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COVID-19 OPERATIONS

ASYMPTOMATIC TESTING IN SCHOOLS, COLLEGES AND UNIVERSITIES FROM
JANUARY 2021

PAPER BY THE SECRETARY OF STATE FOR EDUCATION

SUMMARY

1. The benefits of asymptomatic testing in schools, colleges and universities are:
 - a. Public health - finding those with the virus and isolating them quickly to break chains of transmission of the virus among high prevalence and highly mobile groups.
 - b. Educational - serial testing of contacts to bolster school attendance and ensure schools remain open to all year groups. This is particularly critical as it is unlikely that children or young people will be vaccinated against COVID-19 in the foreseeable future; and
 - a. Economic - in the short term, minimising self-isolation of pupils allows parents and carers to be economically active; in the longer term, keeping schools open is key to developing the skills of our future workforce.

2. Our base proposition for testing in schools and colleges is that from the first week in January, we start **weekly testing of the secondary school and college workforce and serial testing of close contacts for both staff and pupils** in secondary schools and colleges. This will identify asymptomatic cases to prevent spread of the virus among young people and the workforce in schools and colleges, and preserve face-to-face education as close contacts do not need to self-isolate at home. It is difficult to predict uptake from schools, - initial soundings with the sector indicate they are enthusiastic and see this as a positive step forward as long as it is deliverable. We will strongly encourage schools to stand this up as quickly as possible from the start of the new term.

3. Once test kits are available in take-home form and from February we will **introduce weekly testing of the primary school workforce** and **serial testing of close contacts in primary schools for staff and pupils** (the latter should be covered by the planned national roll out of serial testing of contacts). For pupils this would be on the basis of parents administering tests at home.
4. The testing capacity required for these different groups is set out in paragraph 15 below. To implement our base proposition, COVID-O will need to agree:
 - a. That we **introduce serial testing in schools** to avoid the self-isolation of contacts, either by changing the self-isolation regulations; or by making secondary schools a large-scale pilot if the regulation change cannot be achieved.
 - b. That schools are supported to set up **light touch Asymptomatic Test Sites** to support weekly testing and are provided with test kits, PPE, training and advice to enable delivery. NHS Test and Trace has agreed to fund up to £10m for the school workforce costs in January.
 - c. That our intentions are **announced in the next few days**, to give schools and colleges a week to prepare before they break for the Christmas holidays.
5. Alongside this, we recommend agreeing a surge approach to managing local outbreaks involving educational communities (school, colleges and universities) as specified by Local Action Committee Gold or in areas which have reached a specified threshold– likely whole year group or school group testing. We are actively responding to the high prevalence of the virus among the 11-18-year-old cohort in **East London and parts of Essex**. This could involve weekly testing where there was the public health need and would directly compliment the community testing programme.

Recommendation: Does COVID-O agree with this base proposition?

6. **On universities** we are taking forward the agreed action from COVID-O in November to test students in December and January. In addition, we are also

seeking COVID-O agreement to take a decision **to test students at the end/start of term** (from Easter) and **in halls of residence weekly** once we have the data from university testing in December and January. This is something that universities have been seeking. This will also need to be considered through a Portfolio Prioritisation Board in late January: decisions will need to be taken early in the spring term on our plans for the Easter return of students. As with schools, we will also work closely with Directors of Public Health on specific interventions in universities when a local threshold is triggered: universities will have the infrastructure to carry out rapid testing which can be swiftly utilised if required on public health grounds.

Recommendation: Does COVID-O agree that we should consider, via the Testing Portfolio Prioritisation Board, whether to test students at the start/end of each term and in halls of residence weekly once we have analysis from the December and January testing?

7. Pilots are currently underway to test different approaches to asymptomatic testing in schools, colleges and universities. Further information including key lessons learnt is set out at **Annex A**. We intend to pilot the core offer next week to understand any final logistical issues.

SCHOOLS AND COLLEGES

Rationale and proposition

8. The biggest drivers for non-attendance in schools in the Autumn term have been COVID related. Christmas is expected to push up transmission rates so we expect this trend to increase in January. In September with the return of schools we particularly saw higher levels of transmission amongst secondary school age and university young people. Further data is provided at **Annex B**.
9. We need a testing regime that finds and isolates positive cases quickly and keeps schools and colleges open to all year groups and allows pupils and students to stay in face-to-face education. This means identifying positive cases and keeping those identified as contacts of positive cases in school/college by serial testing rather than requiring them to self-isolate (following a confirmatory PCR test) -this is vital if we are

to deliver the Government's objectives to keep schools open and drive up attendance. Staff absence is a particular operational risk to keeping settings open to all students – and so serial testing for the workforce is a key priority, along with ensuring continuity of education for pupils/students in exam years.

10. Our core proposition is to introduce asymptomatic testing in schools and colleges (including special schools and alternative provision settings) through a rapid phased approach, starting the week commencing 4 Jan, working with school and college leaders to build a sustainable infrastructure. Our proposed timeline is set out in **Annex C**. This plan is based on our experience of the current school pilots and lessons learnt from establishing testing sites in over 100 universities at pace.

11. Therefore we plan to prioritise schools and colleges as follows:

Priority 1: From the first week of January, weekly testing for the secondary school/college workforce to identify positive cases and isolate them quickly, **alongside** serial testing for those identified as contacts. Weekly testing could cover approximately **720k** members of staff and based on recent rates of the workforce self-isolating, serial testing could cover around **20k** staff. We plan to pilot this approach in two schools from next week.

Priority 2: Also from the start of term, serial testing for students in secondary school years 11 to 13 and their college equivalents if they are identified as a contact to ensure that these year groups do not need to isolate and are able to attend school/college. Based on recent rates of pupils self-isolating, this could cover around **90k** pupils.

Priority 3: As soon as possible following this we would introduce serial testing of all other secondary and FE students who are identified as a contact, for approximately **340k** additional pupils.

Priority 4: From the start of February, weekly testing for the primary school workforce and serial testing if they are identified as a contact. Weekly testing

could cover around **760k** staff members and again, based on recent rates of the workforce self-isolating, serial testing could cover around **30k** staff.

Priority 5: In line with plans for national roll out of serial testing of contacts after half term, or once at-home testing is approved, serial testing of all primary pupils who are identified as a contact, covering around **700k** pupils. ¹

	England			Tier 3 Estimate***		
	Settings	Staff	Students	Settings	Staff	Students
Secondary schools	3,400	408,200	3,409,000	1,400	163,300	1,363,700
Primary	16,800	760,400	4,715,000	6,700	304,200	1,885,900
Special & AP Schools	1,300	99,000	147,000	500	39,600	58,900
Independent schools*	2,300	130,000	577,000	930	52,000	230,700
FE colleges**	270	216,500	1,364,500	110	86,600	545,800

*Staff numbers from ISC estimate upper bound

**General, sixth form and specialist colleges only

*** 40% of national

Key Challenges

12. To deliver this approach, we will need to inform schools and colleges this week of our plans, so that they can begin preparations and inform parents and students before Christmas. This will also enable us to inform independent schools before they close for the end of term. While challenging logistically, we are confident that many schools/colleges will be keen to take up this offer: our communication and stakeholder plan (see below) will focus on achieving widespread uptake.

13. We are awaiting MRHA approval of self-administration of LFDs and for individual test packs to become available. Once completed, this will enable teachers to self-administer tests at home, and pupils to also do so under parental supervision. However we must plan on the basis of the current position, therefore our core

¹ These are initial estimates, subject to change and should be used only as an indication of likely scale of number of staff/pupils falling under each priority. Numbers are based on 2019 Census data on staff and pupil numbers, and data self-reported by education settings as of 30 November on self-isolation. Note that covid-19 prevalence in January is likely to be different and so the numbers of those self-isolating due to contact with a positive case will differ.

proposition will require asymptomatic test sites to be set up in every secondary school and college until self-administered tests become available at scale - likely to be at the end of January. This will require clear information provided to local authorities, schools and colleges in the coming days enable them to plan how to establish this. It will also require NHS Test and Trace to provide test kits, PPE, training and advice to all secondary schools and colleges on the workforce required and DfE to provide an advice line, guidance and support with implementation and delivery in the New Year

Communications and Handling

14. We need to announce our plans in the coming days. Our experience of the university testing programme is that communication will be vital to ensuring effective roll-out and take up of the proposed testing programme. We will need **messages from public health leaders** on the importance of testing in schools, on the incentives and motivation of taking the voluntary tests, as well as wider benefits of mass testing in supporting the continuity of education. This will support the wider education narrative about prioritising face-to-face education for children and young people. In parallel we will need to dispel any misinformation that may arise amongst target audiences taking particular care not to undermine messages about the safety of schools and the nature of disease in children.

15. **We propose to make materials and tests available to schools and colleges and strongly encourage them to deliver a testing programme.** Insight from the pilots and HE programme will support the development of communications materials. We would propose targeting these by audience, tailoring products to support local authorities, education staff, parents, pupils and students including in community languages.

16. Communication will also be vital to key stakeholders such as workforce unions; we will ensure that such stakeholders are provided with the opportunity to provide feedback on our proposals.

Devolved Administrations

17. Our understanding is that the devolved administrations are in very different places on asymptomatic testing in education:
- a. Northern Ireland have no plans to carry out mass testing in education settings from January, they will continue with two pilots.
 - b. Scotland are planning two strands of pilot work: one to replicate our whole school pilots, the other to pilot providing PCR tests to staff and pupils aged 16+ to use themselves at home weekly, bringing them into school to be couriered in bulk to the lab. Scotland have no plans in either strand of work to pilot serial testing, reflecting a general policy position not to use testing as alternative to isolation.
 - c. Wales are the advanced stages or rolling out serial testing only (with no screening) to all staff and students identified as a contact in secondary, FE and special schools, with plans to also extend to primary staff. One off and repeated screening were both considered and rejected due to logistical and efficacy concerns. Schools will opt in to receiving support, including from the military, to set up and operate an ATS in January, likely from w/c 11th. An announcement may be made next week.

UNIVERSITIES

18. As agreed at COVID-O in November, universities are currently testing students before they go home for Christmas. 176 HE providers (out of a total of 236) have tested around 250,000 students (with a 0.2% positivity rate - data correct as of 2 December). The testing has run smoothly though take up has been lower than expected. A full progress update on this work is attached at **Annex D**.
19. In addition, planning is underway to roll-out this capability across the university sector in time for the January return. Our objective is to keep students in face-to-face higher education (HE) provision where possible, to support their mental health and enhance their learning experience. Given the known prevalence and risk of asymptomatic infection and transmission within this age group, combined with SAGE concerns about the mental health impact on students if high transmission rates require regular self-isolation, there are benefits of targeting this group to effectively manage and contain the spread.

20. We propose a decision on whether to **test university students at the end/start of term** and **in halls of residence weekly** is taken once we have data from end of term testing before Christmas and a further review point following testing at the start of next term which will allow PHE to provide public health advice on the merits. This will need to be considered by the Portfolio Prioritisation Board. We will also work with the community testing programme to complement any plans LAs have to carry out testing in universities to ensure maximum reach and compliance.

21. If the public health advice supports this, we will propose the use of self-administered tests for the following:

- **Halls of residence:** The biggest outbreaks to date at higher education institutions have been associated with halls of residence, we would target regular testing at those resident in halls, which would cover approximately 440,000 students.
- **Testing at the end/start of term:** mirroring the provision for December 2020 and January 2021.
- **Capacity to support serial testing of contacts:** Based on the number of students who were reported as self-isolating over the Autumn term, this could apply to around 35,000-45,000 students per week. This is already planned through the wider national approach to serial testing, but universities could support the rapid and effective implementation of this policy within their community provided they are provided with the testing capacity.

22. While NHS Test and Trace have been providing cost recovery to universities in this first phase of testing, we expect the workforce costs of this activity will be funded by universities after Easter (once self-administered tests are available the workforce costs become minimal).

OTHER SETTINGS

23. Access to testing remains a concern in early years settings. Keeping early years provision open for all children is a government priority to enable parents to work and ensure that all children have access to, and benefit from, early education.

24. Ensuring that those in children's homes and that children's social workers are prioritised for testing is critical for the protection of vulnerable young people. We will return with further advice on these settings in January.

ANNEX A: Schools and FE colleges pilots summary

Public Health England, NHS Test and Trace and the Department for Education are working together to pilot the use of lateral flow devices (LFDs) in a small number of education settings across England. These pilots focus on using new technology to test individuals who don't have symptoms, they do not replace current testing policy for those with symptoms. The pilots aim to test the operational model for mass testing in education settings and trial the use of serial testing of contacts as an alternative approach to self-isolation. The pilots aim to test the delivery model and clinical efficacy by:

- Testing the viability and accuracy of LFDs to test teachers and pupils by comparing the performance of LFD vs PCR tests;
- Completing > 500 tests / week and test pupils and staff on a weekly basis;
- Testing the delivery model for LFD testing including (workforce, space, equipment, digital solutions and logistics) and the ability to increase test throughput over the course of the pilot;
- Testing the role of school staff in test administration and to support testing and how that may vary by school type; and
- Testing the collaboration of T&T with local health and education officials and communications with parents, the local community, teachers and pupils.

Phase One

Led by Public Health England, work started with three schools in late October, testing over 2,100 students and staff (62% of eligible participants across three settings). DN T&T Add latest number of positive cases. The focus of these first pilots was on learning how to operationalise mass asymptomatic testing to find positive cases 'Test to Find'. In this phase, serial testing of contacts was not trialled and close contacts of positive cases were required to self-isolate. Since autumn half-term, these pilots have continued, introducing 'serial testing of contacts as an alternative to isolation of confirmed contacts and adding two additional schools. See Table 1 below.

Phase Two

Led by DHSC officials and delivered with support from the military, this expansion of the pilot involves working with seven additional schools and an FE college, employing using both 'Test to Find' and serial testing of contacts. Pilots have been progressing well with good levels of participation and generally low levels of positive cases being identified. See table 2 for list of schools and colleges involved and latest results.

Lessons Learnt

A number of issues and themes have emerged from the pilots which will feed into our approach to testing next term:

- School staff are key in mobilising engagement as they can take on the role of ambassadors for the testing programme, answer questions and provide information. Engagement with them is therefore critical to the success of the programme within schools.
- Communication and engagement needs to be tailored to all key stakeholders. With greater focus on science and fact-based communication that addresses key concerns of the community on the process, meaning and impact of testing. This includes ensuring that communications are accessible to all members of the school community (i.e. information available in key languages and visual information collateral). We should look at schools and communities to drive this engagement through local activities. We must also focus on support for media enquiries and public interest.
- Sufficient time needs to be provided to Schools to inform, educate all staff and preparing for testing, including students and legal guardians on the LFD technology and testing process, obtaining medical consent and data permissions, re-organising classes, events and staffing roles in order to support the activity.
- Schools expressed the value of having detailed operating guidance on how testing is delivered. This should include guidance on how the schools can support, communication materials, escalation and governance routes etc. This should be

adaptable based on unique characteristics of each school (e.g. size, demographic, infrastructure, location, language and special needs).

- Must not under-estimate the time required to obtain 'Consent' for the tests and permission for data usage and needs to be driven through school led engagement. Each school devised their own approach to engaging the school community and obtaining consent. We can use models of best practice to streamline this approach going forward.
- Greater support needed on managing positive outcomes of testing, such as guidance on how to manage the students and parents/legal guardians, serial testing of contacts and what support options are available for those isolating
- There may be a cost to providing the workforce, both centrally, locally and school led unless prioritisation is given through NHS and local health authorities. Furthermore, such a program puts additional demand on school workforce, this is exacerbated in high risk areas as many schools are dealing with significant teacher absence.

We will ensure these lessons are translated into plans and products for national rollout working with colleagues across DHSC and DfE.

Table 1: Schools in phase one of the pilots

PHE/DHSC Schools	LA	Status	No. of + cases	Other Comments
Poole Grammar School	Dorset	Live	6	6 positives PCR results December 1 st , serial testing underway
Sedgehill Academy	London	Live	0	Mass testing and bubble management on-going
South Wilts Grammar School	Wiltshire	Live	8	Initial outbreak in year 10 has been contained
Ringwood National Teaching Academy	Hampshire	Live	0	No information yet
Parkstone Grammar School	Dorset	Live	4	No information yet

Table 2: Schools and colleges in phase two of the pilots

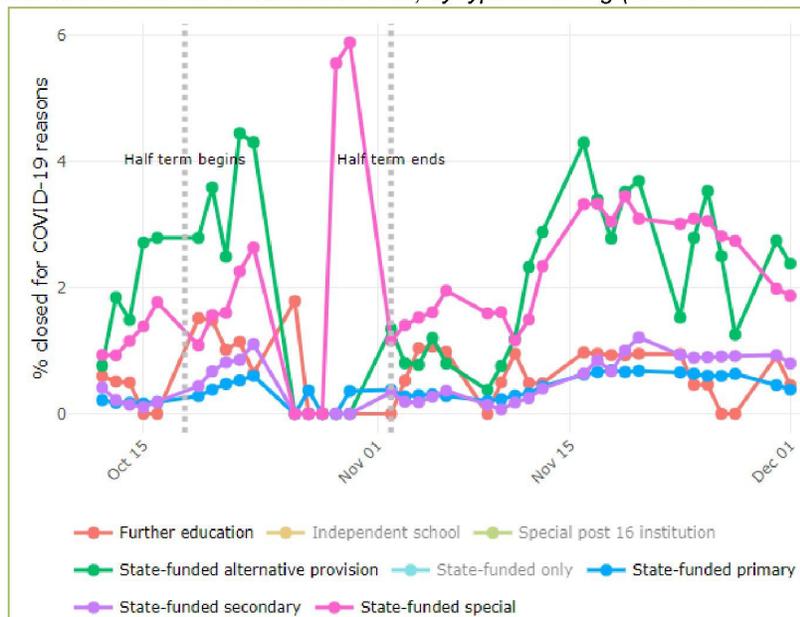
DHSC/DfE Schools and Colleges	LA	Start date	No. of + cases	Other Comments
The Hurlingham Academy	Hammersmith and Fulham	30-Nov	1	Mass testing and bubble management-Dec 18th
Wye School	Kent	25-Nov	1	Mass testing and bubble management-Dec18th
Tauheedul Islam Girls' High School	Blackburn with Darwen	30-Nov	0	Weekly mass testing Dec 18th
Newcastle Sixth Form College	Newcastle upon Tyne	25-Nov	2	Mass testing and bubble management Dec 18th
Eden Boys' Leadership Academy	Manchester	26-Nov	1	Mass testing and isolation of small bubble (10)
Small Heath Leadership Academy	Birmingham	26-Nov	6	Mass testing and bubble management
The Regis School	West Sussex	25-Nov	0	Weekly mass testing-Dec 18th

ANNEX B – Data on COVID-related absences and closures of education settings

The data outlined below underpins our prioritisation approach, targeting secondary schools and FE college workforce initially due to the higher transmission rates amongst pupils and students and scaling of delivery for those schools. The rapid phasing approach will quickly expand to include primary school workforce where workforce absence rates are higher than in other settings.

Education settings: Special schools and alternative provision consistently have a higher rate of closures – associated with these settings often being smaller, and particular staff and pupil characteristics (e.g. rates of health conditions and special educational needs). Nationally, the rate of closures is currently higher in secondaries (0.9%) and colleges (0.9%), than primaries (0.4%). The impact in terms of pupils isolating is consistently significantly higher in colleges (80% with one or more pupils isolating) and secondaries (65%) than other settings such as primaries (23%).

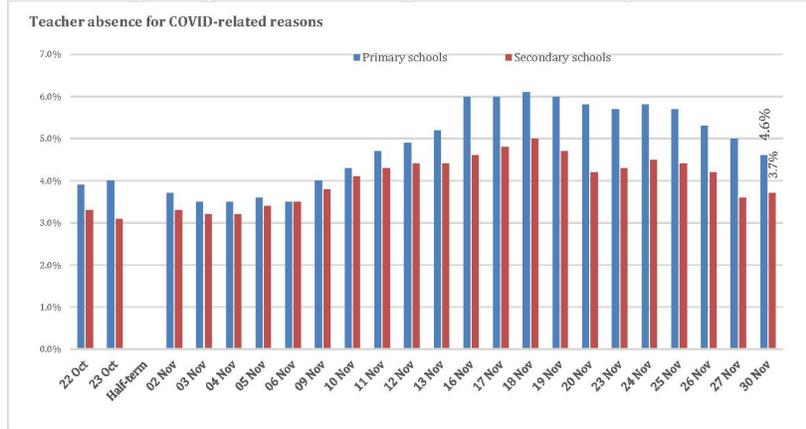
Figure 1: Closures for COVID-related reasons over time, by type of setting (DfE data as of 1 December)



Staff absences: Staff absence is currently fairly evenly driven by both COVID and ‘other’ reasons – currently 8.8% for teachers and leaders across state-funded schools, of which 4.4% is COVID-related and 4.4% for other reasons. Absence is higher for teaching assistants and other staff at 13.5%, of which 6.5% is COVID-related and 7% for other

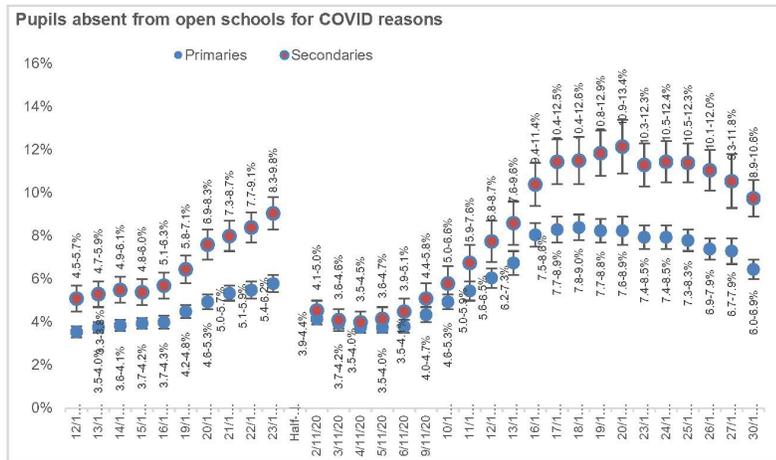
reasons. Of the COVID-related reasons, self-isolation is the most significant. Teacher absence is consistently higher in primaries (4.6%) than secondaries (3.7%) Staff absence is a significant operational risk for settings remaining open – where schools have closed, staff absence reached 30% on average prior to closure.

Figure 2: Teacher absence in primary versus secondary schools over time (DfE data as of 30 November)



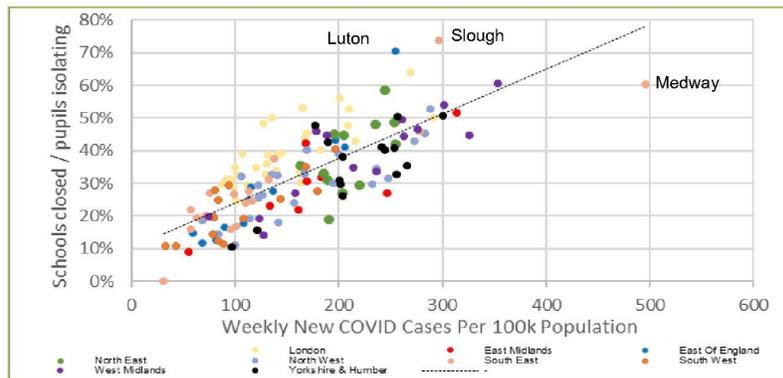
Pupil absences: Pupil absence is driven largely by COVID-related reasons – currently accounting for between 7.3% and 8.5% absence in state-funded schools (a range is given to take account of possible double-counting). Of COVID-related reasons, self-isolation is the most significant – with more pupils isolating due to contact with a COVID case inside the education setting, than outside it. COVID-related pupil absence is consistently higher in secondaries than primaries. We do not currently collect data on absence by year group, but given that COVID prevalence has generally been higher for older children, we would expect that exam year groups 11 and 13 have been more affected.

Figure 3: COVID-related pupil absence in primary versus secondary schools over time (DfE data 30 Nov.)



Geographical area: There is a strong relationship between impacts in education and COVID-19 prevalence regionally and at LA level: generally in places where the COVID-19 rate is higher, more schools have closed, a higher rate of pupils and staff are absent (including due to self-isolation), and attendance is lower.

Figure 4: Association between impact on schools (closures/pupils isolating) and COVID-19 cases, by LA (DfE data 30 November; PHE COVID data 26 November)



ANNEX C: Draft timeline for Rollout in Schools and Colleges

11 December	Communication to all secondary schools and colleges notifying them of plans for asymptomatic test roll
14 December	Preparatory materials sent to all schools (standard operating procedures, guidance pack, template letters for parents etc)
15-17 December	Stakeholder engagement: unions, multi-academy trusts, Directors of Public Health, Directors of Children's Services; schools/colleges asked to notify DfE if they wish to opt-out of mass testing
18 December	School INSET day: videos, webinars, FAQ sessions provided by Test and Trace and DfE
4 January	All secondary schools/colleges sent tests, PPE and kit to set up their sites
4-8 January	Daily webinars and training provided by DfE/T&T; schools/colleges set up Asymptomatic Test sites; schools/colleges start to test teachers and close contacts of positive cases
11 January onwards	Ongoing support provided to schools by DfE and T&T; schools/colleges start testing students who are close contacts of positive cases
February half term onwards (or earlier if self-administered tests are available)	Primary schools provide tests to close contacts of positive cases so they can self-isolate

ANNEX D – UNIVERSITIES

1. As of 4 December , **176** out of a total 236 institutions have operationalised asymptomatic test sites (ATS) and commenced testing. This in addition to three HEIs who have been piloting LFD testing; De Montfort, Durham University and University of Suffolk.
2. Out of the 176 campuses processing tests on 4 December 2020, the following are across the Devolved Administrations:
 - a. 143 England
 - b. 3 Northern Ireland
 - c. 14 Scotland
 - d. 13 Wales
3. At the end of 2 December 2020 approximately 80,000 tests with 160 positives, which suggests prevalence of COVID -19 is low. Concerns as of whether this trajectory of testing will lead to the ambition of the number of students to be tested.
4. A total of approx. 103k tests have been taken in an average turnaround time of 39 minutes and we have identified 205 positive cases to date.
5. DfE and NHS Test and Trace are working with institutions to ensure all higher education providers will be testing students on their return in January. Universities continue to lobby the department to set up regular testing in January.
6. The infrastructure put in place for December can be consolidated over Christmas to provide a system for returning students in January. On arrival students will be expected to :
 - Take a LFD test as soon as possible on their return
 - If negative, the student should take a second LFD test three days later
 - If both LFD tests are negative the student can return to face-to-face education and resume their normal routine
 - If the LFD test is positive, the student must self-isolate and order a PCR test kit as soon as possible, if the PCR test is positive the student must then self-isolate for a further 10 days.
7. Institutions will have the opportunity to select one of the four mass testing options:
 - New Government funded lateral flow device testing;
 - Expanding or improving existing government funded lateral flow device testing sites;

- Institutions expanding their own testing provision (i.e. qPCR) with potential government funding (to be determined);
 - Institutions partnering with neighbouring providers and local asymptomatic test sites (ATS) if they cannot provide their own on campus;
8. Department for Education have sent communications to all HE providers on 2 Dec detailing the roll-out plans for January testing on return. Providers must return their data capture forms including LFD test kit orders to NHS Test and Trace by 8 Dec. Providers selecting LFD testing will receive their kits by 18 December, thus ensuring testing of returning students can commence on 4 January.

[OFFICIAL SENSITIVE]