Part of
Education and childcare during coronavirus

DfE
Department
for Education

Guidance
Mass asymptomatic testing in specialist settings

Updated 10 December 2020

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

- special academies
- maintained special schools
- independent special schools and academies, including hospital schools
- registered independent AP, including hospital schools
- pupil referral units (PRUs)
- specialist further education (FE) colleges
- non-maintained special schools (NMSS)
- alternative provision (AP)
- dual 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.

This guidance supplements the guidance in the Testing handbook for schools, colleges and other settings. It also links to other DfE guidance. Some further guidance in the coronavirus (COVID-19) testing: guidance and resources for schools and colleges to support preparations for coronavirus (COVID-19) testing in secondary schools.

We have published separate guidance on Mass asymptomatic testing in primary schools and in secondary schools and other settings, for example, those testing if close contacts following a child or young person returning a positive test.

Importance of testing secondary age pupils and students

The government is delivering a programme of rapid asymptomatic testing for secondary age pupils and students, including those in sixth form, to identify (or expedite) in secondary schools, FE colleges, special schools and specialist colleges, AP academies, PRUs and registered independent AP.

The objectives of this programme are to:

- keep education settings open
- ensure as many pupils and students as possible are receiving high quality, face-to-face education
- reduce the transmission of the staff education settings and their pupils and students
- break chains of transmission of the virus

We have settings will receive an initial delivery of lateral flow device test kits to support asymptomatic testing from the start of the spring term.

Regularly identifying and contained asymptomatic cases of coronavirus (COVID-19) can help to prevent outbreaks in education settings. Although this guidance, whether it is about testing or other measures, refers to children or young people and staff and social distancing can be harder to maintain, the

Testing in voluntary and no-risk in group and personal settings, and in secondary schools and other settings, will be a key part of further guidance in the coronavirus (COVID-19) testing: guidance.

No one will be prevented from receiving face-to-face education if for any reason they are not tested.

Testing is similarly voluntary for members of staff.

Background

The coronavirus (COVID-19) pandemic has been extremely challenging for many families of children and young people (CYP). Schools and colleges are a priority for this government and their wellbeing remains central to our response.

We recognise that settings in the special school, specialist college and AP sectors are home to some of the most vulnerable children and young people (or equivalent) in secondary schools, FE colleges, special schools and specialist colleges, AP academies, PRUs and registered independent AP.

Special colleges and independent schools will generally be allowed to attend from the first day of term (or after February 4 January 2021) and provide face-to-face education to children and young people. We recognise the importance of this group of children and young people. We do not expect any of these settings to be prevented from being able to open.

Schools have the option of agreeing with parents that individual pupils can stay at home, for example, if they are clinically extremely vulnerable or have key teaching commitments in the first weeks of the term. The aim should be that all pupils in special schools and AP are back in school by the second week of the term. Special schools, AP and other specialist settings should exercise their power under the coronavirus (COVID-19) regulations not to request a leave of absence for their child. This would be recorded as Code T, "leave of absence authorised by the school." This will be a decision school decision across the settings and should be agreed on a case-by-case basis between the school and parents.

Special colleges and independent schools will generally be allowed to attend and provide face-to-face education to children and young people.

In all settings, children and young people known to be a social worker should be prioritised for face-to-face education.

Staffing and students not required to face education for whatever reason, ideally including where a lower or absence has been granted, should be able to access high quality remote education. Further guidance is provided in self-isolation: guidance support and other guidance about operational guidance.

Children and young people that fall into the clinically extremely vulnerable group should continue to follow the Guidance on shielding and protecting extremely vulnerable persons from COVID-19.

State-funded schools can take an additional inset day to help them set up for the mass testing programme. Government should they so wish. This inset day is in addition to the usual allowance.

Working with children and young people and their parents

We recognise that the self-isolation 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, especially if they are able to understand the purpose of the testing. Some children and young people may be able to understand why it is important, for example be a set of simple, practical steps that the setting's staff and parents can co-produce to remind the testing process and to take the use of a visual timetable.

Some children and vulnerable management, we are confident that the mass testing programme can be delivered safely and effectively with children and young people with SEND. However, where this is not the case, it is crucial that there is no disadvantage to their education.

Testing technology is developing all the time. We are continuing to work alongside our other departments to develop testing technology for children who are unable to self-administer a throat and/or nasal swab.

Scheduling of testing

School and college staff know the children and young people in their setting and will be able to decide the best way of scheduling testing, for example by testing their workforce first and only then determine to other considerations such as:

- prioritising those who may struggle with maintaining social distancing, those known to a social worker and those who are children of critical worker
- providing more time for those who may need more preparation to help reduce their anxiety about the prospect of testing

Settings should be consistent in the timetable for testing as far as reasonably practicable. We recognise that it may take longer to arrange and deliver the testing for staff at the tests than it would for mainstream schools and general FE colleges.

The staff, children and young people who are eligible for testing

Settings will be provided with sufficient lateral flow LFD kits for the testing of:

- all staff
- all pupils and students of secondary school age
- students aged 16 to 19 years old, mainstream, health and care (EHC) plans

Any staff working on a setting's site – including teachers, teaching assistants, clinical staff where employed by school, other support staff, administrative staff, caretakers, cleaners, catering staff, and staff offered tests at their place of education, including those who are visiting sites, for example, school nurses or drivers or escorts, (acting as appropriate carers) – should be tested. Staff who are not based at the setting should be supported through the DfE, they have agreed arrangements for testing bring.

Where a child 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, the parent should choose which one setting is best placed to organise where the pupil should receive the testing and share the outcomes of the testing with the other settings. However, as a general principle, the responsibility for testing should fall on the setting where most of their time is less responsibility for the administration of the testing.

Variants of the usual testing process

Settings may want to consider organising tests arrangements to understand the pupils' and students' circumstances. Some pupils and students will be therefore are likely to require additional support and/or reasonable adjustments to be put in place.

In some cases, 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 a trusted adult from the setting should be present to provide reassurance to the pupil/student to support their child self-swab in a safe and calm child. This might be a reasonable adjustment for the testing of a child or young person with special educational needs.

If a parent is not able to be with their child, then the school should consider how they will guidance or unavailable. Use they would be for those self-swabbing. If a parent is to swab their child, they should be supported by a carer trained and evaluated or competent to undertake swabbing. Settings will need to be flexible in their approach to testing and consider the use of staff and other children and young people of such a nature and approach.

We recognise that self-swabbing tests may be inappropriate 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 the swab may be too intrusive into the mouth and nostrils would cause great anxiety. Because, for example, they have an aversion to such things, or they may gag or vomit if the swab is used
- their level of learning disability or disability is fully understood and therefore cooperation with the testing process
- they are not able to understand the purpose of the test thus the process would present a significant risk to good behaviour

Special schools and specialist colleges already have a range of staff to meet the needs of their pupils and students. Some of these staff have collected a variety of training to support health needs and it might be appropriate for them to administer swabs. Those who could administer swabs.

Where possible a combined nose and throat swab should be taken. Combined nose and throat swabs are more sensitive than nose swabs and have been found to be more accurate. However, some children and young people find it difficult to take a throat swab due to their having difficulty in understanding the process, or because they may gag or vomit if the swab is used. Self-swabbing or the taking of a strong gag reflex, or vomit, where a combined nose and throat swab is not possible, a nose swab both both nostrils should be taken. For the same reason a nose swab is not feasible, a throat swab alone will suffice.

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 schools and colleges.

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

Even if the child or young person and/or the parent or legal guardian has given consent, if the individual at any point is not willing to participate in testing, testing should not be carried out.

Children and young people who are able to understand the purpose should be provided that they are able to make the decision for themselves. However, the setting will need to decide whether the process and consent process provide relevant consent/assent and may exceptionally need to consider the child or young person's capacity to consent. The setting may want to draw on any NHS competency for the young person concerned, including referring to parents if a parent has acted as the appropriate person for the child or young person in the past. Parents should have 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, for example, using the template. Further information is in the Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers.

For a control after child or young person in local authority care, such as those from children's homes, including secure settings, or residential special schools, the local authority should provide the consent. This is only appropriate. Where parental consent is required, it is vital that the children or young person in these settings are tested after. We would need to be secured with the local authority and the provider of the children's home to make arrangements so that they can which cover this.

For a control after child or young person from a fostering or kinship care household, in most circumstances the foster carer or kinship carer should be the being consent would be required to allow foster or kinship carers or schools to administer tests.

Safeguarding

Schools and colleges must comply with their legal duties regarding pre-appointment checks when utilising agency staff and volunteers and adhere to support testing schools and colleges, including having regard to the statutory safeguarding guidance Keeping children safe in education and Safeguarding in Colleges, Sport in schools.

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 the anxiety of testing for their pupils. Some children and young people may be more anxious about the unpleasantness that they will need to take in 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 people, and effective helpful to take the nose through with them and their parents.

Issues staff may wish to consider

- How can staff make ensure that the child or young person knows what is involved and the reasons for it? What methods of communication are most effective?
- Are children or young people their children and family will breakfast and what advice can they provide to the settings as to what might be helpful to them?
- Would it be helpful to have a social story, with appropriate measures in place to manage infection risk, to accompany the testing process? Social stories can be helpful in preparing children the test for them? For more information, see the guidance of the social learning process section.
- Should there be a separate discussion on the staff who has a good relationship with the child or young person present during the testing?
- 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?
- Is there a quiet room that could be tested by made so calm an environment is possible?
- Will it help to offer the child or young person a relaxing activity to do after testing? Would it help to make it a positive experience a positive?
- If the child or young person starts to relaxe their anxiety, then will it help to allow them to have their chosen toy with them throughout the test?

These questions are based on feedback from the sector.

Practicalities of testing

We recognise that some settings may not have rooms that meet the requirements for testing. Ventilation is key to ensure that the risk of airborne transmission is minimised. Where possible rooms have a crack or other open floor covering. Settings are encouraged to be pragmatic. We have provided additional funding that can be used to help equip rooms for these purposes.

Financial and workforce support

A total of £1m has been made available for schools and colleges and will be paid retrospectively. The amount of funding available to a school or college will be based on the number of pupils and students in the setting and will be paid to the school or college. Further information will be provided. We have provided the recipe that provides illustrative workforce requirements and associated funding.

We have accounted for different staffing levels needed in special schools and specialist colleges and have made sure that the funding provided to cover testing will be available to cover. Non-maintained special schools and independent special schools will also receive funding to support them with the costs of the testing programme. Further information will be provided and the illustrative staffing levels provided for state-funded special schools in the workforce planning tools which are available separately through Google Sheets.

Residential special schools and specialist colleges

The guidance on Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE) includes the actions to be taken in the event of a child or young person being tested positive for coronavirus (COVID-19).

Further information on what to do if a child of young person tests positive for coronavirus (COVID-19) is provided in the Testing handbook for schools, Testing for coronavirus (COVID-19) on school sites. They will need to be a confirmatory polymerase chain reaction (PCR) test and follow the isolation guidance.

Transport

Where a child or young person has tested positive for coronavirus (COVID-19), they need to be sent home. The setting should contact the parent or legal guardian to make arrangements for their child to be picked up or journey home as soon as possible. They may wish 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. Taxis should be used 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) on the school site or on the school bus: Testing handbook for schools and colleges.

Support, resources and contacts

Support available from local health services

Settings are encouraged to liase with local health bodies and services, who they already work alongside to support children and young people in education, regarding what support and advice they can offer.

Resources

Schools and colleges can access more resources at Mass asymptomatic testing: guidance.

Contact

Schools and colleges can email coronavirus.schools@education.gov.uk or call 0800 046 8687 (Mon-Fri 8am-6pm, Sat-Sun 10am-6pm) if they have further questions.

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