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Guidance

# Schools COVID-19 operational guidance

Updated 27 September 2021

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## Summary

This guidance explains the actions school leaders should take to reduce the risk of transmission of coronavirus (COVID-19) in their school. This includes public health advice, endorsed by Public Health England (PHE).

It is for leaders and staff in:

- primary schools
- secondary schools (including sixth forms)

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- special schools, special post-16 providers and alternative provision
- 16 to 19 academies
- infant, junior, middle, upper schools
- boarding schools

We expect independent schools to follow the control measures set out in this guidance in the same way as state-funded schools, and health and safety legislation applies equally to independent schools.

Where this guidance refers to schools, that does not include maintained nursery schools or pre-reception classes.

Separate guidance is available for:

- [early years and childcare settings](#)
- [further education colleges and providers](#)

Additional operational guidance is also available for [special schools, special post-16 providers and alternative provision](#).

Schools and trusts 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 a good reason not to.

## Overview

The government continues to manage the risk of serious illness from the spread of the virus. We have moved 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 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, every adult has been offered the opportunity for 2 doses of the vaccine, and all children aged 12 and over are now eligible for vaccination. However, as set out in the autumn and winter plan, the government will remain vigilant and take action where necessary to support and protect the NHS.

Our priority is for you to deliver face-to-face, high-quality education to all pupils. 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.

## Changes to the previous version

Changes to the guidance since its 27 August 2021 publication include updates to:

- remove retrospective content about summer 2021
- set out the latest policy on [asymptomatic testing](#)
- reflect changes to advice around clinically extremely vulnerable [pupils](#) and [staff](#)
- set out the latest policy on [vaccination of 12 to 17 year olds](#)
- reflect policy announcements on [accountability](#) for this academic year

## 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 in your school 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 school leaders in relation to health and safety risk assessments and managing risk, see the [health and safety advice for schools](#).

## Mixing and bubbles

We no longer recommend that it is necessary to keep children in consistent groups ('bubbles'). This means that 'bubbles' will not need to be used in schools. 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 it may become 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 isolation

Close contacts in schools are now identified by NHS Test and Trace and education settings are no longer 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 school setting will only be traced by NHS Test and Trace where the positive case or their parent 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. You 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 and 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 by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a [PCR test](#). We would encourage all individuals to take a PCR test if advised to do so.

Staff 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.

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 get 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.

Settings will continue to have a role in working with health protection teams in the case of a local outbreak. If there is a substantial increase in the number of positive cases in a setting (see the [stepping measures up and down](#) section for more information) or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures.

# Face coverings

Face coverings are no longer advised for pupils, staff and visitors either in classrooms or in communal areas.

The government has removed the requirement to wear face coverings in law. Face coverings should be worn in crowded and enclosed 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 a substantial increase in the number of positive cases in your school (see the [stepping measures up and down](#) section for more information), a director of public health might advise you that face coverings should temporarily be worn in communal areas or classrooms (by pupils staff and visitors, unless exempt). 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 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 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.

## Stepping measures up and down

You should have contingency plans (sometimes called outbreak management plans) outlining what you would do if children, pupils, students 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 should only ever be considered as a last resort, kept to the minimum number of schools 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:

- Ensure good hygiene for everyone.
- Maintain appropriate cleaning regimes.

- Keep occupied spaces well ventilated.
- Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19.

## 1. Ensure good hygiene for everyone

### Hand hygiene

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

### Respiratory hygiene

The 'catch it, bin it, kill it' approach continues to be very important.

The [e-Bug COVID-19 website](#) contains free resources for you, including materials to encourage good hand and respiratory hygiene.

### Use of personal protective equipment (PPE)

Most staff in schools will not require PPE beyond what they would normally need for their work. 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.

## 2. Maintain appropriate cleaning regimes, using standard products such as detergents

You should put in place and maintain an appropriate cleaning schedule. This should include regular cleaning of areas and equipment (for example, twice per day), with a particular focus on frequently touched surfaces.

PHE has published guidance on the [cleaning of non-healthcare settings](#).

## 3. Keep occupied spaces well ventilated

When your school is in operation, it is important to ensure it is well ventilated and that 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, school plays.

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 COVID-19 pandemic](#) 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.

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

**When an individual develops COVID-19 symptoms or has a positive test**

Pupils, staff and other adults should follow public health advice on [when to self-isolate and what to do](#). They should not come into school if they have symptoms, have had a positive test result 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).

If anyone in your school develops [COVID-19 symptoms](#), however mild, you should send them home and they should follow public health advice.

If a pupil in a boarding school shows symptoms, they should usually self-isolate in their residential setting so that their usual support can continue, others may then 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 schools. That is why, whilst some measures are relaxed, others will remain, and 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.

Staff and secondary school pupils should continue to test twice weekly at home, with lateral flow device (LFD) test kits, 3 to 4 days apart. Testing remains voluntary but is strongly encouraged.

There is no need for primary age pupils (those in year 6 and below) to test.

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

### **Confirmatory PCR tests**

Staff and pupils with a positive LFD test result should self-isolate in line with the [stay at home guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#). They will also need to [get a free 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 pupil can return to school, as long as the individual doesn't have COVID-19 symptoms.

Additional information on [PCR test kits for schools and further education providers](#) is available.

## Other considerations

Clinical studies have shown that children and young people, including those previously considered to be clinically extremely vulnerable (CEV), are at very low risk of serious illness if they catch the virus. The UK Clinical Review Panel has recommended that no children and young people under the age of 18 should be considered CEV and under-18s should be removed from the shielded patient list. The chief executive of the UK Health Security Agency and head of NHS Test and Trace has written to parents of these children to inform them.

Children and young people previously considered CEV should attend school and should follow the same [COVID-19 guidance](#) as the rest of the population. However, if a child or young person has been advised to isolate or reduce their social contact by their specialist, due to the nature of their medical condition or treatment, rather than because of the pandemic, they should continue to follow the advice of their specialist.

All children aged 12 and over are now eligible for COVID-19 vaccination. Those aged 12 to 17 are eligible for a first dose of the Pfizer/BioNTech COVID-19 vaccine, although 12 to 17 year olds with certain medical conditions that make them more at risk of serious illness, or who are living with someone who is immunosuppressed, are eligible for 2 doses. These children will be contacted by a local NHS service such as their GP surgery to arrange their appointments. All other 12 to 15 year olds will be offered the vaccine via the school-based programme. Young people aged 16 to 17 will be invited to a local NHS service such as a GP surgery or can [access the vaccine via some walk-in COVID-19 vaccination sites](#).

You can find out more about the in-school vaccination programme in [COVID-19 vaccination programme for children and young people guidance for schools](#).

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

## Admitting children into school

In most cases, parents and carers will agree that a pupil with symptoms should not attend the school, given the potential risk to others.

If a parent or carer insists on a pupil attending your school, you can take the decision to refuse the pupil if, in your reasonable judgement, it is necessary to protect other pupils and staff 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.

## 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 facing challenges 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](#).

## Travel and quarantine

Where pupils travel from abroad to attend a boarding school, you will need to explain the rules to pupils and their parents before they travel to the UK. All pupils travelling to England must adhere to [travel legislation](#), details of which are set out in government [guidance on international travel](#).

At present, boarding school pupils who are ordinarily resident in the UK, including those who are unaccompanied and who are attending boarding schools on a child student visa or student visa, who have travelled from or through amber list countries (and have not been in a red country in the previous 10 clear days), are exempt from the requirements to quarantine and take a day 8 test. Those aged 11 to 17 need [proof of a negative COVID-19 test](#) to travel to England (children aged 10 and under are exempt from this) and those aged 5 to 17 must take a COVID-19 travel test on or before day 2. More information is provided in the government's [quarantine and testing guidance](#).

From Monday 4 October 2021, the rules for international travel to England changed. [Check the rules for travel to England from abroad](#) for more information.

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 isolate upon return.

## 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. Schools subject to the [remote education temporary continuity direction](#) are required to provide remote education to pupils covered by the direction where their attendance would be contrary to government guidance or legislation around COVID-19.

You should maintain your capacity to deliver high-quality remote education across this 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.

Independent Schools (not including academies) are only covered by the remote education temporary continuity direction in relation to state-funded pupils in their schools. However, they are still expected to meet the [Independent School Standards](#) in full at all times.

The remote education provided should be equivalent in length to the core teaching pupils would receive in school.

You should work collaboratively with families and put in place reasonable adjustments so that pupils with special educational needs and disabilities (SEND) can successfully access remote education.

Full expectations for remote education, support and resources can be found on the [get help with remote education service](#).

## Education recovery

We have announced a number of programmes and activities to support pupils to make up education missed as a result of the pandemic. Further information is available on [education recovery support](#). Specifically for schools, the document includes further information on:

- [recovery premium](#)
- tutoring (including the [National Tutoring Programme](#) and [16 to 19 tuition fund](#))
- teacher training opportunities
- curriculum resources

- [curriculum planning](#)
- specialist settings
- wider continuous professional development resources, including to support teacher wellbeing and subject-specific teaching

## Pupil wellbeing and support

Some pupils may be experiencing a variety of emotions in response to the COVID-19 pandemic, such as anxiety, stress or low mood. You can access useful links and sources of support on [promoting and supporting mental health and wellbeing in schools](#).

## School workforce

School leaders are best placed to determine the workforce required to meet the needs of their pupils.

Social distancing measures ended in workplaces on 19 July and the government is no longer advising people to work from home.

The shielding programme has now come to an end and adults previously considered CEV should, as a minimum, continue to follow the same [COVID-19 guidance](#) as everyone else. It is important that everyone adheres to this guidance but people previously considered CEV may wish to consider taking extra precautions. In some circumstances, staff may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice.

Employers should be able to explain the measures they have in place to keep 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](#).

## School meals

You should continue to provide free school meal support to any pupils who are eligible for benefits-related free school meals and who are learning at home during term time.

More information on [providing school meals during the COVID-19 pandemic](#) is available.

# Educational visits

Given the likely gap in COVID-19 related cancellation insurance, if you are considering booking a new visit, whether domestic or international, you are advised to ensure that any new bookings have adequate financial protection in place.

From this term, you can go on international visits that have previously been deferred or postponed and organise new international visits for the future. You should refer to the [Foreign, Commonwealth and Development Office travel advice](#) and the [guidance on international travel](#) before booking and travelling.

You should speak to either your visit provider, commercial insurance company, or the risk protection arrangement (RPA) to assess the protection available. Independent advice on insurance cover and options can be sought from the British Insurance Brokers' Association (BIBA) or Association of British Insurers (ABI). Any school holding ATOL or ABTA refund credit notes may use these credit notes to rebook educational or international visits.

You should undertake full and thorough risk assessments in relation to all educational visits and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment. [General guidance](#) about educational visits is available and is supported by specialist advice from the [Outdoor Education Advisory Panel \(OEAP\)](#).

# Wraparound provision and extra-curricular activity

More information on planning extra-curricular provision can be found in the guidance for [providers who run community activities, holiday clubs, after-school clubs, tuition and other out-of-school provision for children](#).

# Inspection

For state-funded schools, Ofsted has resumed its programme of routine inspections and will aim to inspect every state-funded school within the next 5 academic years. This will mean an extension of up to 6 terms in the inspection interval for those schools not inspected since the start of the pandemic. Within the 5-year period, Ofsted will continue to prioritise schools most in need of inspection, particularly those with the lowest Ofsted grades. It will also prioritise outstanding schools that were previously exempt from routine inspection that have gone the longest without a visit.

For independent schools (other than academies), both Ofsted and the Independent Schools Inspectorate (ISI) have resumed their programme of routine inspections and they will complete the current cycle of standard inspections – which was delayed by the pandemic – in 2022.

## Accountability expectations

We will not publish data based on exam and assessment results from summer 2021 in performance tables and you will not be held to account for this data. We will publish Key Stage 4 and 16 to 18 subject entries and destinations data at school and college level in performance tables in autumn 2021.

For the academic year 2021 to 2022, results from qualifications achieved at Key Stage 4 and post 16 will be published at school and college level on performance tables.

We will not publish the results of Key Stage 2 primary assessments. We will still produce the normal suite of Key Stage 2 accountability measures and share these securely with schools, academy trusts, local authorities and Ofsted.

For further information, see [COVID-19: school and college accountability](#).

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