

Cookies on GOV.UK

We use some essential cookies to make this website work.

We'd like to set additional cookies to understand how you use GOV.UK, remember your settings and improve government services.

We also use cookies set by other sites to help us deliver content from their services.

[Accept additional cookies](#)

[Reject additional cookies](#)

[View cookies](#)

[Home](#) > [Coronavirus \(COVID-19\)](#) > [Education, universities and childcare during coronavirus](#)

> [Special schools and other specialist settings: coronavirus \(COVID-19\)](#)



[Department
for Education](#)

Guidance

Rapid asymptomatic testing in specialist settings

Updated 24 February 2022

This guidance was withdrawn on 1 April 2022

Guidance on [emergency planning and response for education, childcare, and children's social care settings](#) is available.

Contents

[Main changes to the previous version](#)

[Introduction](#)

[Asymptomatic testing](#)

[The pupils and students who are eligible for testing](#)

[Pupils or students who cannot self-swab](#)

[Informed consent to testing](#)

[Safeguarding](#)

[Managing the anxiety of pupils and students](#)

[Support, resources and contacts](#)

 [Print this page](#)

Main changes to the previous version

This guidance has been updated to reflect the latest testing information.

Introduction

This guidance is for leaders and others involved in the asymptomatic testing programme in:

- special academies
- maintained special schools
- alternative provision (AP) academies, including hospital schools
- registered independent AP, including hospital schools
- pupil referral units (PRUs)
- special post-16 institutions

- non-maintained special schools
- independent special schools
- specialist units in mainstream schools and equivalent cohorts in further education (FE) colleges

This guidance may also be useful for:

- local authorities
- clinical commissioning groups
- community health staff working with children and young people with special educational needs and disabilities (SEND)

Parents and carers of children and young people in the settings in this list may also find this guidance helpful. Guidance and resources will be made available for parents and carers via school or college on how to support their child taking a lateral flow device (LFD) test at home.

This guidance recognises that there are distinct issues for settings in the special school, specialist college and AP sectors. It is part of guidance and resources for schools and colleges to support preparations for coronavirus (COVID-19) asymptomatic testing in education settings.

Asymptomatic testing

We are retaining asymptomatic twice-weekly testing for staff, students and pupils in SEND and AP settings (including SEND units in mainstream settings and equivalent identifiable cohorts in FE colleges).

We recognise that SEND and AP settings are diverse and there will be a wide range of challenges in delivering effective testing to their pupils and students. We also recognise that specialist settings will have additional considerations to take into account when delivering asymptomatic testing. This guidance, which has been drawn up with the help of representatives of these sectors, is intended to give leaders in these settings a framework within which they can devise and deliver an approach that is effective in their particular context.

Staff, and pupils and students of secondary school age and above, should continue to test twice weekly at home, with lateral flow device (LFD) test kits, 3 to 4 days apart.

There is no need for primary age pupils (those in year 6 and below) to test.

Settings should maintain an on-site asymptomatic testing site (ATS) where possible. Even if it is appropriate for the majority of pupils or students to test at home, we recommend settings retain a small ATS so that they can offer testing to pupils or students unable to test at home. In some settings, the on-site ATS may need to maintain more capacity if a large number of pupils or students cannot take advantage of the home testing offer.

Settings should work with their pupils and students and their families to agree the most appropriate route for testing for each individual. This may be twice weekly testing on-site via ATS or moving to twice weekly home testing.

We recognise that self-swabbing may cause significant concerns for some children and young people with SEND.

Some of these concerns may be alleviated by discussing them with the child or young person and their family, agreeing strategies to help reduce anxiety and putting in place any reasonable adjustments (if the individual has a disability). There may, for

example, be a set of simple, practical steps that the setting's staff and parents can co-produce to smooth the testing process.

Testing is voluntary and no secondary age student should be tested unless informed consent has been given by the appropriate person, such as a parent or legal guardian, and the student is willing to be tested. If assisted swabbing is required, the willingness and feasibility to swab should be reviewed and risk-assessed every time before swabbing. Further guidance is available in the [informed consent to testing section](#).

Confirmatory PCR tests

You should follow the [latest government guidance](#) on confirmatory PCR tests following a positive LFD test.

Example from a school which has implemented asymptomatic testing successfully

Castle Hill High School in Stockport is a secondary special school with 300 pupils on roll. The school caters for a range of SEN, including moderate learning difficulties, autism, social, emotional and mental health difficulties, and severe learning difficulties.

They have implemented asymptomatic testing successfully. This involved:

- identifying a medium sized room to be used exclusively for testing
- the head and deputy head doing the online training
- a team of 4 non-teaching members of staff volunteering to create a dedicated team to deliver the testing system for pupils, they received initial training from the head and deputy head followed by the online training modules
- one member of the team doing the paperwork, one collecting each pupil when their time is ready to be tested and ensuring they are registered, one demonstrating to the pupil how to do the test or assisting the pupil with the test and the final member of the team doing the test analysis and recording
- the deputy head overseeing the testing

When assisting pupils with swabbing, the team reports that it has been straightforward. Older, more confident, pupils tend to self-swab.

Some pupils have been nervous, but this has been easily overcome. All pupils were shown a video of the process and told what to expect prior to their first routine test.

Staff or students should follow the [latest government guidance](#) on self-isolation and confirmatory PCR tests following a positive LFD test.

The pupils and students who are eligible for testing

Pupils and students of secondary school age and those aged 19 to 25 with education, health and care (EHC) plans should be offered testing.

Where a child or young person routinely attends more than one setting on a part-time

basis, for example, because they are dual registered at a mainstream school and an AP setting or special school, those settings should work together to determine where the pupil should receive the testing and share the outcomes of the testing with the other settings appropriately. However, as a general guide, we would usually expect the setting where the pupil spends most of their time to take responsibility for the administration of the testing.

Schools or local authorities that commission placements in unregistered AP (any AP setting that is not a pupil referral unit, an AP academy (including an AP free school), or a registered independent school) should aim to ensure pupils accessing this provision are offered testing, for example via the mainstream school who commissioned the place or working with the local authority to identify appropriate testing if the local authority commissioned the place. They should assure themselves that any unregistered AP they commission has taken appropriate steps to ensure their institutions are following suitable COVID-19 protective measures.

All-through specialist settings

Settings which are all-through should follow the guidance on testing in secondary schools and colleges on the document sharing platform.

Only secondary aged pupils and staff in all-through settings should be offered testing.

Primary specialist settings

Primary specialist settings should follow the guidance on testing their staff on the document sharing platform.

Pupils or students who cannot self-swab

There are several options that settings and families have if a pupil or student is unable to self-swab. These are detailed in this section and can be summarised as:

- having a parent, carer or suitably trained member of staff assist with swabbing on-site
- having a parent or carer assist with swabbing at home
- for at-home testing, doing a nasal only or throat only swab if a combined nasal and throat swab is not possible

For students who are testing onsite who are unable to tolerate a nasal swab only, settings should retain a supply of Innova ATS test kits. See the document sharing platform for details of further support.

Settings may want to consider updating risk assessments to understand which of their pupils or students are unlikely to be able to self-swab and therefore are likely to require additional support or reasonable adjustments, for example, if they are disabled, to be put in place. The standard operating procedure available on the document sharing platform provides guidance on ensuring risks are identified, recorded and managed.

Whether done on site or at home, self-swabbing should be supervised.

When testing on-site, the individual may wish to have a trusted adult from the setting

to supervise the self-swab of the test. The setting may also wish to consider whether it would agree in exceptional circumstances to a parent or carer coming into the setting to support the child to self-swab or to swab their child in a supervised environment ahead of moving to home testing. This might be a reasonable adjustment for the testing of a child or young person with a disability, for example.

Settings will need to put in place suitable measures in line with the [control measures](#) to manage any infection risk to staff and other children and young people of a parent or carer being present.

We recognise that self-swabbing may not be possible for a wide range of children and young people with SEND, for example, because:

- they lack the fine motor skills to do so
- the process of their inserting the swab into the mouth and nostrils would cause great anxiety (because, for example, they have an aversion to such touch, or they are not comfortable with a gagging reflex)
- their level of learning difficulty affects their ability to fully understand, and therefore co-operate with, the testing process
- the child or young person has medical needs such that this process would present a disproportionate risk given the benefit

Assisted swabbing (such as performing the swab for someone who is unable to self-swab) does not need to be done by a clinician. Special schools and special post-16 institutions already have a range of staff to meet the health needs of children and young people.

These staff members have undertaken a variety of training to support health needs and it might be appropriate for them to swab individuals who cannot self-swab, once they are confident in doing so and familiarised with how to perform assisted swabbing via the training detailed in the training guide on the document sharing platform.

Those assisting with swabs on-site should wear appropriate personal protective equipment (PPE) and read the PPE guidance on the document sharing platform.

Some settings may not have enough staff to undertake assisted swabbing, for example, due to staff absence. In these instances, further support may be available from Medacs Healthcare. [Contact us](#) for more information.

For at-home testing, where possible, a combined nose and throat swab should be taken. Testing done on site via ATS requires nasal swabs only.

However, a 'person centred approach' should be used to assess which sample to take from each child or young person. A child or young person may find it difficult to take a throat swab due, for example, to their having difficulty in understanding instructions, needing to keep their mouth open during the period of swabbing or they are having a strong gag reflex. In such cases, where a combined nose and throat swab (for at-home testing) is not possible, a nose swab from both nostrils can be taken.

Swabbing should be carried out in line with the standard operating procedure available on the document sharing platform.

Informed consent to testing

Testing is voluntary, but those who are eligible for tests are strongly encouraged to participate to reduce the risk of transmission within education settings.

The person giving the consent (parent or legal guardian or the young person) needs to have a sound understanding of the risks and benefits of testing. The setting is responsible for communicating the purpose of the testing.

Even if the child or young person or the parent or legal guardian has given consent, if the individual at any point is not willing to participate in testing then that choice should be respected.

Young people aged 16 or over do not need parental or legal guardian consent provided that they are able to make the decision for themselves. However, the setting will need to decide whether the young person can reasonably provide informed consent themselves and may exceptionally need to consider undertaking a mental capacity assessment (MCA). Young people themselves should be given the opportunity to express their views and preferences to the extent that they are able. Settings should keep a record of how the decision on consent was made. There is further guidance on the [Mental Capacity Act 2005 and deprivation of liberty safeguards \(DoLS\) during the COVID-19 pandemic](#).

It is important that the willingness of the child or young person and the risk posed to them and the staff or parent assisting the test is always considered. The setting should exercise due care and judgement and, in appropriate circumstances, may choose not to test a child or young person, even when consent has been given. Settings should not make it a requirement to have been tested in order to attend.

For a looked after child or young person in local authority care, such as those from children's homes, including secure settings, or some pupils in residential special schools, individuals would need to agree to be tested, where age appropriate. Where parental consent is required this would need to be secured through the child's or young person's social worker unless existing arrangements are in place which covers this.

For a looked after child or young person from a fostering or kinship care household, in most circumstances local authority (via a social worker) or birth family consent would be required to allow foster or kinship carers or settings to assist swabbing.

Safeguarding

Schools and colleges must comply with their legal duties as appropriate regarding pre-appointment checks when utilising agency staff, contractors and volunteers to support testing schools and colleges, including having regard to the statutory safeguarding guidance on [keeping children safe in education](#) and [safeguarding in colleges](#).

Managing the anxiety of pupils and students

School and college staff know the children and young people in their settings well and will be able to put in place an approach that helps reduce any anxiety as much as possible. They will also need to consider whether there are reasonable adjustments that they would need to make to the context in which the tests were conducted for disabled children and young people while maintaining the integrity of the testing process.

Where a setting has concerns about the anxiety levels of a child or young person, it will often be helpful to talk the issues through with them and their parents.

Areas staff may wish to consider

These questions are based on feedback from the sector.

1. How can staff help ensure that the child or young person knows what is involved and the reasons for it? What methods of communication work best for them?
2. How can parents help their child know what testing will involve and what advice can they provide to the setting as to what might work best?
3. Would it be helpful by exception for a parent, with appropriate measures in place to manage infection risk, to accompany the pupil or student as they self-swab when taking the test, or to assist their swabbing during the test? For more information, see [what if a pupil or student cannot self-swab](#)
4. Would it be helpful to have someone on the staff who has a good relationship with the child or young person present during the testing?
5. Would it be helpful for the child or young person to be familiarised with the site to be used for testing and how it will be set up?
6. How can the site being used for testing be made as calm an environment as possible?
7. Will it help to offer the child or young person a relaxing activity after testing or refreshments to help make it as positive an experience as possible?
8. If the child or young person stims to relieve their anxiety, then will it help to allow them to have their stimming toy with them throughout the test?
9. If the child or young person would be more comfortable with testing being done at home, would that be the better approach from the outset?

Resources for parents will be made available to help them support their children testing at home.

Financial and workforce support

We will continue to fund schools and colleges to support with the delivery of testing on-site in line with departmental policy.

In Special Schools, Alternative Provision and Special Post-16 institutions we anticipate that on-site testing may be more appropriate for a greater proportion of children and young people; these settings should carefully consider the specific needs of their pupils, to establish the right level of on-site testing they continue to deliver.

We have accounted for different staffing levels needed in special schools, APs and specialist colleges to deliver testing. Non-maintained special schools and independent special schools will also receive funding to support them with testing costs.

Where specialist settings may not have the capacity to deliver assisted swabbing (due to, for example, staff sickness) then further support may be available from Medacs Healthcare. [Contact us](#) for more information.

Settings should note that staff available through Medacs will have had the similar levels of training to those in specialist settings (they are not medically trained) as assisted swabbing does not need to be done by a clinician.

For institutions receiving Medacs support for assisted testing requirements, the cost of this Medacs support will be deducted from that institution's allocation or payment.

Residential special schools and special post-16 institutions

The guidance on [safe working in education, childcare and children's social care settings](#) includes the actions to be taken in the event of a child or young person being tested positive for COVID-19 in a residential setting.

Further information on what to do if a child or young person tests positive for COVID-19 using a lateral flow device (LFD) can be found within the 'how to guide' on the document sharing platform.

Transport

Where a child or young person has tested positive for COVID-19 on-site, they should be sent home. The setting should contact the parent or carer who should make arrangements for the child or young person to journey home as soon as possible. They may walk or cycle if it is possible for them to do so and they are able to wear a face covering and keep a safe distance from others. They are advised not to travel on public transport. In exceptional circumstances, where it is not possible for the parent or carer to make arrangements for the child's or young person's journey home, home to school transport may be provided.

Further information on what to do if a pupil or student tests positive for COVID-19 using a LFD can be found in the 'how to guide' on the document sharing platform. Those affected should follow the [guidance for households with possible or confirmed COVID-19 infection](#).

Support, resources and contacts

Support available from local health services

Settings are encouraged to liaise with local health bodies and services where they need advice or support in relation to testing for specific individual children and young people with complex needs.

Resources

Schools and colleges can access more resources on the document sharing platform.

Contact

Schools and colleges should call 0800 046 8687 (Mon-Fri 8am to 6pm, Sat-Sun 10am to 6pm) if they have further questions.



Topics

[Benefits](#)

[Births, death, marriages and care](#)

[Business and self-employed](#)

[Childcare and parenting](#)

[Citizenship and living in the UK](#)

[Crime, justice and the law](#)

[Disabled people](#)

[Driving and transport](#)

[Education and learning](#)

[Employing people](#)

[Environment and countryside](#)

[Housing and local services](#)

[Money and tax](#)

[Passports, travel and living abroad](#)

[Visas and immigration](#)

[Working, jobs and pensions](#)

Government activity

[Departments](#)

[News](#)

[Guidance and regulation](#)

[Research and statistics](#)

[Policy papers and consultations](#)

[Transparency](#)

[How government works](#)

[Get involved](#)

