Part of
Education, universities and childcare during coronavirus
Department for Education

Guidance
SEND and specialist settings: additional COVID 19 operational guidance

Updated 27 August 2020

Contents
Summary
Who is this guidance for?
Introduction
Workplace
Attendance
Equipment and resources
Education, Health and Care (EHC) plans
Visiting specialists, support staff and wider provision
Respite care
Remote education
Education recovery
Tutoring
Early language support
Catch-up premium and recovery funding
Protective measures
Home to school transport
Print this page

Summary

On 17 August 2021, we updated this guidance to reflect the changes to guidance on self-isolation requirements.

This guidance will be regularly reviewed.

Who is this guidance for?

This additional guidance is for the leaders and staff of:

- special schools, including non-maintained special schools
- special post 16 institutions (SPIs)
- independent special schools (IS) (including boarding schools)

The purpose of this guidance is to provide additional information and support that will be helpful to you in addressing the impact of COVID-19.

Separate guidance is available for:

- early years
- schools
- further education (FE) colleges and providers
- sixth form colleges
- out-of-school settings

You should read closely along parents, parents or carers, staff and unions when agreeing the best approaches for your circumstances.

We expect independent schools and non-maintained special schools to follow the control measures set out in this guidance in the same way as state-funded schools.

Settings should work closely with parents and carers (future referred to as parents) and their children, young people, staff and unions when agreeing the best approaches for their circumstances.

We use the terms 'must' and 'should' throughout the guidance. We use the term 'must' when the person in question is legally required to do something and 'should' when the advice set out should be followed unless there is good reason not to.

Introduction

This is additional guidance for special schools, special post-16 institutions, and independent special schools (including boarding schools). This includes public health advice, endorsed by Public Health England (PHE).

It should be read alongside the main guidance documents:

- schools COVID-19 operational guidance
- further education COVID-19 operational guidance

The government will continue to manage the risk of serious illness from the spread of the virus. Step 4 marked a new phase in the government's response to the pandemic, moving away from stringent restrictions on everyone's day-to-day lives, towards encouraging people to take responsibility themselves and others, alongside targeted interventions to reduce harm.

As coronavirus (COVID-19) becomes a virus that we learn to live with, there is now an expectation that all children and young people will be able to participate in education, participating given that the direct cross-infection risk to children and young people which has been offered a first vaccine and the opportunity for 2 doses by mid September.

Our priority is for you to deliver face-to-face, high quality education to all pupils and students, including those who are vulnerable and those who are subject to educational attainment, the classes, medical and physical health.

We have worked closely with the Department of Health and Social Care (DHSC) and Public Health England (PHE) to revise this guidance.

Workplace

Risk assessment

You must comply with health and safety law and put in place proportionate control measures. Many of these measures will be familiar to you as they will be in place already as 'living documents' as the circumstances of your school or college and the public health advice changes. This includes having active arrangements in place to monitor and review your risk assessments and control measures.

For more information on what is required to meet your legal responsibilities, see the health and safety risk assessments and managing risk, health and safety responsibilities and duties for schools.

Workforce

Education leaders are best placed to determine the workforce required to meet the needs of their pupils and students.

Clinically extremely vulnerable (CEV) people are advised, as a minimum, to follow the guidance set out in their letter. It is important that everyone adheres to this guidance but CEV people may wish to think particularly carefully about the additional precautions they may take in the workplace in addition to those set out in the guidance on protecting people in the CEV Flow COVID-19.

Social distancing measures have now ended in the workplace and it is no longer necessary for the Government to instruct people to work from home. Employers should now take a risk assessment approach in consultation with their workforce. Public Health England and Public Health Wales have published guidance on protecting workplaces and workers from COVID-19 for employers and employees on how to make workplaces safe in the workplace.

We welcome your support in encouraging vaccine take up and enabling staff who are eligible to participate in school bookers vaccine opportunities where vaccinations are during term time.

Attendance

Special schools and AP settings: attendance

School attendance is mandatory for all pupils of compulsory school age, and it is a crucial part of their education. It is also a safeguarding issue.

Where a child is required to self-isolate or quarantine because of COVID-19 in accordance with national guidance or guidance published by PHE or DHSC they should be recorded as code X (not attending in circumstances related to coronavirus). Code X should be used for any absence that may have a confirmed or suspected COVID-19 illness should be recorded as code I (illness).

For pupils absent who are unable to return, code X is unlikely to apply. In some specific cases, code Y (unable to attend due to exceptional circumstances) may be used. Refer to guidance about the use of codes in presence in the school attendance guidance.

Special post-16 institutions: attendance

Special post-16 institutions should continue to allow students to attend as per their usual timetable.

Hospital schools, including child and adolescent mental health services (CAMHS)

Providers should offer full time education where it is safe and flexible to do so and in line with the wider risk assessment and control (RCA) measures in place within the hospital school. Providers should also ensure that pupils and students receive a balanced curriculum that is as close as is as their health permits.

Where it is not possible to provide face-to-face education for all pupils, for example because of a local or national lockdown, providers should ensure that these pupils are supported to participate fully with the provision 'remotely'.

Mainstream schools should continue to support their pupils in hospital, including through remote learning support, to minimise the impact of their hospital stay on their education.

Travel and quarantine

All pupils travelling to England must adhere to travel quarantine, details of which are set out in the guidance for travel to England from other countries. Pupils should be given appropriate arrangements for travelling school/college/home from vehicle/coach/bus or airport and boarding school in England.

Parents travelling abroad should bear in mind the impact on their child's education which may result from any requirement to quarantine or self-isolate upon return.

Encouraging regular school attendance

Guidance for schools and local authorities to help them to encourage school attendance is available.

You should continue to carry and consistently communicate the expectations around school attendance to families and any other professionals who work with the family. Any absence should be treated as a safeguarding issue, and you should be aware of any vulnerable or young person and responding to the concerns of the parent, carer or guardian. This conversation is particularly important for children with a social worker.

Children or young people self-isolating or shielding

A small number of pupils and students will still be unable to attend in line with public health advice because they are CEV or live with someone who is CEV and should follow advice on shielding and shielding and shielding.

There are some groups of children and young people who are at higher risk of severe illness if they do catch COVID-19 because of underlying medical conditions, such as hospital stay or, have received a letter confirming that they are clinically extremely vulnerable (CEV). We no longer advise those who are CEV to shield. See guidance on shielding and the clinically extremely vulnerable and protecting people who are extremely vulnerable.

All CEV pupils and students should attend their education setting unless they are one of the very small number of children and young people under paediatric or other specialist care who have been advised by their clinician or other specialist not to attend.

Further information is available in the guidance on supporting pupils and students who are CEV.

Pupils and students who live with someone who is CEV should continue to attend their education setting as normal.

Where a CEV pupil or student is unable to attend their education setting because they are complying with clinical or public health advice, we expect education settings to be able to offer them access to high-quality remote education.

Where pupils who are attending are either on shielding or vulnerable, it is important that they are able to socially distance from other pupils and students who are not part of the shielding or vulnerable education. You should notify their social worker (if they have one) and agree the best way to maintain contact and offer support.

Residential specialist settings

Residential special schools and residential special post-16 institutions, local authorities should maintain a register of all pupils and students who have been sent home due to COVID-19 and who are unable to return to their residential setting, due to their health risks as being extremely vulnerable whether additional support is required to ensure they are fed and healthy.

Local authorities should provide any necessary health and therapy support (including access to medical equipment if the child or young person returns to the residential setting).

All pupils and students can travel between their boarding provision and home, including those who attend weekly boarding provision.

You should ensure that appropriate arrangements are in place to allow children and young people to remain in contact with their parents and carers. Visits should be kept to a minimum. Any visitors to the school should follow the guidance on COVID-19 risk assessment for visitors to schools.

- self-isolate due to a specific health advice
- any local or national restrictions

To support face-to-face visits, it is important that all visitors have access to regular testing and are aware of available testing sites prior to a visit. Anyone in England can now access a rapid lateral flow test to find out if they have the virus COVID-19 but themselves and their families to see how is week. In line with clinical guidance.

It is not a legal requirement that visitors be tested on entry before each visit.

You should continue to keep the local authorities that have placed the child or young person in your residential provision informed of any significant changes that could ensure the children or young people continue to receive support. Local authorities should help with any shift movements needed as far as possible and ensure appropriate information and public health risks have been considered.

If you are temporarily unable to provide full provision it is likely to be preferable to allow children and young people to remain in your setting, if it is safe to do so, rather than potentially expose alternative accommodation. You should discuss this with the family and young person and the commissioning local authority.

Education, Health and Care (EHC) plans

Where a pupil or student has an EHC plan the local authority and (if there is health provision in the plan) the clinical commissioning group (CCG) should work together to plan.

At times it may be necessary to conduct some aspects of EHC needs assessments and reviews in different ways. For example, because children or young people are shielding. It is important that the assessments and reviews continue to ensure that the needs of children and young people with EHC plans are met and that they are able to engage with the provision in a meaningful way.

As well as the duty to secure or arrange provision in an EHC plan, you must meet all the requirements in the plan. Local authorities should ensure that children and young people that settings co-operate to support meeting required clinical provision, providing families with advice and information where required.

Visiting specialists, support staff and wider provision

Specialists, therapists and other health professionals who support children and young people with SEND (for example speech and language therapists, physiotherapists, occupational therapists, clinical psychologists and specialist teachers), should provide intervention as usual.

Where children and young people with an EHC plan are in receipt of health provision, recognising that the state in detail provision set out in an EHC plan are fully in force you should work collaboratively with their local authority. Clinical Commissioning Groups (CCGs) and local authorities should ensure that children and young people and current local public health guidance.

Where children and young people with EHC plans are not attending their education setting because they are complying with clinical or public health advice, local authorities should collaborate to agree how to meet their duties to secure the provision set out in the EHC plan. This may include face-to-face visits to the home, or virtual support by means of video or telephone calls, or via email.

Post-16 settings should continue to refer to the detailed guidance on remote education expectations set out in the further education COVID-19 operational guidance.

Teachers are best placed to know how to meet effectively meet pupils and students needs to ensure that they make progress if they are not in face-to-face contact because they are following public health advice.

We recognise that some pupils and students with SEND may not be able to access remote education without support from adults at home. We expect education providers to collaborate with families and put in place reasonable adjustments so that pupils with SEND can successfully access remote education appropriate to their ages and abilities.

Further details on delivering remote education for children and young people with SEND can be found in remote education good practice.

You should have systems for checking daily whether pupils and students are engaging with their work, and work with families to rapidly identify effective routines where engagement is a concern.

Education recovery

We have announced a number of programmes and activities to support pupils and students to make up lost learning and to support overall the pandemic. Further information is available at education recovery support.

This includes further information on the catch-up premium, recovery premium, summer school programme, National Tutoring Programme, National Tutoring Programme and tutoring hours, teacher training opportunities, curriculum resources, specialist settings, early language support, additional support for children with SEND, and support for children and young people with special educational needs.

If working in summer schools, you should have the protective measures for holidays and activity holidays, and other out of school settings during the coronavirus (COVID-19) outbreak.

Tutoring

Specialist settings will receive a funding uplift for children and young people who are more likely to need one to one tutoring. There will also be greater flexibility for settings to use their funding to meet the needs of their pupils and students. Tutoring is also analysed through the existing National Tutoring Programme. The National Tutoring Programme website includes resources such as best tutoring practice for settings.

The National Tutoring Programme includes a dedicated Tuition Fund for 16 to 19 students. In line with 16-19 funding, young people with SEND aged 19 to 24 who have an EHC plan and Health and Care (EHC) Plan will be included in the eligibility for the Tuition Fund.

Institutions may choose to use this funding to support learners with SEND to catch up on skills and learning that are important for their preparation for adulthood.

Early language

The Nuffield Early Language Intervention (NELI) programme is an evidence-based oral language intervention for children in reception and reception and nine sessions in their oral language skills. NELI is delivered by a trained teaching assistant providing small group or one to one sessions. Schools can use the Nuffield Early Language Intervention Assessment and Language Progress Intervention tool can supplement these and can be delivered in both special and mainstream settings.

Further information on the Nuffield Early Language Intervention is available.

Catch-up premium and recovery premium

We have provided children who attend specialist settings by providing additional funding which is for the exceptional circumstances in special schools, alternative provision and hospital schools to support recovery from disruption.

The opportunity needed up to one more year applies to all students in year 13 (or equivalent), including SEND students in year 13(or equivalent) with an EHC plan where the local authority has agreed to fund an extra year of education, or a 16-19 EHCP. An option to repeat year should be considered as part of the local authority's annual review of the EHC plan.

Alternative provision (AP) settings can continue up to age 19 for those young people who need to be supported to complete their education or training programme and who need to make a judgement. In consultation with parents and the young person, about whether the provision is still meeting their needs and is still the most appropriate provision and is able to make a successful transition to adulthood. In cases where the local authority needs to consider whether it is in the best interests of an individual to continue in AP beyond their 19th birthday, the local authority should take into account the old date to meet the aim of their education in the 2020 to 2021 academic year. It is very unlikely that any young person who has not been in education since March 2020 because of shielding should determine the period of time that is 'in order' and will impact based on the needs of the individual, and in agreement with the local authority.

It is important to note that the legislative and funding arrangements for EHC plans do not allow for a plan to be extended beyond the age of 25.

Home to school transport

We have updated the dedicated transport to schools and colleges COVID-19 operational guidance to reflect changes to the guidance for schools from the 14 June.

The government is removing the requirement to wear face coverings in bus and coach transport and school and college transport, and encourage people to wear face coverings on public transport, and you no longer need to do so unless you are exempt.

You should make sure your contingency plans (sometimes called a business continuity plan) cover the possibility of a period in which some but not all staff are necessary to reintroduce 'bubbles' for a temporary period to reduce mixing between groups.

Any decision to recommence the reintroduction of 'bubbles' would be taken lightly and would need to take account of the detrimental impact they can have on the delivery of education.

Tracing close contacts and self-isolation

Close contacts will be identified via NHS Test and Trace and education settings will no longer be required to undertake contact tracing.

As with positive cases in any other setting, NHS Test and Trace will work with the education setting to identify close contacts. The definition of close contact is the same as for the wider NHS Test and Trace where the positive case spends a prolonged period in individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact.

Settings may be contacted in exceptional cases to help with identifying close contacts, for example in managing other outbreaks in the setting.

Individuals are not required to self-isolate if they live in the same household as someone who is a close contact unless they are a close contact with COVID-19 and are the following cases:

- they are fully vaccinated
- they are under 18 years 6 months
- they have participated in, or are currently part of an approved COVID-19 vaccine trial
- they are not able to get vaccinated for medical reasons

Instead, they will be contacted by NHS Test and Trace and asked to take a close contact with a positive case and advised to take PCR test. We would encourage all individuals to take up the offer of a PCR test.

Equipment and resources

Schools and colleges should be aware of the government's guidance on the use of personal protective equipment (PPE) in their setting. Schools and colleges will be contacted by their local authority if they need to be supplied with PPE.

Protection measures

Mixing and 'bubbles'

We no longer recommend that is necessary to keep children and young people in consistent groups ('bubbles'). The means that bubbles will not need to be used by schools and colleges to organise their pupils and students. Settings will need to be flexible in this period, as it settings from the summer term.

As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and you no longer need to stagger arrival and departure times and lunch and playtime breaks.

You should make sure your contingency plans (sometimes called a business management plans) cover the possibility of a period in some but not all staff are necessary to reintroduce 'bubbles' for a temporary period to reduce mixing between groups.

Any decision to recommence the reintroduction of 'bubbles' would be taken lightly and would need to take account of the detrimental impact they can have on the delivery of education.

Tracing close contacts and self-isolation

Close contacts will be identified via NHS Test and Trace and education settings will no longer be required to undertake contact tracing.

As with positive cases in any other setting, NHS Test and Trace will work with the education setting to identify close contacts. The definition of close contact is the same as for the wider NHS Test and Trace where the positive case spends a prolonged period in individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact.

Settings may be contacted in exceptional cases to help with identifying close contacts, for example in managing other outbreaks in the setting.

Individuals are not required to self-isolate if they live in the same household as someone who is a close contact unless they are a close contact with COVID-19 and are the following cases:

- they are fully vaccinated
- they are under 18 years 6 months
- they have participated in, or are currently part of an approved COVID-19 vaccine trial
- they are not able to get vaccinated for medical reasons

Instead, they will be contacted by NHS Test and Trace and asked to take a close contact with a positive case and advised to take PCR test. We would encourage all individuals to take up the offer of a PCR test.

Face coverings

Since contacts will be identified via NHS Test and Trace and education settings will no longer be required to undertake contact tracing.

As with positive cases in any other setting, NHS Test and Trace will work with the education setting to identify close contacts. The definition of close contact is the same as for the wider NHS Test and Trace where the positive case spends a prolonged period in individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact.

Settings may be contacted in exceptional cases to help with identifying close contacts, for example in managing other outbreaks in the setting.

Individuals are not required to self-isolate if they live in the same household as someone who is a close contact unless they are a close contact with COVID-19 and are the following cases:

- they are fully vaccinated
- they are under 18 years 6 months
- they have participated in, or are currently part of an approved COVID-19 vaccine trial
- they are not able to get vaccinated for medical reasons

Instead, they will be contacted by NHS Test and Trace and asked to take a close contact with a positive case and advised to take PCR test. We would encourage all individuals to take up the offer of a PCR test.

Funding

The normal funding arrangements will apply, as set out in the high needs operational guide for the period from April 2021.

It is important that all settings maintain their capacity to support local schools with any non-behaviour and mental health issues as a result of the pandemic. We will work with local authorities to ensure that they are able to fund this support and other activity. Special and AP academies and free schools that are experiencing financial difficulties should contact their local authority in the first place. Special and AP local authorities have some provisions to support small settings which is financial difficulty and can set aside funds in their high needs budget for this purpose.

Protective measures

Mixing and 'bubbles'

We no longer recommend that is necessary to keep children and young people in consistent groups ('bubbles'). The means that bubbles will not need to be used by schools and colleges to organise their pupils and students. Settings will need to be flexible in this period, as it settings from the summer term.

As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and you no longer need to stagger arrival and departure times and lunch and playtime breaks.

You should make sure your contingency plans (sometimes called a business management plans) cover the possibility of a period in some but not all staff are necessary to reintroduce 'bubbles' for a temporary period to reduce mixing between groups.

Any decision to recommence the reintroduction of 'bubbles' would be taken lightly and would need to take account of the detrimental impact they can have on the delivery of education.

Tracing close contacts and self-isolation

Close contacts will be identified via NHS Test and Trace and education settings will no longer be required to undertake contact tracing.

As with positive cases in any other setting, NHS Test and Trace will work with the education setting to identify close contacts. The definition of close contact is the same as for the wider NHS Test and Trace where the positive case spends a prolonged period in individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact.

Settings may be contacted in exceptional cases to help with identifying close contacts, for example in managing other outbreaks in the setting.

Individuals are not required to self-isolate if they live in the same household as someone who is a close contact unless they are a close contact with COVID-19 and are the following cases:

- they are fully vaccinated
- they are under 18 years 6 months
- they have participated in, or are currently part of an approved COVID-19 vaccine trial
- they are not able to get vaccinated for medical reasons

Instead, they will be contacted by NHS Test and Trace and asked to take a close contact with a positive case and advised to take PCR test. We would encourage all individuals to take up the offer of a PCR test.

Face coverings

Since contacts will be identified via NHS Test and Trace and education settings will no longer be required to undertake contact tracing.

As with positive cases in any other setting, NHS Test and Trace will work with the education setting to identify close contacts. The definition of close contact is the same as for the wider NHS Test and Trace where the positive case spends a prolonged period in individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact.

Settings may be contacted in exceptional cases to help with identifying close contacts, for example in managing other outbreaks in the setting.

Individuals are not required to self-isolate if they live in the same household as someone who is a close contact unless they are a close contact with COVID-19 and are the following cases:

- they are fully vaccinated
- they are under 18 years 6 months
- they have participated in, or are currently part of an approved COVID-19 vaccine trial
- they are not able to get vaccinated for medical reasons

Instead, they will be contacted by NHS Test and Trace and asked to take a close contact with a positive case and advised to take PCR test. We would encourage all individuals to take up the offer of a PCR test.

Adults who do not need to isolate, and children and young people aged under 18 years 6 months who usually attend school, and have been identified as a close contact, should continue to attend school as normal. They do not need to wear a face covering within the school, but it is expected and recommended that these are worn when travelling on public or dedicated transport.

Further information on getting a free PCR test to check if you have COVID-19, choosing a drive-through or walk-through test centre for a quick test or ordering a home test kit is available.

18-year-olds will be treated in the same way as children until 6 months after their 18th birthday, to allow them the opportunity to be fully vaccinated. At which point, they will be subject to the same rules as adults, and so if they choose not to get vaccinated, they will need to self-isolate if identified as a close contact.

You will continue to have a role in working with health protection teams in the case of a local outbreak. If there is an outbreak in a setting, or if central government offers the area an enhanced response package, a direct instruction from them might advise a setting to temporarily reintroduce some additional control measures.

Pupils, staff and other adults should follow public health advice on when to self-isolate and what to do.

Face coverings

Face coverings are longer advised for pupils, staff and visitors either in classrooms or in communal areas.

The Government is removing the requirement to wear face coverings in law but expects and recommends that they are worn in enclosed and crowded spaces where you may come into contact with people you don't normally meet.

This includes public transport and dedicated transport to school or college.

In circumstances where face coverings are recommended

If you have an increase in the number of positive cases in your setting a director of public health might advise you that face coverings should temporarily be worn in communal areas or classrooms (by pupils, students, staff and visitors). You should make sure your contingency plans cover this possibility.

In these circumstances, transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. Transparent face coverings may be effective in reducing the spread of coronavirus (COVID-19). However, the evidence to support this is currently very limited. Any face covering, including transparent ones, should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles.

The main benefit from a transparent face covering is that they can aid communication, for example enabling lip-reading or allowing for the full visibility of facial expressions, but this should be considered alongside the comfort and breathability of a face covering that contains plastic, which may mean that the face covering is less breathable than layers of cloth.

Face visors or shields can be worn by those exempt from wearing a face covering but they are not an equivalent alternative in terms of source control of virus transmission. They may protect the wearer against droplet spread in specific circumstances but are unlikely to be effective in preventing the escape of smaller respiratory particles when used without an additional face covering. They should be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately.

The use of face coverings may have a particular impact on those who rely on visual signals for communication. Those who communicate with or provide support to those who do, are exempt from any recommendation to wear face coverings in education and childcare settings.

You have a duty to make reasonable adjustments for disabled pupils and students, to support them to access education successfully. Where appropriate, you should discuss with pupils and parents the types of reasonable adjustments that are being considered to support an individual.

No pupil or student should be denied education on the grounds of whether they are, or are not, wearing a face covering.

See further guidance on the safe wearing and removal of face coverings.

Stepping measures up and down

You should have contingency plans (sometimes called outbreak management plans) outlining what you would do if children, young people or staff test positive for COVID-19, or how you would operate if you were advised to take extra measures to help break chains of transmission. Given the detrimental impact that restrictions on education can have on children and young people, any measures in schools and colleges should only be considered as a last resort, kept to the minimum number of settings or groups possible, and for the shortest amount of time possible. Central government may offer local areas of particular concern an enhanced response package to help limit increases in transmission.

For most settings, it will make sense to think about taking extra action if the number of positive cases substantially increases. Information on what circumstances might lead you to consider taking additional action, and the steps you should work through, can be found in the contingency framework.

The contingency framework describes the principles of managing local outbreaks of COVID-19 in education and childcare settings. Local authorities, directors of public health (DoPs) and PHE health protection teams (HPTs) can recommend measures described in the contingency framework in individual education and childcare settings – or a small cluster of settings – as part of their outbreak management responsibilities.

Control measures

You should:

1. ensure good hygiene for everyone
2. maintain appropriate cleaning regimes
3. keep occupied spaces well ventilated
4. follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19

Ensure good hygiene for everyone

Hand hygiene

Frequent and thorough hand cleaning should now be regular practice. You should continue to ensure that pupils and students clean their hands regularly. This can be done with soap and water or hand sanitiser.

You should also continue to consider:

- how often pupils, students and staff will need to wash their hands
- whether staff working with pupils and students who spit uncontrollably want more opportunities to wash their hands than other staff
- whether pupils and students who use saliva as a sensory stimulant or who struggle with 'catch it, bin it, kill it' need more opportunities to wash their hands
- how to help pupils and students with complex needs to clean their hands properly.

Respiratory hygiene

The 'catch it, bin it, kill it' approach continues to be very important. As with hand cleaning, you should ensure that younger pupils and those with complex needs are helped to get this right.

Some pupils and students with complex needs will struggle to maintain as good respiratory hygiene as their peers, for example, those who spit uncontrollably or use saliva as a sensory stimulant. This should be considered as part of your risk assessment in order to support these pupils and students and the staff working with them and is not a reason to deny these children and young people face-to-face education.

The e-Bug COVID-19 website contains free resources for settings, including materials to encourage good hand and respiratory hygiene.

Use of personal protective equipment (PPE)

Most staff in schools and colleges will not require PPE beyond what they would normally need for their work. If a pupil or student already has care needs that involve the use of PPE, the same PPE should continue to be used.

Additional PPE for COVID-19 is only required in a very limited number of scenarios, for example, when performing aerosol generating procedures (AGPs).

The guidance on the use of PPE in education, childcare and children's social care settings provides more information on the use of PPE for COVID-19.

Maintain appropriate cleaning regimes, using standard products such as detergents

You should put in place and maintain an appropriate cleaning schedule. This could include regular cleaning of areas and equipment (for example, twice per day).

PHE has published guidance on the cleaning of non-healthcare settings.

Keep occupied spaces well ventilated

When your setting is in operation, it is important to ensure it is well ventilated and a comfortable teaching environment is maintained.

You should identify any poorly ventilated spaces as part of your risk assessment and take steps to improve fresh air flow in these areas, giving particular consideration when holding events where visitors such as parents are on site, for example, dramatic productions.

Mechanical ventilation is a system that uses a fan to draw fresh air, or extract air from a room. These should be adjusted to increase the ventilation rate wherever possible and checked to confirm that normal operation meets current guidance and that only fresh outside air is circulated.

If possible, systems should be adjusted to full fresh air or, if this is not possible, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply.

Where mechanical ventilation systems exist, you should ensure that they are maintained in accordance with the manufacturers' recommendations.

Opening external windows can improve natural ventilation, and in addition, opening internal doors can also assist with creating a throughout of air. If necessary, external opening doors may also be used (if they are not fire doors and where safe to do so).

You should balance the need for increased ventilation while maintaining a comfortable temperature.

The Health and Safety Executive guidance on air conditions and ventilation during the coronavirus outbreak and CIBSE COVID-19 advice provides more information.

DfE is working with Public Health England, NHS Scotland, Public Health Wales and the Scientific Advisory Group for Emergencies (SAGE) on a pilot project to measure CO2 levels in classrooms and exploring options to help improve ventilation in settings where needed.

Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19

When someone develops COVID-19 symptoms or has a positive test

Pupils, students, staff and other adults should follow public health advice on when to self-isolate and what to do. They should not come into their education setting if they have symptoms or other reasons requiring them to stay at home due to the risk of them passing on COVID-19 (for example, they are required to quarantine or have a positive test).

If anyone in your setting develops COVID-19 symptoms, however mild, you should send them home and they should follow public health advice.

If a pupil in a residential setting shows symptoms, they should usually self-isolate in their residential setting so that their usual support can continue, while others may benefit from self-isolating in their family home.

For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household.

If a pupil is awaiting collection, they should be left in a room on their own if possible and safe to do so. A window should be opened for fresh air ventilation if possible. Appropriate PPE should also be used if close contact is necessary, further information on this can be found in the use of PPE in education, childcare and children's social care settings guidance. Any rooms they use should be cleaned after they have left.

The household (including any siblings) should follow the PHE stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection.

Asymptomatic testing

Testing remains important in reducing the risk of transmission of infection within settings. That is why, whilst other measures are relaxed, others will remain. If necessary, in response to the latest epidemiological data, we all need to be prepared to step measures up or down in future depending on local circumstances.

Over the summer, staff and secondary pupils should continue to test regularly if they are attending settings that remain open, such as summer schools and out of school activities based in school settings. Schools will only provide tests for twice weekly asymptomatic testing for pupils and staff over the summer period if they are attending school settings. However, testing will still be widely available over the summer and kits can be collected either from your local pharmacy or ordered online.

As children and young people will potentially mix with lots of other people during the summer holidays, all secondary school pupils and post-16 students should receive 2 onsite lateral flow device (LFD) tests, 3 to 5 days apart, on their return in the autumn term.

Settings may commence testing from 3 working days before the start of term and can stagger return of pupils and students across the first week to manage this. Pupils and students should then continue to test twice weekly at home until the end of September, when this will be reviewed. Staff should undertake twice weekly home tests whenever they are on site until the end of September, when this will also be reviewed.

Secondary schools and FE providers (except ITPs and ACLSs) should also retain a small asymptomatic test site (ATS) on-site until further notice so they can offer testing to pupils and students who are unable to test themselves at home.

There is no need for primary age pupils (those in year 6 and below) to test over the summer period. They will be offered the 2 tests at an ATS at the beginning of the autumn term when they start at their secondary school as a new year 7. Schools may choose, however, to start testing year 6 pupils earlier, including in summer schools, depending on their local circumstances.

Asymptomatic testing in specialist settings

We recognise specialist settings will have additional considerations to take into account when delivering asymptomatic testing and additional guidance on testing in specialist settings has been published.

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

If necessary, settings should retain minimal testing capacity on site so they can offer testing to pupils and students who are unable to test themselves at home.

Testing is voluntary and no child or young person will be tested unless informed consent has been given by the appropriate person.

Confirmatory PCR tests

Staff, pupils and students with a positive LFD test result should self-isolate in line with the stay at home guidance. They will also need to get a free polymerase chain reaction (PCR) test to check if they have COVID-19.

Whilst awaiting the PCR result, the individual should continue to self-isolate.

If the PCR test is taken within 2 days of the positive lateral flow test, and is negative, it overrides the self-test result. The individual can return to their setting, as long as the individual doesn't have COVID-19 symptoms.

Those with a negative LFD test result can also continue to attend school or college.

Additional information on PCR test kits for schools and further education providers is available.

Other considerations

Some pupils and students with SEND (whether with EHCPlans or on SEN support) will need specific help and preparation for the changes to routine that these measures will involve. Staff should plan to meet these needs, for example using social stories.

Make sure pupils and students with medical conditions are fully supported, work with:

- local authorities
- health professionals
- regional schools' commissioners
- other services

Use individual healthcare plans to help pupils and students receive an education in line with their peers. In some cases, the pupil's and student's medical needs will mean this is not possible, and educational support will require flexibility.

Further information is available in the guidance on supporting pupils at school with medical conditions.

Consider whether you need any additional processes in place for pupils and students who regularly:

- attend more than one site or different providers
- move between a training provider and workplace as part of an apprenticeship, traineeship or supported internship

You should ensure that key contributors are aware of the school's control measures and ways of working.

Admitting children and young people back to your setting

In most cases, parents and carers will agree that a pupil or student with symptoms should not come into school or college to collect it. If a parent or carer insists on their child attending your setting you can take the decision to refuse them. It is your reasonable judgement. It is necessary to protect others from possible infection with COVID-19. Your decision would need to be carefully considered in light of all the circumstances and current public health advice.

Is this page useful? Yes No Report a problem with this page

OGL All content is available under the Open Government Licence v3.0, except where otherwise stated

© Crown copyright