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[Department
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Guidance

COVID-19: Actions for out-of-school settings

Updated 27 September 2021

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Changes to the previous version

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

- general update to remove retrospective content about summer 2021
- update to set out the latest policy on [asymptomatic testing](#)
- update to reflect changes to advice around [clinically extremely vulnerable individuals](#)
- update to set out the latest policy on [vaccination of 12 to 17 year olds](#)

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- update to remove links to withdrawn guidance documents, such as the guidance on community centres, village halls and other multi-purpose community facilities

Who is this guidance for?

This guidance is for out-of-school setting providers and their staff, who provide, for children (those aged 18 or under):

- community activities
- tuition
- holiday clubs
- breakfast and after-school clubs for children

It applies to:

- providers that fall within the government's definition of [an out-of-school setting](#)
- providers caring for children aged 5 and over and registered with Ofsted on either the compulsory or voluntary childcare register
- schools or colleges that offer extra-curricular activities or provision for children before and after school, during weekends or outside of term-time
- providers that offer breakfast, after-school clubs or extra-curricular activities in schools, who should also refer to the [guidance on actions for schools during the COVID-19 outbreak](#)
- registered early years providers caring for children under the age of 5, who should refer to the guidance for [early years and childcare providers during the COVID-19 outbreak](#)
- providers of youth services and activities, who should also refer to the [National Youth Agency's guidance for managing youth sector spaces and activities during COVID-19](#)

There is separate [out-of-school settings COVID-19 guidance for parents and carers](#).

Venue-specific guidance

Out-of-school settings can take place in many kinds of venues, from a private home to more formal places such as community and youth centres, sports clubs, and places of worship.

Therefore, if your out-of-school setting takes place in one of the following premises, you should also follow the guidance for:

- [places of worship](#)

- [providers of grassroots sport and leisure facilities](#)
- [schools during the COVID-19 outbreak](#)
- [working safely during COVID-19 in other people's homes](#)

About this guidance

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

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.

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
- 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 provision to all children.

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

Who can attend your setting

Out-of-school settings and wraparound childcare providers can offer provision to all children, without restriction on the reasons for which they may attend.

Home education

Where a child who is electively home educated takes part in an out-of-school setting, this guidance will apply. This is the case regardless of whether the setting is attended solely by children who are electively home educated or a combination of children attending school and children being home educated.

All children who are electively home educated may attend out-of-school settings.

Staff and workforce

Out-of-school setting leaders are best placed to determine the workforce required to meet the needs of the children in attendance.

Social distancing measures ended in the workplace on 19 July and it is no longer necessary for the government to advise people to work from home.

Contractors

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

Clinically extremely vulnerable

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](#).

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 may attend out-of-school settings and wraparound childcare 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.

Vaccinations for children

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](#).

Group sizes

Wraparound childcare and other organised activities for children may take place in groups of any number.

Risk assessment

As a provider, you are likely to have a legal duty of care to try to ensure the environment is safe for people who visit or attend. This means you have a duty to take reasonable steps to ensure that people will be safe using the venue for the

purposes for which they attend, including regularly reviewing and updating your risk assessments - treating them as 'living documents', as the circumstances in your setting 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 out-of-school setting leaders in relation to health and safety risk assessments and managing risk see [Health and safety: advice for schools](#) and [Keeping children safe during community activities, after-school clubs and tuition](#).

Mixing and 'bubbles'

We are no longer recommending that it is necessary to keep children in consistent groups ('bubbles'). This means that 'bubbles' will not need to be used in out-of-school settings or wraparound childcare provision.

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 provision.

Tracing close contacts and self-isolation

Close contacts in out-of-school settings are identified by NHS Test and Trace and out-of-school settings are not expected to undertake contact tracing. As with positive cases in any other setting, NHS Test and Trace will work with the positive case and/or their parent to identify close contacts. Contacts from an out-of-school 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. You may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.

Self-isolation

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 self-isolate, and children and young people aged under 18 years and 6 months, who usually attend an out-of-school setting, and have been identified as a close contact, can continue to attend the setting as normal. They do not need to wear a face covering within the setting, but it is expected and recommended that they wear one when travelling on public or dedicated transport.

Further information is available in [NHS Test and Trace: what to do if you are contacted](#) and in the [stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#).

Eighteen years olds will be treated in the same way as children until 6 months after their 18th birthday. This will allow them the opportunity to get fully vaccinated, at which point they will be subject to the same rules as adults. 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 (for more information, see [Stepping measures up and down](#)) 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 children, parents, 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 do not 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 setting (for more information, see [Stepping measures up and down](#)), a director of public health might advise you that face coverings should temporarily be worn in communal areas or classrooms (by children, 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.

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

No child should be denied education or childcare 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 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 and childcare can have on children and young people, any measures in

out-of-school settings 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, using standard products such as detergents
3. Keep occupied spaces well ventilated
4. 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 children 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, including materials to encourage good hand and respiratory hygiene.

Use of personal protective equipment (PPE)

Most staff in out-of-school settings 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 setting is in operation, it is important to ensure it is well ventilated and that a comfortable childcare or learning 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 performances.

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.

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

Children, staff and other adults should follow public health advice on [when to self-isolate and what to do](#). They should not come into your 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.

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 child 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, 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 aged children 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 children (those in year 6 and below) to test.

If you are operating on or linked to a school, you may wish to discuss with that school how your staff can continue to access regular asymptomatic testing via this route.

However, testing is widely available for all settings operating on and away from school sites. Staff and secondary age children can collect home test kits by either:

- collecting them from their local pharmacy
- [ordering coronavirus \(COVID-19\) rapid lateral flow tests online](#)

You should communicate this to staff, secondary age children and parents.

Confirmatory PCR tests

Staff and children with a positive LFD test result should self-isolate in line with the [stay at home guidance stay at home guidance for households with possible or confirmed \(COVID-19\) 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 child or staff member can return to your setting, as long as the individual doesn't have COVID-19 symptoms.

Admitting children back to your setting

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

If a parent or carer insists on a child with symptoms attending your setting, you can take the decision to refuse the child if, in your reasonable judgement, it is necessary to protect other children 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.

Safety measures for activities in out-of-school settings

Parental attendance

We no longer advise that providers limit the attendance of parents and carers at sessions. You should continue to ensure that you have parents' and carers' most up-to-date contact details in case of an emergency.

Sports provision

All sports provision, including competition between settings, should be planned and delivered in line with this guidance.

Providers of sports activities should also refer to:

- guidance on [grassroots sports for public and sport providers](#), [safe provision and facilities](#) and [guidance from Sport England](#)
- advice from organisations such as the [Association for Physical Education](#) and the [Youth Sport Trust](#)
- information on school swimming, water safety and [returning to pools guidance from Swim England](#)

Performances and events

If planning an indoor or outdoor face-to-face performance or event in front of a live audience, you should follow the latest advice in the [DCMS Working safely during coronavirus \(COVID-19\): events and attractions guidance](#).

Educational visits and trips

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 [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).

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 \(OEAP\)](#).

Safeguarding

It is important that you and your staff are aware of safeguarding issues and the signs to look out for. Further information is available in the guidance for [keeping children safe during community activities, after-school clubs and tuition](#).

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