Part of
Education, universities and childcare during coronavirus

Department for Education

Guidance

SEND and specialist settings: additional COVID-19 operational guidance

Updated 27 August 2021

Contents

Summary
Who is this guidance for?
Introduction
Workplace
Attendance
Residential specialist settings
Education, Health and Care (EHC) plans
Visiting specialists, support staff and wider provision
Respite care
Remote education
Education recovery
Home to school transport
Funding
Protection measures
Control measures

Print this page

Summary

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

This guidance will be regularly reviewed.

Who is this guidance for?

This additional guidance is for the leaders and staff of:

- special schools, including non-maintained special schools
- special post-16 institutions (SPIs)
- 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.

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

Settings should work closely with parents and carers (future references to parents should be read as including carers), staff and unions when agreeing the best approaches for their circumstances.

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

Introduction

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

It should be read alongside the main guidance documents:

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

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

As coronavirus (COVID-19) becomes a virus that we learn to live with, there is now an imperative to reduce the disruption to children and young people's education - particularly given that the direct clinical risks to children are extremely low, and every adult has been offered a first vaccine and the opportunity for 2 doses by mid-September.

Our priority is for you to deliver face-to-face, high quality education to all pupils and students. The evidence is clear that being out of education causes significant harm to educational attainment, life chances, mental and physical health.

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

Workplace

Risk assessment

You must comply with health and safety law and put in place proportionate control measures. 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 whether the controls are effective and working as planned.

For more information on what is required of educational leaders in relation to health and safety risk assessments and managing risk, see health and safety responsibilities and duties for schools.

Workforce

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

Clinically extremely vulnerable (CEV) people are advised, as a minimum, to follow the same guidance as everyone else. It is important that everyone adheres to this guidance, but CEV people may wish to think particularly carefully about the additional precautions they can continue to take. Further information can be found in the guidance on protecting people who are CEV from COVID-19.

Social distancing measures have now ended in the workplace and it is no longer necessary for the Government to instruct people to work from home. Employers should be able to explain the measures they have in place to keep CEV staff safe at work. The Health and Safety Executive (HSE) has published guidance on protecting vulnerable workers, including advice for employers and employees on how to talk about reducing risks in the workplace.

We welcome your support in encouraging vaccine take up and enabling staff who are eligible for a vaccination to attend booked vaccine appointments where possible even during term time.

Attendance

Special schools and AP settings: attendance

School attendance is mandatory for all pupils of compulsory school age, and it is a priority to ensure that as many children as possible regularly attend school.

Where a child is required to self-isolate or quarantine because of COVID-19 in accordance with relevant legislation or guidance published by PHE or the DHSC they should be recorded as code X (not attending in circumstances related to coronavirus). Where they are unable to attend because they have a confirmed case of COVID-19 they should be recorded as code I (illness).

For pupils abroad who are unable to return, code X is unlikely to apply. In some specific cases, code Y (unable to attend due to exceptional circumstances) will apply. Further guidance about the use of codes is provided in the school attendance guidance.

Special post-16 institutions: attendance

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

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

Providers should offer full-time education where it is safe and 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.

Where it is 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 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.

Travel and quarantine

All pupils travelling to England must adhere to travel legislation, details of which are set out in government travel advice. Additional guidance has been issued on the quarantine arrangements for boarding school pupils travelling from red-list countries to attend a boarding school in England.

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

Encouraging regular school attendance

Guidance for schools and local authorities to help them to 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. Any 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.

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

There are some groups of children and young people who are at higher risk of severe illness from COVID-19. This group of people have been told directly by their GP or hospital clinician, or have received a letter, confirming that they are clinically extremely vulnerable (CEV). We no longer advise those who are CEV to shield. See guidance on who is at higher risk from COVID-19, and protecting people who are clinically extremely vulnerable.

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

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

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

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

Where pupils who are self-isolating are within our definition of vulnerable, it is important that you put systems in place to keep in contact with them and regularly check if they are accessing remote education. You should notify their social worker (if they have one) and agree the best way to maintain contact and offer support.

Residential specialist settings

Residential special schools and residential special post-16 institutions, local authorities should maintain a register of all pupils and students who have been sent home due to COVID-19. 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.

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.

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

You should ensure that appropriate arrangements are in place to allow children and young people to remain in contact with their parents and carers. Visits should be face-to-face wherever possible. The use of virtual visits can be offered 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. 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.

You should continue to 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 to 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.

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.

At times it may be necessary to conduct some aspects of EHC needs assessments and reviews in different ways, for example, because children or young people are self-isolating. 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 and can engage with the process in a meaningful way.

As well as the duty to secure or arrange provision in an EHC plan, you must meet all the statutory duties relating to EHC needs assessments and annual reviews. It is important that settings co-operate in supporting requests about potential placements, providing families with advice and information where requested.

Visiting specialists, support staff and wider provision

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

Where children and young people with an EHC plan are in receipt of health provision, recognising that the duties to deliver provision set out in an EHC plan are fully in force, 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 meet their duties 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.

Respite care

Social care services for disabled children which provide respite care should continue to operate. This includes residential and non-residential respite services and both formal and informal care in the family home.

Remote education

Not all people with COVID-19 have symptoms. Where appropriate, you should support those who need to self-isolate because they have tested positive to work or learn from home if they are well enough to do so. You should maintain your capacity to deliver high-quality remote education for the next academic year, including for pupils who are abroad, and facing challenges to return due to COVID-19 travel restrictions, for the period they are abroad.

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

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

We recognise that some pupils and students with SEND may not be able to access remote education without adult support and so expect schools and colleges to work 12 collaboratively with families and put in place reasonable adjustments so that pupils with SEND can successfully access remote education 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.

Education recovery

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

This includes further information on the catch-up premium, recovery premium, summer school programme, tutoring (including the National Tutoring Programme and 16 to19 tuition fund, teacher training opportunities, curriculum resources, specialist settings, and wider continuous professional development resources, including to support teacher wellbeing and subject-specific teaching.

If running a summer school, you should follow the protective measures for holiday and after-school clubs, and other out-of-school settings during the coronavirus (COVID-19) outbreak.

Tutoring

Specialist settings will receive a funding uplift for children and young people who are more likely to need one to one tutoring. There will also be greater flexibility for settings to make it easier to take on local tutors or use existing staff to supplement those employed through the existing National Tutoring Programme. The National Tutoring Programme website includes resources such as best tutoring practice for settings.

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

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

Early language

The Nuffield Early Language Intervention (NELI) programme is an evidence-based oral language intervention for children in nursery and reception who show weakness in their oral language skills. NELI is delivered by a trained teaching assistant providing small group and individual training sessions. It is not designed as specialist provision to replace Speech and Language Therapy interventions but can supplement these and can be delivered in both special and mainstream settings.

Further information on the Nuffield Early Language Intervention is available.

Catch-up premium and recovery premium

We have prioritised children who attend specialist settings by providing additional funding uplifts for both these premiums for pupils in special schools, alternative provision, hospital schools and special units within mainstream schools.

All schools should use the funding to prioritise support for particular pupils according to their need. This can include providing support for non-academic barriers to success in school, such as attendance, behaviour and social and emotional support. For example, these may include interventions such as:

- extra teaching capacity
- speech and language therapists
- educational psychologists
- access to technology

Further education and post-16 support

As part of the June announcement, the government confirmed that it willgiveproviders of16 to 19educationthe optiontooffer students in year 13 (or equivalent) the opportunity torepeat up to one more year if they have been severely affected by the pandemic.

The opportunity to repeat up to one more year applies to all students in year 13 (or equivalent), including SEND students in year 13 (or equivalent) with an EHC plan where their education has been severely affected by the pandemic. For students with an EHCP, the option to repeat a year should be considered as part of the local authority's annual review of the EHC plan.

Arrangements under an EHC plan can continue up to age 25 for those young people who need to take longer to complete their education or training. Local authorities will need to make a judgement, in consultation with parents and the young person, about whether or not agreed outcomes have been met such as if the young person has been prepared and is able to make a successful transition to adulthood. In every case, the local authority needs to consider whether it is in the best interests of an individual to stay in education. Young people with an EHC plan on a supported internship who were not able to meet the core aim of their internship in the 2020 to 2021 academic year, may continue their internship into the 2021 to 2022 academic year. It is very unlikely that all supported interns will need to extend their internship for a full year. Providers should determine the length of time that a 14 learner will require based on the needs of the individual, and in agreement with the local authority.

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

Home to school transport

We have updated the dedicated transport to schools and colleges COVID-19 operational guidance to reflect changes to the guidance for schools from Step 4.

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

Children and young people aged 11 and over should wear a face covering when travelling on dedicated transport to secondary school or college.

We no longer recommend maximising distancing and minimising mixing, but unnecessary risks such as overcrowding should be minimised.

In preparation for the autumn term, those responsible for dedicated transport should review and, where necessary, update their risk assessments in light of the updated guidance. You may wish to speak to the local authority or transport provider to find out if they will be making any changes to the measures they are taking on transport from the autumn term or to request a copy of their updated risk assessment.

Drivers and passenger assistants will not normally require personal protective equipment (PPE) on home to school transport. However, where the care and interventions that a child or young person ordinarily receives on home to school transport required the use of PPE before COIVD-19, that should continue as usual. For more information, refer to the guidance on the use of personal protective equipment (PPE) in education, childcare and children's social care settings, including for aerosol generating procedures (AGPs).

In response to COVID-19, some local authorities asked parents to accept personal travel budgets or mileage allowances to take their child to school or college. This was permissible with the parent's consent. In Stage 4 they may consider such arrangements no longer necessary.

Funding

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

It is important that AP settings maintain their capacity to support local schools with any rise in behaviour and mental health issues as a result of the pandemic. We are aware 15

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 Education and Skills Funding Agency for assistance. Local authorities have similar processes to support pupil referral units in financial difficulty and can set aside funds in their high needs budget for this purpose.

Protection measures

Mixing and 'bubbles'

We no longer recommend that it is necessary to keep children and young people in consistent groups ('bubbles'). This means that bubbles will not need to be used for any summer provision (for example, summer schools or FE settings that remain open during this period), or in settings from the autumn term.

As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and you no longer need to make alternative arrangements to avoid mixing at lunch.

You should make sure your contingency plans (sometimes called outbreak management plans) cover the possibility that in some local areas it becomes necessary to reintroduce 'bubbles' for a temporary period to reduce mixing between groups.

Any decision to recommend the reintroduction of 'bubbles' would not be taken lightly and would need to take account of the detrimental impact they can have on the delivery of education.

Tracing close contacts and self-isolation

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

As with positive cases in any other setting, NHS Test and Trace will work with the positive case or their parent to identify close contacts. Contacts from a setting will only be traced by NHS Test and Trace where the positive case specifically identifies the individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact.

Settings may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.

Individuals are not required to self-isolate if they live in the same household as someone with COVID-19, or are a close contact of someone with COVID-19, and any of the following apply:

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

Instead, they will be contacted byNHSTest and Trace, informed they have been in close contact with a positive case and advised to take aPCR test. We would encourage all individuals to take aPCRtest if advised to do so.

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

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

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

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

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

Face coverings

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

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

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

In circumstances where face coverings are recommended

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

In these circumstances, transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. Transparent face coverings may be effective in reducing the spread of coronavirus (COVID-19). However, the evidence to support this is currently very limited. 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 should be considered alongside the comfort and breathability of a face covering that contains plastic, which may mean that the face covering is less breathable than layers of cloth.

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

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

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

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

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

Stepping measures up and down

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

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

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

Control measures

You should:

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

Ensure good hygiene for everyone

Hand hygiene

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

You should also continue to consider:

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

Respiratory hygiene

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

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

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

Use of personal protective equipment (PPE)

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

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

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

Maintain appropriate cleaning regimes, using standard products such as detergents

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

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

Keep occupied spaces well ventilated

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

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

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

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

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

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

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

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

CO2 monitors will also be provided to all state-funded education settings from September, so staff can quickly identify where ventilation needs to be improved. Further information will be issued as monitors are rolled out.

The government has also launched a trial of air purifiers in 30 schools in Bradford, which is designed to assess the technology in education settings and whether they could reduce the risk of transmission.

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

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

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

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

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

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

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

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

Asymptomatic testing

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

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

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

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

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

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

Asymptomatic testing in specialist settings

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

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

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

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

Confirmatory PCR tests

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

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

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

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

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

Other considerations

Some pupils and students withSEND(whether withEHCplans 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.

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

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

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

Admitting children and young people back to your setting

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

Is this page useful? Yes No

Report a problem with this page

Coronavirus (COVID-19)

Coronavirus (COVID-19): guidance and support

Brexit

Check what you need to do

Services and information

Departments and policy

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

© Crown copyright