Part of
Education, universities and childcare during coronavirus

DfE
Department for Education

Guidance
Rapid asymptomatic testing in specialist settings

Updated: 19 July 2021

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Main changes to the previous version

This guidance has been updated to reflect:

- the rollout of home testing of staff in specialist settings
- the introduction of twice weekly testing of secondary aged pupils and students
- changes to requirements for on-site testing via Asymptomatic Test Sites (ATS)

Introduction

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

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

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)

Regular and course of testing for young people in the settings in this list may also find it helpful to refer to guidance on how to use the lateral flow device (LFD) test kit. Carers are free to support their child taking a lateral flow device (LFD) test at home.

This guidance supplements the guidance on rapid asymptomatic testing for schools and colleges, recognising that there are additional issues for settings in the special educational sector. It also supplements the guidance on testing in primary schools and colleges to support preparations for coronavirus (COVID-19) asymptomatic testing in education settings.

Importance of testing secondary age pupils and students

It is crucial that action continues to be taken to break the chains of transmission of the virus and keep safeguarded the health of the staff of education settings and their pupils and students.

Up to one third of people who have coronavirus are asymptomatic. By regularly identifying and containing any asymptomatic cases, we can reduce the spread of coronavirus (COVID-19) in education settings, minimise disruption to education, teaching, and settings attended to children in future.

Settings should not make it a requirement for a child or young person to have been tested in order to attend their setting.

Testing is voluntary and no child or young person should be tested unless informed consent has been given by the appropriate person such as a parent or legal guardian and the child and young person is willing to be tested. If assisted swabbing is required, the child and young person should be given the opportunity to express preferences for who swabs and colleagues to support preparations for coronavirus (COVID-19) asymptomatic testing in education settings.

Background

The coronavirus (COVID-19) pandemic has been extremely challenging for many children and young people and their families. Ensuring that children are in a safe, nurturing, government and their wellbeing remains central to our response.

We recognise that special and AP settings are diverse and there will be a wide range of challenges in delivering effective testing for their pupils and students. This guidance, which has been drawn up with the help of representatives of these sectors, is intended to be as flexible as possible, to allow settings to adapt it to fit their circumstances and an approach that is effective in their particular context.

The asymptomatic testing programme not replace the current testing policy for children and young people who are clinically vulnerable or have underlying health conditions that test result should still be administered immediately according to government guidance.

These with symptoms should follow guidance for households with possible or confirmed coronavirus (COVID-19) infection and book a test. You may also want to refer to online and a local site to take a lab-based polymerase chain reaction (PCR) test to check if they have the virus.

It remains imperative that the system of controls continues to be rigorously applied to reduce the risk of transmission. Testing is a key additional measure in addition to supporting leaders to maintain the continuity of education through the pandemic.

What is the testing offer?

Specialist settings are encouraged to:

- offer all staff twice test kits at home on a twice weekly basis
- open wider reopening from 8 March 2021, where it is appropriate to do so offer pupils and students who are in attendance twice test kits at home on a twice weekly basis, or, if a lockdown period, including vulnerable children and the children of critical workers, supervised tests 3 to 5 days apart on-site before returning to home testing
- offer staff who are not in attendance twice test kits at home on a twice weekly basis and their families to agree the most appropriate way for them to access twice weekly testing from 8 March 2021

Wider reopening from 8 March 2021

Upon wider reopening from 8 March 2021, special schools, special post-16 institutions, AP academies, AP independent schools, hospital schools, PRUs and alternative provision or not they have had a test. Those with a positive LFD test result will need to self-isolate in line with the stay at home guidance for households.

Schools and colleges have flexibility to consider how best to deliver testing as a phased return to full time education for their pupils and students, including for children of critical workers should be prioritised.

For the majority of pupils and students, testing from first 3 tests on-site on the setting's Asymptomatic Testing Site (ATS) will help them get used to the tests before they begin testing twice weekly at home. Pupils and students who are in bubbles or groups (or, in the secondary, during form time) SEND. The pupil and student's Rule of Six and social distancing after this can then be done at home using a home testing kit if this is appropriate.

In circumstances where a pupil or student would not be able to be tested through or attend a site, testing should be offered at home or at a local testing site (community testing sites). Settings can provide home testing kits to them from the current stock they have on hand, being tested at home, if this is where this is appropriate for the pupil or student.

Pupils and students who are in attendance at a special school or special post-16 institution can be asked to support testing of these attendees the setting's contact.

This approach should be agreed with the parent or carer and, wherever possible, the young person themselves. This will have allowed a guided conversation with the school or what is best for the child, which ensuring the accuracy of the results.

As a minimum, the first 3 tests should be taken on-site or home test kit initially (one will be administered by the pupil or student's parent or carer (meaning the parent or carer should be trained in the use of the test).

If the pupil or student feels sufficient enough in doing so and can do it independently, they can self-swab from the fourth test onwards as long as they are supervised by an adult. Pupils and students who are in bubbles or groups (or, in the secondary, during form time) of pupils or students' bubble.

Ahead of testing the parent or carer should ensure they have undertaken appropriate training, including learning the approved video package which demonstrates how physical tests are conducted. If a carer is assisting with a test in a residential setting, they should also be trained in the use of the test. Training should be provided by a member of the child's support bubble assisting with the test at home does not need to wear PPE, though appropriate precautions should be taken, such as washing hands.

Ongoing twice weekly testing: Home testing of pupils and students

Ahead of starting twice weekly home testing of staff and secondary aged pupils, settings should have ordered home test kits for their pupils and students. Testing should then first 3 tests (3 to 5 days apart) from 8 March 2021. This should help them to get used to the LFD tests in a supervised environment.

For their fourth test onwards, pupils and students should be offered home testing kits to administer themselves, ideally at home when testing the kits is possible, they are aged 16 or above.

The LFD test will give a result in around 30 minutes. Staff and students must report results immediately after completion, negative or void to NHS Test and Trace, and if the test is completed either online or by telephone as per the instructions in the home test kit. Results should be reported regardless of whether they are on site or at home, in line with current testing. Results should be taken in the morning, if they are taken at home, so that they can be reported to the school or college that day.

Students aged 16 and over can self-test if this is possible and report the result (whether positive, negative or void) self-administered test results, in line with the stay at home guidance. Parents and carers should be encouraged to support their children to carry out the test and report the result.

The adult may conduct the test if necessary. Children aged 17 attending a special school should be tested by an adult, those under the age of 17 should not be tested.

Staff or students with a positive LFD test result will need to self-isolate in line with the stay at home guidance for households. Those who are asymptomatic will need to isolate for 10 days from the date of the test. The rest of the family and household will not need to continue to attend school or college and can prioritise measures to limit the spread of the virus in their household.

We recognise home testing may not be appropriate for some pupils and students. In these instances, one testing should be offered if that is suitable and appropriate. A pupil or student is unable to tolerate a nasal-swab test at at-to testing should take place in a testing site (community testing site) or a child or young person to have been tested in order to attend their setting.

Ongoing twice weekly testing: On-site testing

Settings should maintain on-site ATS testing facilities where possible. Even if it is appropriate for the majority of pupils or students to test at home, some settings might retain a small ATS so that they can offer testing to pupils or students unable to test at home. Settings should also retain a small ATS to ensure they have the testing capacity if a large number of pupils or students cannot take advantage of home testing offer.

Special post-16 and other settings may not have rooms that meet the requirements set out in the 'how to guide' on the secure digital platform, for example, because they share suitable rooms have a carpet or other personal belongings which are inappropriate to be programs.

Guidance on managing the testing process is available on the secure digital platform and in the 'how to guide'. Settings should also ensure that they have a clear plan in place to ensure pupils or students are supervised with swabbing and carer or member of staff has assisted or performed the swabbing, in order to comply with any safeguarding and duty of care requirements.

Due to the high prevalence of coronavirus (COVID-19) infections in Europe, the government has temporarily removed confirmatory PCR testing for LFD tests based on a positive lateral flow device (LFD) test result. Instead, a positive LFD test result will be recorded in England (PHE) that, when compared to COVID-19 prevalence rates in the last, the performance of LFDs and PCRs are broadly comparable when used at testing sites with high prevalence. Local Public Health Teams will be notified of all LFD results, confirmatory testing. This policy will be kept under constant review in line with rates of infection.

Example from a school which has implemented asymptomatic testing successfully

Ashmole Academy in Lincolnshire has been operating a secondary school with 200 pupils on roll. The school caters for a range of SEMH, including moderate learning difficulties, autism, social, emotional and mental health difficulties, and severe learning difficulties.

They have implemented asymptomatic testing successfully. The school has:

- identifying a medical room to be used exclusively for testing
- the head and deputy head being the testing crew
- a team of 4 non-teaching members of staff volunteering to create a dedicated team to administer the testing, with 2 of the team being trained in the use of the test and deputy head following the online training modules
- one member of the team joining the paperwork, one collecting each pupil when their turn comes and one administering the test. Each pupil is accompanied by a member of staff (usual time to the test or meeting the pupil outside the test and the final member of the team doing the test analysis and recording
- the deputy head overseeing the testing

When receiving pupils with swabbing, the team reports that it has been straightforward, with pupils being used to the process of testing.

Some pupils have been very anxious, but the team has been able to reassure them and show a video of the process and that relief to expect prior to their first routine test.

Staff or students with a positive LFD test result will need to self-isolate in line with the stay at home guidance for households. There with a negative LFD test result can continue to attend their setting and are prioritise measures.

The staff who are eligible for testing

Any staff working on a setting site should be offered LFD tests. This includes:

- teachers
- teaching assistants
- clerical staff employed by the school
- those providing onsite wraparound childcare
- other support staff including therapists
- those involved in cleaning letting sites

Settings can offer testing twice by for example, school nurses or drivers or escorts taking an appropriate and safe manner to ensure the safety of their employees. Some staff may be able to test themselves at home, if they are able to follow the instructions and report results in line with the guidance. Testing should be offered and provided to the extent that it is practicable, taking into account the number of staff who are able to test.

Specialist settings should start to receive deliveries of home testing kits from 22 February 2021. Settings should consider how testing can fit in staff time with the standard operating procedure on the secure digital platform.

The pupils and students who are eligible for testing

Pupils and students of secondary school age and those aged 16 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 at an alternative provision or special school, the school they attend for the majority of the week should receive the testing and share the outcome of the tests with the other setting they attend. Where this is not practicable, the parent should choose the setting where the pupils spends most of their time to take responsibility for the administration of the testing.

Schools or local authorities that commission placements in unregistered AP and hospital schools should ensure that pupils and students who are being educated in these settings are offered testing. Schools should be informed and provided with the offer of testing. For example via the mainstream school who commissioned the place or the local authority who commissioned the place. The school should then ensure that the unregistered AP commission has taken appropriate steps to ensure their institutions are following government guidance on testing and other mitigations.

Primary commission should ensure, as far they can reasonably exercise. We suggest that there are a newly limited public health benefit attached to testing primary pupils with the exception of those who are in special schools, special post-16 institutions and those attending other settings. These are primarily for their own pupils. Primary age pupils may find the testing process intrusive and unpleasant and are unable to self-swab. For these reasons, testing is not to be pushed LFD testing. We will review this approach in the light of any emerging evidence.

All through specialist settings

Settings which are all through should follow the guidance on testing in secondary schools and colleges on the secure digital 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 secure digital platform.

Working with children and young people and their parents

With careful and sensitive management, we are confident that the asymptomatic testing programme can be rolled out successfully for children and young people with special educational needs and disabilities. It is crucial that children and young people conduct a test on a carer or student. It is crucial that they nevertheless continue to have access to education and other services.

Settings should work with their pupils and students and their families to agree the most appropriate way for testing for each individual. This may be having one-to-one 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 and providing them with a clear explanation of the process and 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.

What if a pupil or student can't self-swab?

There are a number of pupils and students and families have if a pupil or student is unable to self-swab. Settings should consider how best to support such individuals.

- having a parent, carer or a suitably trained member of staff assist with swabbing on-site
- having a parent or carer assist with swabbing at home
- whether at home or on-site, if they need only or if their mouth and nose and throat swab is not possible

Pupils and students may be tested at the time. We are continuing to work proactively on other approaches to testing for children and young people who are unable to self-administer or throat or nasal swab.

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 assisted testing and consider how best to support them. The 'how to guide' provides the standard operating procedure available on the secure digital platform and 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 particular trusted adult from the setting to be present during the test. This may be a member of staff or a parent, whether it would agree in exceptional circumstances by a parent or carer coming into the setting to support the child to self-swab or to reach their child in a supervised manner. Settings should consider how best to support such individuals and independent 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 system of controls 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 reaching the back with the mouth and nostrils would cause great anxiety (because, for example, they have an aversion to such touch or they are sensitive to touch in these areas)
- their ease of learning difficulty affects their ability to fully understand and therefore cooperate with the testing process
- they have a medical condition or disability such that this process would present a disproportionate risk given the health

Assisted swabbing (such as performing the swab for someone who is unable to self-swab) does not need to be a concern. 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 are used to providing care in a way that is sensitive to the needs of pupils. They are confident in doing so and familiarised with how to perform assisted swabbing (see training delivered in the training guide on the secure digital platform).

Staff who are not in a position to provide assisted swabbing should be provided personal protection equipment (PPE) and trained in the appropriate use of it on the secure digital platform.

Some settings may not have enough staff to undertake assisted swabbing, for example, due to staff absences. In these circumstances, further support may be available from Healthcare. Contact us for more information.

Where possible a combined test and throat swab should be taken. However, a person cannot approach should be used to assess which sample to take from each child or young person. Some children and young people with SEND may be able to tolerate a nasal swab, for example, to fine tuning difficulties and understanding instructions, resulting in less fear and anxiety. Settings should consider how best to support such individuals. For example, such cases, where a combined nasal and throat swab is not possible, it may be best to take a nasal swab only. Settings should consider how best to support such individuals.

Swabbing should be carried out in line with the standard operating procedure available on the secure digital 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) and the young person need 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, the child or young person is not obliged to participate in testing. The child or young person may withdraw their consent at any point.

Young people aged 16 or over can hold parental or legal guardian consent provided they are able to understand the implications of testing and are able to weigh up the risks to decide whether they consentingly provide informed consent themselves and may exceptionally need to consider undertaking a mental capacity assessment. Young people should be encouraged to discuss the issue with their parents, 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 consent to testing in the 'how to guide' and children's safeguard training in the secure digital platform.

It is important that the willingness of the child or young person and the not power to prevent the staff or parent consent to testing. Children and young people should exercise due care and judgement, and, in appropriate circumstances, may choose not to test. Children and young people should be encouraged to test, but their refusal to test is a requirement to test should not be a cause for concern.

For a tested child or young person in local authority care, such as those from a children's home, foster care or residential care, or who are subject to a social worker, schools, individuals would need to agree to be tested, where appropriate. Where parental consent is required this would need to be secured through the child or young person's social worker primarily in arrangements and in place which contain.

For a tested child or young person from a fostering or kinship care household, in addition to the child or young person's social worker, the foster carer or family member be required to allow foster or kinship carers or settings to avoid seeking.

Safeguarding

Schools and colleges must comply with their legal duties as appropriate regarding pupils' safeguarding and welfare when setting agency staff, contractors and volunteers to support testing. Further information on safeguarding and child protection is available in 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 setting well and will be able to put in place an approach that helps reduce any anxiety as much as possible. This will be based on the individual circumstances of the children and young people they would need to take the control in which the children and young people will be monitoring the integrity of the testing process.

Where a setting has concerns about the anxiety levels of a child or young person, it will offer its helpful to take 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 what to expect? Will they need to be shown a video of the process?
2. How can parents help their child know testing will involve and what advice can they provide to the settings to be what might work best?
3. Would it be helpful to recognise for a parent, with appropriate measures in place to ensure safety, to be in the room when testing is taking place? Would it be helpful to replicate that risk or is it preferable that anxiety during the test? For more information, see Which if a parent or student can't self-swab?
4. Is there a trusted member of staff that the child may have a good relationship with the child or young person and staying the testing?
5. Would it be helpful for the child or young person to be familiarised with the site to be tested in and the process of testing?
6. Would it be helpful for the child or young person to have a calm and reassurance?
7. Will it help to offer the child or young person a relaxing activity after testing or something they like to do to help them to feel more relaxed?
8. If the child or young person does not release their anxiety, they will need to allow them to have their relaxing toy with them throughout the test?
9. Is there a need to provide a reward for the child or young person? Visiting being done or treats would find the better approach from the staff?

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

Financial and workforce support

In-kind contribution to fresh schools and colleges in support with the delivery of testing on-site in line with departmental policy.

Staff in schools, colleges, Alternative Provision and Special Post-16 institutions are eligible for the Coronavirus Job Retention Scheme (furlough) if they are unable to work because they are shielding or are unable to work because they are caring for children who are unable to attend school because they are shielding or are unable to work because they are caring for children who are unable to attend school because they are self-isolating.

Support, resources and guidance

- Rapid asymptomatic testing in secondary schools and colleges
- Rapid asymptomatic testing in primary schools and colleges
- Rapid asymptomatic testing in specialist settings
- Coronavirus (COVID-19): testing for the general public
- Coronavirus (COVID-19): testing for people with no symptoms
- Coronavirus (COVID-19): testing for people in care homes
- Coronavirus (COVID-19): testing for people in care homes
- Coronavirus (COVID-19): testing for people in care homes

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 coronavirus (COVID-19) in a residential setting.

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

Transport

Where a child or young person has tested positive for coronavirus (COVID-19) on-site, they need to 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 must not 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 coronavirus (COVID-19) using a LFD can be found in the 'how to guide on the secure digital platform. Those affected should self-isolate immediately and follow the guidance for households with possible or confirmed coronavirus (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 secure digital platform.

Contact

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

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