



Department  
for Education

# **SEND and specialist settings - additional operational guidance: COVID-19**

**10 May 2021**

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## Latest updates and review

Much of the content in this guidance will be familiar to you, as it has been in place for some time.

On 10 May 2021 we updated the guidance on:

- Visits to [Special residential settings](#) (chapter 4)
- [Asymptomatic testing](#) (chapter 11)
- [Funding](#) (chapter 12)
- [Face coverings \(System of Controls – Annex A\)](#)
- Confirmatory PCR tests ([System of Controls – Annex A](#))

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)
- alternative provision (AP) (including hospital schools)

The purpose of this guidance is to provide additional information and support that will be helpful to you in delivering education in these settings. Separate guidance is available for:

- [early years](#)
- [schools](#)
- [further education \(FE colleges and providers\)](#)
- [children's social care](#)
- [out-of-school settings](#)

You should work closely with young people, parents or carers, staff and unions when agreeing the best approaches for your circumstances.

## Summary

These main guidance documents include operational issues which are common to both mainstream and specialist settings and which apply to schools and FE settings.

The [schools COVID-19 operational guidance](#) contains information on:

- school workforce (vulnerable staff, pregnancy, employers' health and safety, equalities, supporting staff, staff deployment, supply staff, other support, recruitment, ITT, performance management, staff leave)
- attendance (pupils who are abroad, travel and quarantine)
- transport (dedicated transport, public transport, pupils travelling from abroad)
- school meals
- remote education (expectations, online safety)
- estates (ventilation, fire safety, building checks)
- educational visits
- school uniform
- wraparound provision and extra-curricular activity
- curriculum (RSHE, music, dance and drama)
- catch-up support
- behaviour, discipline and wellbeing
- safeguarding
- elective home education
- inspection (state-funded schools, independent schools)
- assessment and exams
- contingency planning
- health and safety risk assessment –COVID-19 specific

The [further education COVID-19 operational guidance](#) contains information on:

- changes to delivery
- minimising COVID-19 risks (delivering exams, site safety, off-site provision and work placements, public facing facilities)
- music, physical activity and sports
- education and training delivery (on-site delivery, remote education, digital support)
- transport
- workforce (vulnerable staff, pregnancy, employers' health and safety, supporting staff, recruitment and ITE)
- supporting vulnerable students
- transition to FE
- supporting students with special educational needs and disability (SEND)
- safeguarding
- mental health and wellbeing
- residential providers

- funding (16 to 19 funding arrangements, T-Levels, free meals, AEB, traineeships, supported internships and access to work and high-needs funding)
- exams and assessment
- inspection
- health and safety risk assessment –COVID-19 specific

# 1. Introduction

This is additional guidance for special schools, special post-16 institutions, and alternative provision (including hospital schools).

It should be read alongside the main guidance documents:

- [schools COVID-19 operational guidance](#)
- [further education COVID-19 operational guidance](#)

All pupils and students should now be attending their education setting.

The UK government has paused shielding advice nationally from 31 March 2021. All clinically extremely vulnerable (CEV) pupils and students should attend their education setting unless they are one of the very small number of pupils or students under paediatric or other specialist care and have been advised by their GP or clinician not to attend. Pupils or students who live with someone who is CEV should continue to attend their education setting as normal.

Any pupils or students not attending their setting because they are following public health advice should receive remote education.

Joint working with young people, parents and carers and families continues to be essential, alongside collaborative working with local partners and all other organisations involved with supporting the child or young person and their family.

## 2. Public health advice

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

Based on the latest evidence, including the recent [ONS data](#), PHE and DHSC advise that the risks to education staff are similar to those for most other occupations.

Implementing the system of controls creates a safer environment for pupils and staff where the risk of transmission of infection is substantially reduced. The way to control this virus is the same even with the current new variants. We work with PHE to continually review our measures, which are informed by the latest scientific evidence and advice and update our guidance accordingly.

You must comply with health and safety law and put in place proportionate control measures. You should:

- review your health and safety risk assessments in light of this refreshed guidance
- address the risks identified using the [System of controls: annex A](#)

All elements of the PHE endorsed system of controls in annex A are essential. All settings need to cover all key elements, but the way you implement the elements will differ based on your individual circumstances

## Health and safety legislation

Educational providers must protect people from harm. This includes taking reasonable steps to protect staff, pupils and others from COVID-19 within your setting.

To meet these obligations, you must:

- review and, where necessary, update your risk assessment
- make sure you're following the system of controls to reduce the risk to the lowest reasonably practicable level, including engaging with the asymptomatic testing programme
- have a contingency plan in place for any local outbreaks or changes in restrictions
- communicate any changes in your processes with parents and carers

You should implement sensible and proportionate control measures which follow the health and safety hierarchy of controls to reduce the risk to the lowest reasonably practicable level.

You must regularly review and update your risk assessments, treating them as 'living documents' as the circumstances at your school or college and the public health advice changes. This includes having active arrangements in place to monitor that the controls are effective and working as planned.

You should notify your staff and their health and safety representatives of review outcomes.

## Staff who are clinically extremely vulnerable (CEV) and clinically vulnerable (CV)

Some groups of people are at higher risk of severe illness from coronavirus. Their GP or hospital clinician will have told them directly that they are CEV or sent them a letter. See guidance on [who is at higher risk from coronavirus](#),

Since 1 April 2021, we no longer advise those who are CEV to shield. Updated advice is for the group is to continue taking extra precautions to protect themselves, and to follow the practical steps set out in the [CEV guidance](#) to minimise their risk of exposure to the virus. Staff in schools who are CEV are advised to work from home where possible but can attend their place of work if they cannot work from home.



CEV individuals (over 18) were prioritised for vaccination in phase 1 before the general population and in line with the priority ordering set by the Joint Committee on Vaccination and Immunisation.

Clinically Vulnerable (CV) staff can continue to attend their setting. While at work they must follow the [system of controls](#) to minimise the risks of transmission. Staff who live with someone who is CV can attend the workplace but should ensure they maintain good prevention practice in the workplace and at home.

You will need to follow the specific [guidance for pregnant employees](#) because pregnant women are considered clinically vulnerable. [COVID-19 vaccination: a guide for women of childbearing age, pregnant or breastfeeding](#) contains vaccination advice.

The guidance on staff who are CEV and CV will be kept under review. Further information on workforce can be found in the:

- [schools COVID-19 operational guidance](#)
- [further education COVID-19 operational guidance](#)

## 3. Attendance

### Special schools: Attendance expectations

From 8 March 2021 school attendance became mandatory again for all pupils.

It is vital for pupils and students to attend school or college to minimise, as far as possible, the longer-term impact of the pandemic on their education, wellbeing and wider development.

The usual rules on school attendance apply to all pupils including:

- parents' duty to secure their child's regular attendance at school (where the child is a registered pupil at school, and they are of compulsory school age)
- the ability to issue sanctions, including fixed penalty notices in line with local authorities' codes of conduct

As usual, you are responsible for recording attendance, following up absence and reporting children missing education to the local authority.

You should not plan for rotas as there is no requirement to reduce occupancy in schools. Instead, everyone must follow the system of controls.

You may encounter instances where you cannot provide your usual interventions and provision at adequate staffing ratios, or with staff with vital specialist training. You may need to alter the way in which you deploy your staff and use existing teaching and support staff more flexibly. If, having pursued all the immediate options available, you still have concerns about staffing capacity, you should talk to your local authority or academy

trust point of contact. You should continue to work collaboratively with families to agree an approach that is in the child or young person's best interests.

As restrictions begin to lift, some families may be looking to take holidays. As usual, parents should plan their holidays around school breaks and not take their children out of school on holiday during term time. Where a parent wishes to take their child out of school for whatever reason they must apply for a leave of absence and demonstrate why they believe the circumstances are exceptional. Schools make decisions on granting leave of absence but will not normally do so for a holiday.

## Encouraging regular school attendance

Guidance for schools and local authorities to help them to [improve school attendance](#) is available.

You should continue to clearly and consistently communicate the expectations around school attendance to families and any other professionals who work with the family where appropriate. Where necessary, discussions should have a collaborative approach, focusing on the welfare of the child or young person and responding to the concerns of the parent, carer or young person. This conversation is particularly important for children with a social worker.

It is likely that some pupils, parents and households may be reluctant or anxious about attending school. This may include pupils who:

- have themselves been shielding previously but have been advised they no longer need to shield
- live in a household where someone is clinically vulnerable or clinically extremely vulnerable (including young carers)
- are concerned about the possible increased risks from COVID-19 such as those who have certain medical conditions

Discuss any concerns with parents and carers and provide reassurance about the measures you are putting in place to reduce any risks, including the system of controls and testing. Discuss with individual parents other specific accommodations that can be put in place to ensure that the pupil can regularly attend and emphasise the benefits of regular attendance.

You should also identify pupils who are reluctant or anxious about attending or who are at risk of disengagement and develop plans for re-engaging them. You may want to put particular emphasis on:

- disadvantaged and vulnerable children and young people
- pupils who were persistently absent prior to the pandemic
- pupils who have not engaged with school regularly during the pandemic

To support families who will need additional help to secure pupils' regular attendance, you can use the additional catch-up funding that has been provided, as well as existing pastoral and support services, attendance staff and pupil premium funding.

You should also work closely with other professionals where appropriate to support school attendance. Continue to notify the pupil's social worker, if they have one, of non-attendance.

### **Special post-16 institutions: attendance expectations**

Since 8 March 2021 we have expected that every 16 to 19 student (or 19 to 25 with an Education Health and Care plan (EHCP)) undertakes the majority of their planned hours on site. Special post-16 institutions should continue to allow students to attend as per their usual timetable.

You may encounter instances where you cannot provide your usual interventions and provision at adequate staffing ratios, or with staff with vital specialist training. You may need to alter the way in which you deploy your staff and use existing teaching and support staff more flexibly. If, having pursued all the immediate options available, you still have concerns about staffing capacity, you should talk to your local authority. You should continue to work collaboratively with families to agree an approach that is in the child or young person's best interest.

### **Alternative provision: attendance expectations**

All pupils in alternative provision (AP) settings should be attending school full-time.

When working through the system of controls, AP settings should take steps to minimise social contact and mixing as far as is practicable.

All AP settings, especially larger AP schools, should consider whether pupils can be placed into smaller groups and still receive a broad and balanced curriculum.

Due to the smaller size of many AP settings and because AP settings are not typically organised by year groups, AP settings may wish to adopt whole school bubbles as part of their system of controls.

You may encounter instances where you cannot provide your usual interventions and provision at adequate staffing ratios, or with staff with vital specialist training. You may need to alter the way in which you deploy your staff and use existing teaching and support staff more flexibly. If, having pursued all the immediate options available, you still have concerns about staffing capacity, you should talk to your local authority or academy trust point of contact. You should continue to work collaboratively with families to agree an approach that is in the child or young person's best interests.

## **Hospital schools (inc, child and adolescent mental health services (CAMHS) units)**

From 8 March, school attendance became mandatory again for all pupils.

Providers should offer full-time education where it is safe and feasible to do so and in line with the wider infection prevention and control (IPC) measures in place within the hospital setting. You should work with your local NHS trusts to deliver a broad and balanced curriculum for all pupils as far as their health permits. We expect local NHS trusts to continue to work collaboratively with headteachers to enable pupils to receive their education, including through access to classrooms and space in which to teach. Where it's not possible to provide face-to-face education for all pupils, for example, because of current physical capacity restraints at the hospital, then please use your own risk assessments to prioritise the pupils with the greatest need.

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.

### **Recording attendance**

#### **Special schools and alternative provision (AP)**

You should record attendance in accordance with the Education (Pupil Registration) (England) Regulations 2006 (as amended) for all pupils, in the normal way.

You should use code X if a pupil is self-isolating or quarantining because of COVID-19 in accordance with relevant legislation or guidance published by PHE or the DHSC.

Schools should follow up on absences of pupils who are expected to be in school. The school attendance guidance provides further guidance about the use of codes.

We will review and provide further advice to you in due course on what should be included in pupils' attendance records in end of year reports.

#### **Post-16 provision**

If the vulnerable student wishes to be absent from face-to-face education during local or national restrictions, they should let their setting know. The young person should not be included in the COVID-19 attendance monitoring data as 'expected to attend'. Further information on [how to complete the educational setting status form](#) is available.

## **4. Special residential settings**

We want children and young people in residential specialist provision to continue to receive high-quality teaching and specialist professional support because they are more likely than most to have particular needs that are extremely challenging to manage or

provide for at home. Some will also lack suitable alternative accommodation and therefore will be disproportionately impacted by being out of their setting.

You should continue to provide any necessary health and therapy support (including access to medical supplies) if the child or young person returns to their family home.

For residential special schools and residential special post-16 institutions, local authorities should maintain a register of all pupils and students with Education, Health and Care (EHC) plans, plus any still under assessment for EHC plans, who have been sent home due to COVID-19. The local authority should also contact the family frequently to ensure that risks are being managed and to establish whether additional support is necessary and how that will be delivered.

All pupils and students can travel between their boarding provision and home, including those who attend weekly boarding provision. However, residential providers should help pupils and students to reduce travel between home and educational accommodation. Those involved in the provision of home to school or college transport should do all that is reasonably practicable to maximise social distancing where possible and minimise the risk of transmission.

You should ensure that appropriate arrangements are in place to allow children and young people to remain in contact with their parents and carers. There are [exceptions](#) in the [national lockdown guidance](#) to ensure that where children and young people live away from home in residential settings they are still able to have visits from parents, carers and family.

Visits should be face-to-face wherever possible. As good practice, children and young people should be told why a face-to-face visit is not possible and be advised of their right to advocacy or support.

The use of virtual visits can also be offered, including when it is not practicable to have a face-to-face visit because of COVID-19 due to:

- self-isolation due to public 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 routes prior to a visit. This will help to prevent visitors from unknowingly bringing asymptomatic cases into the homes and should increase the opportunities for visits to be conducted in person. Anyone in England (including those without symptoms) is able to access [free, rapid lateral flow tests \(LFDs\)](#) for themselves and their families to use twice a week, in line with clinical guidance.

It is not a legal requirement that visitors be tested on entry before each visit, but the introduction of access to universal rapid testing, particularly for non-professional visitors will help support risk management in settings and provides added assurance for visits

You may encounter instances where you cannot provide your usual support and provision at adequate staffing ratios, or with staff with vital specialist training. You may need to alter the way in which you deploy your staff and use existing teaching and support staff more flexibly. You should keep the local authorities that have placed the child or young person in your setting informed if there are risks to your ability to deliver provision. This will ensure the children or young people continue to receive support. Local authorities should help with any staff movements needed as far as possible and ensure appropriate infection and public health risks have been considered.

If you are temporarily unable to provide full provision it is likely to be preferable to allow the child or young person to remain resident, rather than to send them home, particularly if they lack suitable alternative accommodation. You should discuss this with the family and young person and the commissioning local authority.

## **5. Education, Health and Care (EHC) plans**

Where a pupil or student has an EHC plan the local authority and (if there is health provision) health commissioning body must secure or arrange the provision specified in the plan.

Local authorities, health commissioning bodies and education settings should provide all therapies and support that would normally be in place for children and young people with EHC plans. Our focus is on supporting them to do so. However, there may be times when in exceptional circumstances it becomes more difficult to do so than usual.

In collaboration with local authorities and (where applicable) health partners, you should work with families to co-produce alternative arrangements for delivering provision. These decisions should be considered on a case-by-case basis which takes account of the needs and circumstances of the child or young person, avoiding a 'one size fits all' approach.

At times it may be necessary to conduct some aspects of EHC needs assessments and reviews in different ways. If the format does need to be different, for example because children or young people are isolating, it may be more appropriate to gather information electronically and to hold the review by phone or virtually. It is important that the assessments and reviews continue to ensure that the child or young person, and their parent and carer, is at the centre of the process.

You must meet all the statutory duties relating to EHC needs assessment and annual reviews. These include the duties on local authorities regarding the timings for finalising placements for September. It is important that settings co-operate in supporting requests about potential placements, providing families with advice and information where requested.

## 6. 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 to self-isolate because they:

- have symptoms or have had a positive test result
- live with someone who has symptoms or has tested positive and are a household contact
- are a close contact of someone who has COVID-19

There are some groups who are at higher risk of severe illness from COVID-19. Their GP or hospital clinician will have told them directly that they are CEV or sent them a letter. Since the 1 April 2021, we no longer advise those who are CEV to shield. See guidance on [who is at higher risk from COVID-19](#), and [protecting people who are clinically extremely vulnerable](#).

All CEV pupils and students should attend their setting unless they are one of the very small number of pupils under paediatric or other specialist care and their GP or clinician has advised them not to attend. Pupils and students who live with someone who is CEV should continue to attend their education setting as normal.

As usual, you should not encourage parents and guardians to request unnecessary medical evidence such as doctors' notes from their GP when their child is absent from school due to illness. This is normal practice and is already set out in the [school attendance guidance](#) but is especially important in the context of the pandemic and the COVID-19 vaccination programme. If evidence is required, it can take the form of prescriptions, appointment cards, text or email confirmation of appointments, rather than a doctors' note. As usual, parents or guardians should only seek input from GPs where there are complex health needs or persistent absence issues.

You are required to provide remote education to pupils who are unable to attend school on-site because they are complying with government guidance, as provided for in the [Temporary Continuity Direction](#). You should keep a record of this activity but do not need to record it in the attendance register.

You should offer pastoral support to pupils and students who are:

- self-isolating
- shielding
- more [vulnerable](#)

Where pupils are not able to attend school, as they are following clinical or public health advice related to COVID-19, the absence will not be penalised.

Where pupils who are self-isolating are within our [definition of vulnerable](#), it is important that you put systems in place to keep in contact with them. When a vulnerable pupil is required to self-isolate, you should:



- notify their social worker (if they have one)
- agree with the social worker the best way to maintain contact and offer support

You should have procedures in place to:

- check if a vulnerable pupil is able to access remote education support
- support them to access it (as far as possible)
- regularly check if they are accessing remote education

## 7. Visiting specialists, support staff and wider provision

Given the importance of therapists (for example speech and language, physiotherapy, occupational therapy) and other health professionals in supporting children and young people with SEND, settings are reminded that specialists, therapists, clinicians and other support staff for pupils and students with SEND should provide interventions as usual.

Where children and young people with an EHC plan are in receipt of health provision, you should work collaboratively with their local authority, Clinical Commissioning Group (CCG) and health providers to agree appropriate support in view of the latest and current local public health guidance.

Where children and young people with EHC plans are not attending their education setting because they are following public health advice, multi-agency professionals should collaborate to agree how to deliver 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.

Settings have continued to offer wraparound provision, such as breakfast and after-school clubs. Vulnerable children and young people can access this provision in any circumstances. For information on which children are eligible to attend wraparound childcare and out-of-school settings for face-to-face provision please see the [guidance on protective measures for holiday and after-school clubs, and other out-of-school settings](#).

## 8. Respite care

Social care services for disabled children which provide respite care can continue to operate. This includes provisions for residential and non-residential respite services to continue, and both formal and informal care in the family home. Further details are set out in our COVID-19 guidance for children's social care services.

## 9. Remote education



Any pupils or students not attending their setting because they are following public health advice should receive remote education, taking into account the expectations set out in the:

- [schools COVID-19 operational guidance](#)
- [further education COVID-19 operational guidance](#)

The [temporary continuity direction](#) makes it clear that the schools affected have a duty to provide remote education for state-funded, school-age children whose attendance would be contrary to government guidance or law around COVID-19.

Post-16 settings should refer to the detailed guidance on remote education expectations set out in the [further education COVID-19 operational guidance](#).

For pupils and students with SEND, and those in alternative provision settings, their teachers are best placed to know how to most effectively meet their needs to ensure they continue to make progress if they are not in face-to-face education.

We recognise that some pupils and students with SEND may not be able to access remote education without adult support and so expect you to work with families to deliver an ambitious curriculum appropriate for their level of need. Further details on delivering remote education for children and young people with SEND is set out 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 solutions where engagement is a concern.

## 10. School transport

Local authorities should continue to provide transport services to education settings . They remain under a [statutory duty to provide free home to school transport for all eligible children and young people](#). The [transport to school and other places of education guidance](#) remains in place.

If you are involved in home to school or college transport, you should take all reasonable actions to maximise social distancing where possible and to minimise the risk of transmission. What is practicable will vary according to your particular circumstances.

The approach to school transport should follow the [system of controls: annex A](#) where possible. You should:

- maximise social distancing
- ensure that children and young people either sit with their 'bubble', or with the same group each day
- ensure that all users clean their hands before entering and exiting
- put in place additional cleaning of vehicles

- put in place organised queuing and boarding where possible
- maximise ventilation of fresh air (from outside the vehicle), particularly through opening windows and ceiling vents

The transport guidance acknowledges that implementing bubbles even partially will still bring benefits, and that settings may need to allow mixing into wider groups in certain circumstances, including on transport. However, we know that vehicle capacity and the complexity of some home to school transport arrangements mean there will often be limits to the extent to which mixing can be minimised.

Where it is not possible, the other measures in the [system of controls](#) become even more important.

In accordance with advice from PHE, children and young people aged 11 and over should wear a face covering when travelling on dedicated transport to secondary school. This does not apply to people who are [exempt from wearing a face covering](#) on public transport. You can find more information on this in the [safer travel guidance for passengers](#). You should support local authorities in promoting the use of face coverings on school transport and help them to resolve any issues regarding use of face coverings where appropriate.

Transport operators should conduct a risk assessment for all their operations including dedicated school transport services. This will determine the most appropriate safety measures to put in place such as for social distancing and face coverings. The [guidance for operators](#) provides further advice for staff.

Drivers and passenger assistants should wear a face covering but will not normally require PPE on home to school transport, even if they are not able to maintain a distance from the children and young people on the transport. However, where the care and interventions that a child or young person ordinarily receives on home to school transport requires the use of PPE, that should continue as usual. For more information, read:

- [children who regularly spit or require physical contact](#) (in the 'children with complex medical needs' section)
- [guidance on the specific steps that should be taken to care for children with complex medical needs, such as tracheostomies](#) - this includes aerosol-generating procedures

To maximise home to school transport capacity, some local authorities have asked some parents and carers to accept personal travel budgets or mileage allowances to take their child to their school or other education setting. This is permissible with the parent's or carer's consent but is not something which parents, carers or local authorities can insist on.

Local authorities should not expect parents or carers to commit to accepting a personal payment or mileage allowance for a specified period of time. Accepting a personal

payment or mileage allowance will not impact parents or carers' eligibility for dedicated school transport in the future. Local authorities will need reasonable notice to put home to school arrangements back in place for the child or young person when they are required again.

Children, young people and staff can continue to use public transport where necessary. When they do, they should follow the safer travel guidance for passengers. We encourage everyone to walk, cycle or scoot wherever possible and safe.

Although the provision of transport for post-16 students is not a statutory duty for local authorities, it is often critical to those learners being able to access college provision. We ask local authorities to continue to provide transport if they had been doing so previously.

## 11. Asymptomatic testing

Asymptomatic cases comprise up to a third of all COVID-19 cases, and rapidly identifying and containing them will help stop individuals who carry the infection unknowingly spreading it. Rapid testing using lateral flow devices (LFD) supports the identification of people who are infectious but do not have any COVID-19 symptoms. The lateral flow devices used have received regulatory approval from the Medicines and Healthcare products Regulatory Agency (MHRA) for self-use.

Testing remains voluntary but strongly encouraged. Home test kits are available for all staff.

We have moved to a home testing model (where appropriate) for staff, students, secondary-aged pupils and post-16 students. Primary age pupils will not be tested with LFDs. PHE have advised there are currently limited public health benefits attached to testing primary pupils with these.

Independent training providers (ITPs) and adult and community learning providers (ACLPs) will have access to home testing kits through the COVID-19 education testing programme. Providers can order test kits for staff and students so they can test twice a week, at home.

If anyone tests positive with an LFD they must self-isolate in line with the [stay-at-home guidance](#). If a confirmatory PCR test is then taken within 2 days of the positive LFD test, and is negative, it overrides the LFD test, and the individual can return to school or college.

Settings should retain a small on-site Asymptomatic Testing Site (ATS) so they can offer testing to pupils who are unable or unwilling to test themselves at home.

We recognise that specialist settings need greater flexibility when delivering testing. There will be a range of children and young people in these settings, and they may

require different approaches to testing. We have given specialist settings flexibility to be able to work with pupils, students and their families to agree the most appropriate way for them to participate in twice-weekly testing. There's further [guidance on mass asymptomatic testing in specialist settings](#).

Where you do not have enough staff to carry out assisted swabbing on pupils who cannot self-swab, Medacs may be able to provide additional workforce capacity.

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

You cannot make a negative test a requirement to attend.

There is additional guidance in [rapid asymptomatic testing programme](#). For further support on rapid asymptomatic testing, including queries regarding Medacs, you can call the DfE helpline on 0800 046 8687.

Additionally, anyone who does not have symptoms can now get [regular rapid lateral flow tests](#) to check for COVID-19.

## 12. Funding

Local authorities will continue to receive their high needs funding and should continue to pay high needs funding to schools and colleges for the pupils and students whose placements they have agreed. This should be following any appropriate risk assessments, and completion of any necessary review of their EHC plans, if a plan is in place. The normal funding arrangements will apply, as set out in the [high needs operational guide](#) for the year beginning April 2021. The Education and Skills Funding Agency (ESFA) will also continue to pay high needs funding direct to academies and colleges in the normal way.

Where you need to make temporary changes to the education and support of young people with EHC plans due to staff absence, self-isolation or the closure or partial closure of a setting on public health grounds, let the local authority's SEND team know and keep these changes as short as possible. Also, discuss any new requirement for high needs funding with your local authority. There may be cases when high needs placements and top-up funding have not been confirmed before the start of the term in which the pupil or student is expected to start, or to continue, their education or training programme. You should speak to the commissioning local authority to see if you can be paid on account, with later reconciliation of top-up funding amounts when the placements and funding levels are agreed. This will ensure staff can remain in employment and be available when the special educational provision is needed. Local authorities should confirm the funding associated with high needs placements as soon as possible after the placement(s) are agreed.

For residential school and college provision, while the educational costs are funded from local authorities' dedicated schools grant and (for academies and colleges) funding comes direct from the ESFA, the residential costs may be met from local authorities' social care budgets. Therefore, you should discuss the cost and funding implications of any temporary interruption of residential provision with the relevant local authority in the normal way. As local authorities will continue to receive funding for the education and social care provision they commission, we would expect them to continue to pay residential costs so that the employment and payment of staff supporting children and young people who require residential provision can continue.

For alternative provision (AP) local authorities should continue to pay high needs funding for places and services, and top-up funding for suspended and permanently excluded pupils placed in pupil's referral units (PRUs), AP academies and free schools, in the normal way. Similarly, where schools pay top-up or other funding for pupils attending AP, or pay for other SEND or AP services, we expect these payments to continue so that teachers and other staff working in AP settings can be paid in accordance with their existing employment contracts. This will enable local AP settings to maintain their capacity to support schools with any rise in behaviour and mental health issues as a result of the pandemic.

We are aware that some AP settings have faced reduced income due to decreased commissioning activity. Special and AP academies and free schools that are experiencing financial difficulties can approach the ESFA for assistance. Local authorities have similar processes to support PRUs in financial difficulty and can set aside funds in their high needs budget for this purpose.

## System of Controls: Annex A

In this section, where something in this guidance is essential for public health reasons, as advised by PHE, we have said 'must'. Where there is a legal requirement, we have made that clear. This guidance does not create any new legal obligations.

This is the set of actions you must take. They are grouped into 'prevention' and 'response to any infection'.

If you follow the system of controls, you will effectively reduce risks in your setting and create an inherently safer environment.

### Prevention

#### You must always:

- 1) Minimise contact with individuals who are required to self-isolate by ensuring they do not attend the setting.
- 2) Ensure face coverings are used in recommended circumstances.
- 3) Ensure everyone is advised to clean their hands thoroughly and more often than usual.
- 4) Ensure good respiratory hygiene for everyone by promoting the 'catch it, bin it, kill it' approach.
- 5) Maintain enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents.
- 6) Consider how to minimise contact across the site and maintain social distancing wherever possible.
- 7) Keep occupied spaces well ventilated.

#### In specific circumstances:

- 8) Ensure individuals wear the appropriate personal protective equipment (PPE) where necessary.
- 9) Promote and engage in asymptomatic testing, where available.

# Response to any infection

## You must always:

- 10) Promote and engage with the NHS Test and Trace process.
- 11) Manage and report confirmed cases of COVID-19 amongst the setting community.
- 12) Contain any outbreak by following local health protection team advice.

## 1. Minimise contact with those who are required to self-isolate

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

Pupils, students, staff and other adults must not come into the setting if:

- they have one or more [COVID-19 symptoms](#)
- a member of their household (including someone in their [support bubble](#) or [childcare bubble](#) if they have one) has COVID-19 symptoms
- they are legally required to quarantine having [recently travelled from certain other countries](#) outside the Common Travel Area
- they have had a positive test
- have been in close contact with someone who tests positive for COVID-19

They must immediately cease to attend and not attend for at least 10 days from the day after:

- the start of their symptoms
- the test date if they didn't have any symptoms but have had a positive [lateral flow device \(LFD\) or polymerase chain reaction \(PCR\) test](#) (if an LFD test is taken first, and a PCR test is then taken within 2 days of the positive lateral flow test, and is negative, it overrides the LFD test and the pupil or student can return to school or college)

You must follow this process and ensure everyone onsite or visiting is aware of it.

Anyone told to isolate by NHS Test and Trace or by their public health protection team, has a legal obligation to self-isolate, but you may leave home to avoid injury or illness or to escape the risk of harm. More information can be found on [NHS Test and Trace: how it works](#).

If anyone in your setting develops a new and continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), you must:

- send them home to begin isolation – the isolation period includes the day the symptoms started and the next 10 full days
- advise them to follow the [guidance for households with possible or confirmed COVID-19 infection](#)
- advise them to [arrange to have a test](#) as soon as possible to see if they have COVID-19

Other members of their household (including any siblings and members of their support or childcare bubble if they have one) should self-isolate. Their isolation period includes the day symptoms started for the first person in their household, or the day their test was taken if they did not have symptoms, whether this was a [LFD or PCR test](#), and the next 10 full days. It is essential that anyone who gets a positive result from an LFD result self-isolates immediately, as must other members of their household, while they get a confirmatory PCR test.

If a member of the household starts to display symptoms while self-isolating, they will need to restart the 10-day isolation period and book a test.

If anyone tests positive whilst not experiencing symptoms but develop symptoms during the isolation period, they must restart the 10-day isolation period from the day they developed symptoms.

In non-residential settings, if a child, young person or student displays COVID-19 symptoms or has a positive test while at their setting they should avoid using public transport and wherever possible, be collected by a member of their family or household.

In exceptional circumstances, if parents or carers cannot arrange to have their child collected, if possible and safe to do so the child should walk, cycle or scoot home following a positive test result. If this is not possible, alternative arrangements may need to be organised by the school or education setting. The local authority may be able to help source a suitable vehicle which would provide appropriate protection for the driver, who must be made aware that the individual has tested positive or is displaying symptoms.

If a pupil or student is awaiting collection, observe the following:

- they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age and needs of the pupil or student, with appropriate adult supervision if required
- a window should be opened for fresh air for ventilation if it is safe to do so
- if it is not possible to isolate them, move them to an area which is at least 2 metres away from other people
- if they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible - the bathroom must be cleaned and disinfected using standard cleaning products before being used by anyone else



- PPE must be worn by staff caring for the child or young person while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or those with complex needs) - more information on PPE use can be found in the [safe working in education, childcare and children's social care settings guidance](#)

In an emergency, call 999 if someone is seriously ill or injured or their life is at risk. Anyone with COVID-19 symptoms should not visit the GP, pharmacy, urgent care centre or a hospital, unless advised to.

If a pupil or student in a residential setting shows symptoms, they should initially self-isolate in their residential setting household. Most will benefit from self-isolating in their residential accommodation so that their usual support can continue. Others will benefit more from self-isolating in their home.

The individual should not use public transport if they are symptomatic. If arranging their return to their family home to isolate you should follow advice on transport arrangement in the [safe working in education, childcare and children's social care settings guidance](#).

PHE has good evidence that routinely taking the temperature of pupils and students is not recommended as this is an unreliable method for identifying COVID-19.

## **Following close contact with someone with COVID-19 symptoms**

Any member of staff who has provided close contact care to someone with symptoms, regardless of whether they are wearing PPE, and all other members of staff, pupils or students who have been in close contact with that person, do not need to go home to self-isolate unless:

- the symptomatic person subsequently tests positive
- they develop symptoms themselves (in which case, they should self-isolate immediately and [arrange to have a test](#))
- they are requested to do so by NHS Test and Trace or the PHE advice service (or PHE local health protection team if escalated), which is a legal obligation
- they have tested positive from an LFD test as part of a community or worker programme – if an LFD test is taken first, and a confirmatory PCR test is then taken within 2 days of the positive lateral flow test, and is negative, it overrides the LFD test and the individual can return to school

Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. The area around the person with symptoms must be cleaned after they have left, to reduce the risk of passing the infection on to other people. See guidance on the [cleaning of non-healthcare settings](#).

If you are contacted by NHS Test and Trace or your local health protection team and told to self-isolate because you have been a close contact of a positive case, you have a legal obligation to do so.

## **2. Ensure face coverings are used in recommended circumstances**

Based on the current state of the pandemic and the positive progress being made, the additional precautionary measures put in place from 8 March 2021 for public health reasons are no longer recommended.

From 17 May, in line with Step 3 of the roadmap, face coverings will no longer be recommended for pupils and students in classrooms or communal areas in all schools. Face coverings will also no longer be recommended for staff in classrooms.

In all settings we continue to recommend that face coverings should be worn by staff and visitors in situations outside of classrooms where social distancing is not possible (for example, when moving around in corridors and communal areas).

Where settings are delivering education and training, including extra-curricular activities and wraparound childcare, in a community setting (for example, library or community centre), staff, pupils and students will be exempt from the legal requirement to wear a face covering if they are in a private room or the premises has been exclusively hired for the sole use of its pupils, students and staff.

The reintroduction of face coverings for pupils, students or staff, may be advised for a temporary period in response to particular localised outbreaks, including variants of concern. In all cases, any educational drawbacks should be balanced with the benefits of managing transmission. The [Local Action Committee structure](#) (Bronze/Silver/Gold) should be used in such circumstances to re-introduce the use of face coverings. Immediate outbreak response (at the level of individual settings or a cluster of settings) remains for local Directors of Public Health to advise on.

FE teaching environments are diverse and can include vocational and workplace training environments. FE providers have the discretion to recommend the use of face coverings by students and staff if it is appropriate for their particular circumstances. FE providers may consider recommending the use of face coverings where teaching settings are more reflective of a workplace environment, such as a training kitchen.

If your education setting operates commercial training environments, such as hairdressing, barbering and beauty salons, sports and fitness facilities or restaurants, they should comply with relevant sector guidance in working safely during COVID-19 and the current restriction guidance.

Children and young people aged 11 and over must still wear a face covering on public transport. In accordance with advice from PHE, they must also wear a face covering when travelling on dedicated transport to secondary school or college. This does not apply to children and young people who are exempt from wearing face coverings.

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 also exempt from any recommendation to wear face coverings in education settings or requirement in public places.

Where our guidance recommends face coverings, 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 COVID-19. However, the evidence to support this is currently very limited. Face coverings (whether transparent or cloth) 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 must be considered alongside the comfort and breathability of a face covering which contains plastic which may mean that the face covering is less breathable than layers of cloth.

More broadly, settings have a duty to make reasonable adjustments for disabled pupils and students, to support them to access education successfully. The following is a non-exhaustive list which provides examples of possible reasonable adjustments where face coverings are recommended:

- the provision and effective use of assistive listening devices, such as radio aids.
- an increased focus on the listening environment, minimising all unnecessary background noise. Steps should be taken so that children with hearing loss are taught in classrooms with the best possible acoustic conditions.
- allowing the use of speech-recognition apps on mobile devices and tablets in classrooms, taking into account possible variations in the effectiveness of such apps in different classroom situations.
- additional communication support, including remote speech-to-text reporters or sign language interpreters.
- separate one-to-one teaching and support, without the use of face coverings and in rooms where social distancing can be achieved and/or through a Perspex panel.

Where appropriate, education settings should discuss with pupils and parents the types of reasonable adjustments that are being considered to support an individual.

Face visors or shields can be worn by those exempt from wearing a face covering but they are not an equivalent alternative to face coverings 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 only be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately.

## **Exemptions**

Where face coverings are recommended there are some circumstances where people may not be able to wear a face covering.

This includes (but is not limited to):

- people who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability
- where putting on, wearing or removing a face covering will cause severe distress
- if you are speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expressions to communicate
- to avoid harm or injury, or the risk of harm or injury, to yourself or others – including if it would negatively impact on your ability to exercise or participate in a strenuous activity

The same exemptions will apply in education and childcare settings and you should be sensitive to those needs, noting that some people are less able to wear face coverings and that the reasons for this may not be visible to others.

## **Access to face coverings**

Due to the use of face coverings in wider society, staff and pupils and students are already likely to have access to face coverings. You should have a small contingency supply available for people who:

- are struggling to access a face covering
- are unable to use their face covering as it has become damp, soiled or unsafe
- have forgotten their face covering

## **Safe wearing and removal of face coverings**

You should have a process for when face coverings are worn within your school or college, and how they should be removed, for example if pupils and students arrive at school or college wearing them. You should communicate this process clearly to pupils,

students, staff and visitors and allow for adjustments to be made for those who may be distressed if required to remove a face covering against their wishes.

Safe wearing of face coverings necessitates:

- cleaning hands before and after touching their face covering, including to remove or put them on
- safely storing face coverings safely in individual, sealable plastic bags between use
- not touch the front of their face covering during use or when removing them

Where a face covering becomes damp, it should not be worn, and the face covering should be replaced carefully. Individuals who need to wear one may consider bringing a spare face covering to wear if their face covering becomes damp during the day.

Anyone who arrives wearing a face covering should:

- not touch the front of their face covering during use or when removing it
- dispose of temporary face coverings in a 'black bag' waste bin (not recycling bin)
- place reusable face coverings in a plastic bag they can take home with them
- wash their hands again before heading to their classroom

Additional guidance is available on preventing and controlling infection, including the use of PPE, at [safe working in education childcare and children's social care settings](#).

### **3. Clean hands thoroughly and more often than usual**

COVID-19 is an easy virus to kill when it is on the skin. This can be done with soap and water or hand sanitiser. You must ensure that pupils and students clean their hands regularly, including:

- when they arrive at school or college
- when they return from breaks
- when they change rooms
- before and after eating

Consider how often pupils, students and staff will need to wash their hands and incorporate time for this in timetables or lesson plans.

Staff working with pupils and students who spit uncontrollably may want more opportunities to wash their hands than other staff. Pupils and students who use saliva as a sensory stimulant or who struggle with 'catch it, bin it, kill it' may also need more opportunities to wash their hands.

Continue to help pupils and students with complex needs to clean their hands properly.

You will typically have handwash basins in or adjacent to classrooms, so you may be able to use these to maximise hand washing.

Frequent and thorough hand cleaning should now be regular practice. You should consider:

- whether you have enough hand washing or hand sanitiser stations available so that all pupils, students and staff can clean their hands regularly
- if you need to supervise hand sanitiser use given the risks around ingestion. Skin friendly wipes can be used as an alternative
- building these routines into your school or college culture, supported by behaviour expectations and helping ensure younger pupils and those with complex needs understand the need to follow them

## 4. Good respiratory hygiene through the ‘catch it, bin it, kill it’ approach

The ‘catch it, bin it, kill it’ approach continues to be very important. Make sure enough tissues and bins are available to support pupils, students and staff to follow this routine. As with hand cleaning, you must ensure there is help available for younger pupils and all those with complex needs to get this right, and all pupils and students understand that this is now part of how the setting operates. The [e-Bug COVID-19 website](#) contains free resources for schools, including materials to encourage good hand and respiratory hygiene.

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. You should consider this in risk assessments to support these pupils and students and the staff working with them. It is not a reason to deny these pupils and students face-to-face education.

## 5. Maintain enhanced cleaning

In line with the risk assessment and timetabling of the day, put in place and maintain an enhanced cleaning schedule. This should include:

- more frequently cleaning rooms or shared areas that are used by different groups
- cleaning frequently touched surfaces more often than normal
- cleaning toilets regularly
- encouraging pupils and students to wash their hands thoroughly after using the toilet
- allocating different groups their own toilet blocks if your site allows it

PHE has published guidance for [cleaning non-health care settings](#). This contains advice on the general cleaning required in addition to the existing advice on cleaning when there is a suspected case.

## 6. Minimise contact and maintain social distancing wherever possible

Minimising contacts and mixing between people reduces transmission of COVID-19. This is important in all contexts, and you must consider how to implement it. You must do everything possible to minimise contacts and mixing while delivering a broad and balanced curriculum.

The overarching principle to apply is reducing the number of contacts between pupils, students and staff. This can be achieved through keeping groups separate (in ‘bubbles’) and through maintaining distance between individuals. These are not alternative options and both measures will help, but the balance between them will change depending on the:

- pupil or student’s ability to distance
- layout of the building
- feasibility of keeping distinct groups separate while offering a broad curriculum or programme of learning

Maintaining distance or forming bubbles could be difficult in specialist settings, particularly given the need for staff to administer care support and provide therapies to the children and young people attending. However, the average number of pupils or students attending a special school, special post 16 institution or alternative provision is much lower than the average number in a mainstream school. This will help to limit the number of contacts for any individual.

### How to group pupils (schools)

Consistent groups reduce the risk of transmission by limiting the number of pupils and staff in contact with each other to only those within the group.

Maintaining distinct groups or ‘bubbles’ that do not mix makes it quicker and easier in the event of a positive case to identify those who may need to self-isolate and to keep that number as small as possible. When using larger groups, the other measures from the system of controls become even more important to minimise:

- transmission risks
- the numbers of pupils and staff who need to self-isolate

Younger pupils and those with complex needs will not be able to maintain social distancing and it is acceptable for them not to distance within their group. Using small groups can:

- restrict the normal operation of education
- present educational and logistical challenges

You will need to consider the provision of specialist teaching and therapies and how you clean and use shared spaces such as:



- playgrounds
- boarding houses
- dining halls
- toilets

Assess your circumstances and try to implement ‘bubbles’ of an appropriate size to achieve the greatest reduction in contact and mixing. Make sure this won’t affect the quality and breadth of teaching or access for support and specialist staff and therapists.

Whatever the size of the group, they should be kept apart from other groups where possible. Encourage pupils and students to keep their distance within groups. Try to limit interaction and sharing of rooms and social spaces between groups as much as possible.

Both the approaches of separating groups and maintaining distance are not ‘all or nothing’ options and will still bring benefits, even if partially implemented.

You may keep pupils and students in their class groups for most of the classroom time, but also allow mixing in wider groups for:

- specialist teaching
- wraparound care
- transport
- boarding pupils who may be in one group residentially and another during the school day

Siblings may also be in different groups.

All teachers and other staff can operate across different classes and year groups to facilitate the delivery of the timetable and specialist provision. Where staff need to move between groups, they should try and keep their distance from pupils and other staff as much as they can, ideally 2 metres from other adults. Try to minimise the number of interactions or changes wherever possible.

## **How to group students (post-16 institutions)**

You should explore how you can reduce contacts between individuals and groups, and how to maintain distance where possible. All post-16 providers are different, and some measures will be more appropriate for certain age groups, or more easily manageable in certain buildings.

Where class-sized groups are not possible in order to deliver the full programme of study, or to manage the practical logistics within and around the site, other measures from the system of controls become even more important. We strongly recommend that, as a minimum, you plan to keep your year groups or cohorts of students separate from each other during the day. You will need to think about whether you can group students into smaller groupings and still deliver a full programme of study. However, there is no set



requirement to make cohorts smaller than normal class size. By limiting contact between different groups you ensure that if one person in a group tests positive for COVID-19 they have only had close contact with that group, rather than the whole year group. These are considerations you will need to make when reaching your decision.

Once groups are established, they should be kept apart and logistics such as start and finish times, lunch and break times, should be reviewed to ensure this.

Although passing briefly in the corridor or external areas is low risk, you should avoid creating very busy corridors or entrances and exits. You should also consider staggered break times and lunch times (and time for cleaning surfaces in the canteens and restaurants between groups). Avoiding big gatherings is strongly recommended, such as meetings with more than one group you are otherwise trying to keep apart.

Both the approaches of separating groups and maintaining distance are not 'all or nothing' options and will still bring benefits, even if implemented partially. You may keep students in their groups for most of the time, but also allow mixing into wider groups for specialist teaching, wraparound care and transport. Siblings may also be in different groups.

We recognise that some staff will need to move between groups, for example, teachers delivering maths and English for students studying a broad range of vocational and academic subjects. You should take steps to minimise the movement of staff between groups where possible, but if they need to teach multiple groups, they should adhere to broader protective measures such as maintaining distance from students where possible.

## **Measures within the classroom or learning environment**

Maintaining a distance between people while inside and reducing the amount of time they are in face-to-face contact lowers the risk of transmission. There is strong public health advice that staff in secondary schools and colleges should maintain distance from their pupils and students, staying at the front of the class and away from their colleagues where possible. Ideally, adults should maintain 2 metre distance from each other and from children and young people. If not possible, additional social distancing mitigations will be required.

We know that this is not always possible, particularly when working with children and young people with complex needs, or those who need close contact care. Provide educational and care support for these pupils and students as normal, with other increased hygiene protocols in place to minimise the risk of transmission.

Where possible, pupils and students should also be supported to maintain distance and not touch staff and their peers, for example those with less complex needs who can self-regulate their behaviours without distress. This will not be possible for the youngest children, and some pupils and students with complex needs. It may also not be feasible where space does not allow. Doing this where you can, even some of the time, will help.

When staff, pupils and students cannot maintain distancing, the risk can be reduced by keeping pupils and students in the smaller, class-sized groups.

You should make small adaptations to the classroom or learning environment to support distancing where possible. That should include seating pupils or students side by side and facing forwards, rather than face-to-face or side on. It might also include moving unnecessary furniture out of the classroom or learning environment to make more space.

## **Measures elsewhere**

You should avoid large gatherings such as assemblies or collective worship with more than one group.

When timetabling, groups should be kept apart and movement around the school or setting kept to a minimum. While passing briefly in the corridor, playground or outdoor space is low risk, avoid creating busy corridors, entrances and exits. Consider staggered break times and lunch times. Make sure you allow time for cleaning surfaces in the dining hall or canteen between groups.

You should also plan how shared staff spaces are set up and used to help staff to distance from each other.

You should minimise the use of staff rooms, although staff must still have a break of a reasonable length during the day.

## **Arriving and leaving**

Consider staggered starts or adjusting start and finish times to keep groups apart as they arrive and leave. Staggered start and finish times should not reduce the amount of overall teaching time. A staggered start may include:

- condensing or staggering free periods or break time but retaining the same amount of teaching time
- keeping the length of the day the same but starting and finishing later to avoid busy periods

You should consider how to communicate any changes to parents. Remind them about the process that has been agreed for drop off and collection, including:

- not to gather at the gates
- only come onto the site with an appointment

## **Travelling to the setting**

Pupils, students and staff may use public transport where necessary, but we encourage them to walk, cycle or scoot to and from your education setting wherever it is possible

and safe to do so. Where pupils, students and staff need to use public transport, they should follow the [safer travel guidance for passengers](#)..

The [transport to schools and other places of education guidance](#) requires those involved in the provision of dedicated transport to setting to identify the risks. You should adopt measures to address those risks in a way that works in the local circumstances. Distancing should be maximised and mixing of groups should be minimised where possible and practical.

People aged 11 and over must wear a face covering when travelling on public transport. In accordance with advice from PHE, they must also wear a face covering when travelling on dedicated transport to their education setting. People who are [exempt](#) do not need to wear a face covering.

## Other considerations

Some pupils and students with SEND (whether with EHC plans 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.

To 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](#).

Specialists, therapists, clinicians and other support staff for pupils and students with SEND should provide interventions as usual. They, as well as supply teachers, peripatetic teachers or other temporary staff can move between settings. They should ensure they minimise contact and maintain as much distance as possible from other staff. Such specialists will be aware of the PPE most appropriate for their role. Settings should consider how to manage other visitors to the site, such as contractors, catering staff and deliveries, as well as cleaning staff on site who may be working throughout the setting and across different groups. This will require close co-operation between settings and the other relevant employers.

You should have discussions with key contractors about the setting's control measures and ways of working. They should ensure you explain site guidance on physical distancing and hygiene to visitors on or before arrival. Where visits can happen outside of

school, college or FE provider hours, they should. A record should be kept of all visitors with sufficient detail to support rapid contact tracing if required by NHS Test and Trace.

As usual, you should engage with your local immunisation providers to provide immunisation programmes on site, ensuring these will be delivered in keeping with your setting's control measures. These programmes are essential for pupil and student health and wellbeing and can also provide benefits for staff.

Where a pupil or student routinely attends more than one setting on a part time basis, for example because they are dual registered at a mainstream school and a special setting, the settings should work through the system of controls collaboratively, enabling them to address any risks identified and allowing them to jointly deliver a broad and balanced curriculum for the pupil or student. Pupils and students should be able to continue attending both settings. While some adjustment to arrangements may be required, pupils and students in this situation should not be isolated as a solution to the risk of greater contact when required by specific public health advice.

## Equipment

For individual and very frequently used equipment, such as pencils and pens, staff, pupils and students should have their own items.

Students can use and share classroom or learning environment-based resources, such as books and games within their bubble. You should clean these should regularly, along with all frequently touched surfaces.

You should frequently clean resources that are shared between classes or bubbles, such as sports, arts, and science equipment. When sharing equipment between different bubbles, you should:

- clean it before it is moved between bubbles
- allow them to be left unused for a period of 48 hours (72 hours for plastics)

You will need to assess your ability to clean equipment used in the delivery of therapies, for example, physiotherapy equipment or sensory equipment. Determine whether this equipment can withstand cleaning and disinfecting between each use before it is put back into general use. Where cleaning or disinfecting is not possible or practical, resources will have to be either:

- restricted to 1 user
- left unused for a period of 48 hours (72 hours for plastics) between use by different individuals

You should clean outdoor and playground equipment more frequently than normal. This also applies to resources used inside and outside by wraparound care and out-of-school settings providers.

Pupils and students should limit the amount of equipment they bring into the setting each day, including essentials such as:

- lunchboxes
- hats and coats
- books
- stationery
- mobile phones

Bags are allowed.

Pupils, students and staff can take books and other shared resources home, although they should avoid unnecessary sharing. Similar rules on hand cleaning, cleaning of the resources and rotation should apply to these resources.

## **Parent and carers pick-up or drop-offs**

We know that travel patterns differ greatly between settings. If those patterns allow, settings should consider staggered starts or adjusting start and finish times to keep groups apart as they arrive and leave the setting.

Staggered start and finish times should not reduce the amount of overall time pupils and students spend in the setting. A staggered start may, for example, include keeping the length of the day the same but starting and finishing later to avoid rush hour.

Settings should consider how to communicate this to parents and carers, and remind them of the process that has been agreed for drop off and collection, including that gathering at the setting entrance and otherwise coming onto the site without an appointment is not allowed.

## **7. Keep occupied spaces well ventilated**

Good ventilation reduces the concentration of the virus in the air, which reduces the risks from airborne transmission. This happens when people breathe in small particles (aerosols) in the air after someone with the virus has occupied an enclosed area.

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

These can be achieved by a variety of measures.

### **Mechanical ventilation systems**

You should adjust these to increase the ventilation rate wherever possible and check them to confirm that normal operation meets current guidance and that they only circulate fresh outside air.

If possible, you should adjust systems to full fresh air or, if not, then you should operate systems as normal as long as they are within a single room and supplemented by an outdoor air supply.

The [Health and Safety Executive guidance on air conditioning and ventilation during the COVID-19 outbreak](#) and [CIBSE COVID-19 advice](#) provide more information.

## Natural ventilation

Opening windows (in cooler weather you should open windows just enough to provide constant background ventilation and more fully during breaks to purge the air in the space) and opening internal doors can also assist with creating airflow.

If necessary external opening doors may also be used (as long as they are not fire doors and where safe to do so)

To balance the need for increased ventilation while maintaining a comfortable temperature, consider:

- opening high level windows in colder weather in preference to low level to reduce draughts
- increasing the ventilation while spaces are unoccupied (for example, between classes, during break and lunch, when a room is unused)
- providing flexibility to allow additional, suitable indoor clothing – for more information see the advice on school uniform in the [schools COVID-19 operational guidance](#)
- rearranging furniture where possible to avoid direct draughts

Heating should be used as necessary to ensure comfort levels are maintained, particularly in occupied spaces.

## 8. Wearing the appropriate personal protective equipment (PPE) where necessary

Face coverings are not classified as [PPE \(personal protective equipment\)](#). PPE is used in a limited number of settings to protect wearers against hazards and risks, such as surgical masks or respirators used in medical and industrial settings. A face covering is a covering of any type which covers your nose and mouth.

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 routine intimate care needs that involve the use of PPE, you should continue to use the same PPE.

Additional PPE for COVID-19 is only required in a very limited number of scenarios, for example, when:

- a pupil or student becomes ill with COVID-19 symptoms, and only then if a 2 metre distance cannot be maintained
- performing [aerosol generating procedures \(AGPs\)](#)

When working with pupils and students who cough, spit or vomit but do not have COVID-19 symptoms, any PPE that would be routinely worn, should be worn.

The [guidance on safe working in education, childcare and children's social care](#) provides more information about preventing and controlling infection. This includes:

- when and how PPE should be used
- what type of PPE to use
- how to source it

## 9. Promote and engage in asymptomatic testing

Rapid testing remains a vital part of our plan to suppress this virus. Schools and colleges should follow the guidance set out for their settings:

- [primary schools, school-based nurseries and maintained nursery schools](#)
- [secondary schools and colleges](#)
- [specialist settings](#)

## 10. Promote and engage with NHS Test and Trace

Staff members, pupil, students, parents and carers will need to:

- [book a test](#) if they or their child has symptoms - the main symptoms are:
  - a high temperature
  - a new continuous cough
  - a loss or change to your sense of smell or taste
- [self-isolate](#) immediately and not come to the setting if:
  - they develop symptoms
  - they have been in close contact with someone who tests positive for COVID-19
  - anyone in their household or support or childcare bubble develops symptoms of COVID-19
  - they are required to [quarantine having recently visited countries outside the common travel area](#)
  - they have been notified by NHS test and trace or the PHE local health protection team
- provide details of anyone they have been in close contact with if they test positive for COVID-19 or if asked by NHS Test and Trace

## Booking a PCR test for symptomatic testing

Anyone who displays symptoms of COVID-19 can and should get a test. You can book tests for symptomatic illness online through the [NHS testing and tracing for COVID-19 website](#), or order them by telephone via NHS 119 if you do not have access to the internet.

Essential workers, which includes anyone involved in education or childcare including students undertaking work placements in [essential occupations](#), have priority access to testing.

All pupils and students can be tested if they have symptoms. This includes children under 5, but children aged 11 and under will need to be helped by their parents or carers if using a home testing kit. Teenagers aged 12 to 17 should be supervised by an adult.

## Polymerase Chain Reaction (PCR) contingency supply

Separate to the asymptomatic testing regime, we sent all settings an initial supply of 10 PCR test kits before the start of the autumn term in 2020. You can replenish these kits when they run out by making an order through the online portal. You should call the Test and Trace helpdesk on 119 if the kits that you have ordered have not arrived.

Having a test at a testing site will deliver the fastest results for the PCR tests required for symptomatic cases. The PCR test contingency supply kits are provided to be used in the exceptional circumstance that an individual becomes symptomatic, and you believe they may have barriers to accessing testing elsewhere.

You will need to decide how to prioritise the distribution of your test kits. You can give these kits directly to:

- staff
- parents or carers collecting a pupil or student who has developed symptoms at the setting

These PCR test kits will also help ensure that symptomatic staff can get a test. If they test negative, they can return to work as soon as they no longer have symptoms of COVID-19. Further information on [test kits for schools and further education providers](#) is available.

Ask parents, carers, students and staff to inform you as soon as they get their results.

## NHS COVID-19 app

The app is available to anyone aged 16 and over to download if they choose. For some young people, particularly some with SEND, parents and carers will need to decide whether their use of the app is appropriate.



This will mean that some pupils and students in year 11, and most pupils and students in years 12 and above, will be eligible to use the app and benefit from its features.

Staff members are also able to use the app.

The [guidance for schools and further education colleges in England](#) provides information about how the app works and guidance for its use within schools in England.

## 11. Manage confirmed cases of COVID-19

Swift action must be taken when someone tests positive for COVID-19. If someone who uses dedicated transport tests positive, local authorities should work with schools and colleges to identify close contacts.

Schools and colleges may receive support on this through the dedicated advice service introduced by PHE, which can be reached through the DfE helpline on 0800 046 8687, or their PHE local health protection team if escalated. Based on their advice, people who have been in close contact with the person who has tested positive must be sent home and advised to self-isolate immediately and for at least the next 10 full days counting from the day after contact with the individual who tested positive. It is a legal requirement for an individual to self-isolate if they have been told to do so by NHS Test and Trace.

Individuals may undertake a risk assessment to determine this, but a close contact includes anyone who:

- lives in the same household as someone with COVID-19 symptoms or who has tested positive for COVID-19
- has had any of the following types of contact with someone who has tested positive for COVID-19 with a PCR or LFD test (if a confirmatory PCR test is negative, provided it was taken within two days of the positive LFD, it overrides the lateral flow test and close contacts can stop self-isolating):
  - face-to-face contact, including being coughed on or having a face-to-face conversation within 1 metre
  - been within 1 metre for 1 minute or longer without face-to-face contact
  - been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over 1 day)
  - travelled in the same vehicle or aircraft

Whilst awaiting the confirmatory PCR result, pupils, students and staff and close contacts should continue to self-isolate.

If someone who uses transport tests positive, the assessment is likely to take account of factors such as:

- vehicle size
- degree of face-to-face contact

- length of time in close proximity
- whether a Perspex screen is in place.

The advice service (or PHE local health protection team if escalated) will provide advice on who must be sent home. To support them in doing so, we recommend you keep a record of pupils, students and staff in each group, and any close contact that takes place between pupils, students and staff in different groups (see [section 6 of the system of control](#) for more on grouping pupils). This should be a proportionate recording process. You do not need to ask pupils and students to record everyone they have spent time with each day or ask staff to keep definitive records in a way that is overly burdensome.

Where individuals are self-isolating and are within our definition of vulnerable, it is important that schools put systems in place to keep in contact with them, offer pastoral support, and check they can access education support.

We have provided a template letter to all settings to send to parents of children asked to self-isolate. This can also be used for staff, if needed. It is important that you share this letter promptly with all parents of children that have been asked to self-isolate as this letter allows parents who are on a low income and unable to work from home to apply to their local authority for financial support under the Test and Trace Support Payment scheme. They will not be able to make an application without providing this letter as supporting evidence. You must not share the names or details of people with COVID-19 unless essential to protect others.

Household members of those contacts who are sent home do not need to self-isolate themselves unless the pupil, student or staff member who is self-isolating subsequently develops symptoms. This is unless they have been told to self-isolate by NHS Test and Trace, in which case they must self-isolate; this is a legal obligation. If someone in a class or group that has been asked to self-isolate develops symptoms themselves within the 10 days from the day after contact with the individual who tested positive, they should follow [guidance for households with possible or confirmed COVID-19 infection](#). They should get a test, and:

- if the test delivers a negative result, they should remain in isolation for the remainder of the 10-day isolation period – this is because they could still develop COVID-19 within the remaining days
- if the test result is positive, they must inform their setting immediately, and must isolate from the day of onset of their symptoms and at least the following 10 full days – their household should self-isolate starting from when the symptomatic person first had symptoms and the next 10 full days, following [guidance for households with possible or confirmed COVID-19 infection](#)

You should not request evidence of negative test results or other medical evidence before admitting children or young people or welcoming them back after a period of self-isolation.

The local public health team will also contact you directly if they become aware that someone who has tested positive for COVID-19 attended your setting, as identified by NHS Test and Trace or PHE local health protection. Further guidance is available on [testing and tracing for COVID-19](#).

## Reporting absence through the education setting status form

You should ensure that you complete an educational setting status form to report actual or suspected cases. The data you supply helps the government monitor the impact of COVID-19 on schools.

See [guidance on how to complete the educational setting status form](#) for more information.

## Test and Trace support Payments

Some school, college, FE staff and some parents, carers and students may be eligible for a one-off Test and Trace support payment of £500. This is payable in one lump sum from your local authority.

To be eligible for a Test and Trace support Payment, you must:

- be on a low income
- be unable to work from home
- be at risk of losing income because of self-isolating
- be living in England
- meet the [eligibility criteria](#)

Staff identified as close contacts of a positive case will require an NHS Test and Trace Account ID number (CTAS number) to be able to claim a Test and Trace Support Payment or discretionary payment. You should provide parents and carers of self-isolating children with a letter to support their application for payment but they will not require an NHS Test and Trace Account ID number (CTAS number).

The Department for Health and Social Care (DHSC) has launched the self-isolation service hub available by calling 020 3743 6715. The phone line is open 7 days a week, 8am to 8pm, allowing a setting to provide contact details of any staff who have been asked to self-isolate and are likely to be eligible for the Test and Trace support payment or discretionary payment.

For any of your staff or students who may be eligible for a payment from the Test and Trace Support Payment scheme to be able to claim, you must follow these steps:

1. Ensure that you collate a list of appropriate close contacts for the person who has tested positive within your establishment and inform these close contacts that they now need to self-isolate.

2. Call the new service hub on 020 3743 6715 as soon as you have the eight-digit NHS Test and Trace account ID (sometimes referred to as a CTAS number) of the person who has tested positive.
3. Provide the details of the person who has tested positive, along with the details of the relevant staff members you have identified as close contacts. If you do not have NHS Test and Trace account ID for the person who has tested positive, hub staff will assist in tracing the person to register their contacts on the Test and Trace system (CTAS).
4. NHS Test and Trace will then contact individuals to formally advise them of their need to self-isolate and provide them with an NHS Test and Trace account ID.
5. Following this, individuals who are employed or self-employed, on a low income, unable to work from home and losing income as a result may qualify for the Test and Trace support payment scheme through their local authority. Full information on the scheme and how to apply can be found at [claiming financial support under the Test and Trace Support Payment scheme](#).

### **Families taking time off work to care for a child who is self-isolating**

Eligible parents or guardians of self-isolating children who are not required to self-isolate by NHS Test and Trace can also apply for the Test and Trace Support Payment scheme if they are on a low income, unable to work from home and need to take time off work to care for a child who is self-isolating. Parents and carers do not require an NHS Test and Trace Account ID number to claim and schools are not required to register all children asked to self-isolate with NHS Test and Trace in the same way as staff.

The scheme is open to eligible parents and carers of children aged 15 and under, and parents of young people aged 16-25 with an EHC Plan. The full eligibility criteria for the scheme and further information on how parents and guardians can apply can be found at [Claiming financial support under the Test and Trace Support Payment scheme](#).

Schools should provide parents and carers of children advised to self-isolate with the template letter, detailing the child's name and the dates of their isolation period. The parent or guardian will need to use this letter as supporting evidence as part of their application to their local authority for a payment from the Test and Trace Support Payment scheme. Parents whose children are told to self-isolate by their school will not be able to apply for financial support without a letter.

When a parent or guardian applies to the Test and Trace Support Payment scheme because they need to care for a child who is self-isolating, their local authority will be required to contact their child's school via phone or email to verify information about the child. This includes the child's name, age and dates of self-isolation. This is a standard check against fraudulent claims and may take place before or after a payment is made.

You will only be asked to share information on children whose parents have made an application to their local authority for the Test and Trace Support Payment scheme. You may wish to update your Data Privacy Notice to reflect this.

## **12. Contain outbreaks by following local health protection team advice**

If you have 2 or more confirmed cases within 14 days, or an overall rise in sickness absence where COVID-19 is suspected, you may have an outbreak.

You should call the dedicated advice service who will escalate the issue to your local health protection team where necessary and advise if any additional action is required. You can reach them by calling the DfE helpline on **0800 046 8687** and selecting option 1 for advice on the action to take in response to a positive case.

In some cases, health protection teams may recommend that a larger number of other pupils or students self-isolate at home as a precautionary measure. This could be the whole site, class, group or year group.

If you are implementing the system of controls, addressing any issues you have identified and therefore reducing transmission risks, whole site closure will not generally be necessary.

You should not close except on the advice of health protection teams.

## **13. Admitting pupils, students and staff back to your setting**

The pupil, student or staff member who tested positive for COVID-19 can return to their normal routine and stop self-isolating after they have finished their isolation period and their symptoms have gone or if they continue to have only a residual cough or anosmia. This is because a cough or anosmia can last for several weeks once the infection has gone. If they still have a high temperature after 10 days or are otherwise unwell, you should advise them to stay at home and seek medical advice.

You should not request evidence of negative test results or other medical evidence before admitting pupils, students or staff or welcoming them back after a period of self-isolation.

In most cases, the student, parents and carers will agree that those with symptoms should not attend the setting, given the potential risk to others. If a parent, carer the student themselves insists on attending your setting, you can take the decision to refuse the pupil or student if, in your reasonable judgement, it is necessary to protect your pupils

and staff from possible infection with COVID-19. Your decision would need to be carefully considered in the light of all the circumstances and current public health advice.



Department  
for Education

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