?**  ***(details names of people below who did not socially distance with the Case or wear appropriate PPE*** | | Choose an item. |
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| **Was any equipment associated with the activities above shared between the Case and other pupils / staff?**  ***(If Yes, confirm if the equipment was effectively cleaned between uses and describe how was it cleaned)?*** | | Choose an item. |
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| **Was 2m social distancing maintained with the Case in communal areas during their infectious period (or was appropriate PPE worn by Case/close contacts at all times with no breaches)?**  ***(if not, detail who has been identified as a direct or proximity contact)*** | Choose an item. |
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| **Was hand hygiene regularly maintained by the Case?** | Choose an item. | **Detail:** |  |
| **Did the Case use the school toilets?** | Choose an item. | **Detail:** |  |
| **Is any COVID infection already circulating in the school?** | Choose an item. | **Detail:** |  |

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| **BREAKFAST CLUB / Break Times / Lunch** |

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| **Did the Case mix with any other classes / staff outside their designated bubble?** | | Choose an item. |
| **When / where mixing took place** |  | |
| **Names of contacts outside of bubble** |  | |
| **Where Case took breaks / ate food** |  | |

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| **Was 2m social distancing maintained at all times during break times / whilst eating food?** | | Choose an item. |
| **Describe how this was achieved** |  | |

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| **Did the Case share any food/drink with other pupils or colleagues? *(include where staff have made drinks for colleagues)*** | | Choose an item. |
| **What food was shared and with whom?** |  | |

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| **If an adult - does the Case smoke?** | | Choose an item. |
| **Was 2m social distancing maintained during smoke breaks and were any lighters/cigarettes shared?** |  | |

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| **If the Case is a staff member** | | |
| **Did staff socially distance with the Case in staff room/ while on breaks during the infectious period of the Case?** | | Choose an item. |
| **Were hard items/equipment in staff room cleaned between uses during the infectious period of the Case?** | | Choose an item. |
| **How many people in staff room at one time?** | |  |
| **Was the Case involved in cleaning activities?** | | Choose an item. |
| **If yes, was PPE worn?** | | Choose an item. |
| **Please confirm what PPE the case worn whilst undertaking cleaning activities.** | |  |
| **Did Case attend any meetings during their infectious period?** | | Choose an item. |
| **If yes, confirm what control measures were followed (2m social distancing at all times / wearing a type IIR/surgical mask at all times / no sharing of equipment etc.)** | |  |
| **Did any staff have contact with the Case outside of the working environment during the infectious period of the Case?** | | Choose an item. |
| **Is the Case a supply teacher/external educator?** | | Choose an item. |
| **If Yes, did the Case work in multiple schools during their infectious period?** | | Choose an item. |
| **If yes, what schools:** |  | |
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| **Initial Assessment** | | |
| **Evidence Pupil / Staff has tested positive?** | |  |
| **What days did case attend school during infectious period? *(This is defined as being from 48 hours prior to symptom onset to 10 days after, or 48 hours prior to testing if the case was asymptomatic)*** | |  |
| **What contact\* groups/ individuals/ siblings have been identified?** | |  |
| **Confirmation of total number of pupils and staff being required to self-isolate (including contacts from school transport)** | | **TOTAL No. PUPILS**  **TOTAL No. STAFF** |
| **Specify date for end of self-isolation for contact groups**  ***(10 days from the last point of contact with the case for the contact)*** | |  |
| **Specify date for permitted return to school for contact groups**  ***(at least 10 days from the last point of contact with the case for the contact)*** | |  |
| **Specify date for permitted return to school of Case** | |  |
| **Assessment completed by** | **Name:** |  |
| **Position:** |  |
| **Date:** |  |

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| **\*** Contacts of the positive case during their infectious period who have not worn suitable PPE including those individuals that:  -- have been within 1 metre of the case who they have had a face-to-face- conversation with, had skin-to-skin physical contact with, been coughed on or had other forms of contact within 1 metre for 1 minute or longer  -- have been in close contact with a case (within 2 metres of the case for more than 15 minutes)  -- that have travelled in a vehicle with a case or been seated near to one in public transport. |

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| **Notes:**  *(Please use this section for any notes))* |  |
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**Once complete please email to:** [**ttpcvschools@cardiff.gov.uk**](mailto:ttpcvschools@cardiff.gov.uk)