

North Yorkshire County Council

Education settings Q&A

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What classes as a ‘close contact’?

- A person who has had face-to-face contact (within one metre) with someone who has tested positive for COVID-19, including:
 - o being coughed on
 - o having a face-to-face conversation within one metre, or
 - o contact within one metre for one minute or longer without face-to-face contact
- A person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes (either as a one off contact or added up together over one day)
- A person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19

Where an interaction between 2 people has taken place through a Perspex (or equivalent) screen, this would not be considered sufficient contact, provided that there has been no other contact such as any of those indicated above.

Full guidance here - <https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/>

Who is exempt from self-isolation as a close contact?

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 a positive COVID-19 case and any of the following apply:

- they are fully vaccinated (i.e. had a second dose of COVID vaccine more than 14 days ago)
- 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 by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a lateral flow test (LFD) daily for 7 days if they are aged 5 or over. Children who are aged under 5 years old are not required to do daily LFDs.

Should people who are household contacts of a case be allowed to attend school?

Provided the individual meets the exemption criteria listed above then household contacts are not required to isolate unless they develop COVID-19 symptoms. Concerns have been expressed about close contacts in particular attending school as they are likely to be more high risk than transient contacts due to more prolonged contact with the case. However, national guidance for education is clear that keeping pupils in face-to-face education is a priority to prevent other non-COVID harms.

Close contacts aged 5+ should do daily LFDs – these should be done before attending school each day. If schools are concerned about LFDs not being conducted at home, as per the Operational Guidance for education settings secondary schools should have retained a small asymptomatic testing site (ATS) on site so they can offer testing to pupils who are unable to test themselves at home, and this route could be used to ensure testing of these close contacts.

Household contacts should also have a low index of suspicion regarding isolation and PCR testing should they become symptomatic. The 3 main symptoms of COVID-19 remain a fever (temperature 37.8°C or higher), a new continuous cough, or a change to/loss of taste or smell. However, other commonly reported symptoms of recent variants include headache, sore throat, tiredness, and cold-like symptoms, so individuals need to be aware of these as well and stay at home and seek further testing if they are in any doubt. Household contacts (as with other close contacts) should be particularly reminded about good prevention measures e.g. hand and respiratory hygiene.

What could be identified as ‘close mixing’ groups in educational settings?

Identifying a group that is likely to have mixed closely will be different for each setting.

For early years, this could include:

- a childminder minding children, including their own
- childminders working together on the same site
- a nursery class
- a friendship group who have played together
- staff and children taking part in the same activity session together.

For schools, this could include:

- staff and students mixing a form group or subject class
- a friendship group mixing at breaktimes
- a sports team
- a group in an after-school activity

For FE, this could include:

- students and teachers on practical courses that require close hands-on teaching, such as hairdressing and barbering
- students who have played on sports teams together, for example rugby
- students and teachers who have mixed in the same classroom.

For wraparound childcare or out-of-school settings, this could include:

- A private tutor or coach offering one-to-one tuition to a child, or to multiple children at the same time
- Staff and children taking part in the same class or activity session together
- Children who have slept in the same room or dormitory together as part of a residential visit, for example.

For boarding schools, this could include:

- Staff and children taking part in the same class or activity session together
- Children who share the same common space in a boarding house
- Children who have slept in the same room or dormitory together.

What are the ‘threshold levels’ set out by DfE?

The Operational Guidance sets out the measures that all education settings should have in place to manage transmission of COVID-19 day to day. For most settings it will make sense to think about taking extra action if the number of positive cases substantially increases. This is because it **could** indicate transmission is happening in the setting. The thresholds, detailed below, can be used by settings as an indication for when to seek public health advice if they are concerned.

For most education and childcare settings, whichever of these thresholds is reached first:

- 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period; or
- 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period

For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time:

- 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period

At the point of reaching a threshold, education and childcare settings should review and reinforce the testing, hygiene and ventilation measures they already have in place.

Settings should also consider:

- whether any activities could take place outdoors, including exercise, assemblies, or classes
- ways to improve ventilation indoors, where this would not significantly impact thermal comfort
- one-off enhanced cleaning focussing on touch points and any shared equipment

Settings **may** wish to seek additional public health **advice if they are concerned about transmission in the setting**, either by phoning the DfE helpline (0800 046 8687, option 1) or by contacting the NYCC public health team (education.COVID19@northyorks.gov.uk).

Do schools need to report all situations where they reach the 5 person/10% threshold?

Not necessarily. From a local perspective, it's absolutely fine to seek advice before this threshold is reached if you need to, and equally to not ring at that threshold if you don't need to (for example, cases all from same household so there are no concerns about in-setting transmission between the cases).

What classifies as an 'outbreak'?

Public Health England guidance on epidemiological definitions of outbreaks can be found here: [COVID-19: epidemiological definitions of outbreaks and clusters - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/covid-19-epidemiological-definitions-of-outbreaks-and-clusters). Current definitions for schools (September 2021) are:

- **Cluster criteria**
 - o Two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within a 14-day period. (In the absence of detailed information about the type of contact between the cases).

- **Outbreak criteria**
 - o Two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within 14 days, and one of:
 - identified direct exposure between at least 2 of the test-confirmed cases in that setting (for example under one metre face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases
 - when there is no sustained local community transmission - absence of an alternative source of infection outside the setting for the initially identified cases

Schools are no longer required to undertake detailed contact tracing on individual cases, which can make it more difficult to identify whether there is shared exposure between two cases. The Department for Education thresholds set out above provide a trigger point for settings to review and see if there are concerns about in-setting transmission.

Although it may be difficult to definitively confirm whether a situation is a cluster or an outbreak, minimising any potential in-setting transmission is the key factor in either case. Suggested wording for documentation refers to single case vs. multiple cases, although some schools may choose to include reference to outbreaks if there is high likelihood of in-setting transmission and it is felt the terminology will improve compliance with measures.

What information do settings need to provide when asked for a line list?

You may be asked to complete a line list with information on the cases. It is good practice to keep a list of cases within the setting anyway as it may be possible to retrospectively identify links as more cases are added.

Key information to provide:

- Individual identifier – just initials (not full names unless specifically requested)
- Whether or not the case is a pupil or staff member (if pupil – what year group. If staff – what role)
- Classes or other definable ‘group’ (e.g. 3/20 people from reception class, or 3/15 people from the Year 11 rugby team)
- Date test was taken AND type of test (i.e. LFD/PCR), plus result (if available)
- Denominators – e.g. if telling us there are 5 cases in a class or 8 cases in a year group, tell us how many people in total (i.e. 5/25 people in Class 1A; or 8/130 people in year 6 (5/25 in class 1A, 3/30 in class 1B, none in class 1C/D/E)). This will help identify whether there is a particular cohort affected where interventions can be targeted appropriately. Small numbers of sporadic cases are less likely to be linked; however, large numbers spread right across a year group could indicate more widespread transmission.
- Any other relevant information (e.g. links to sibling cases, whether case was already isolating)

What is the advice if a parent tries to send a symptomatic child to 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.”

[Schools COVID-19 operational guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/schools-covid-19-operational-guidance)

What is the advice on children’s attendance at school when parents are isolating?

Advice from DfE:

“Parents should make alternative arrangements wherever possible to ensure that their child can continue to attend their education setting. Where they cannot do so, education settings and local authorities may help families to agree alternative travel arrangements which mean that a pupil or student who is not required to self-isolate is able to continue to attend.

As usual, school leaders have discretion to grant leaves of absence in exceptional circumstances. If this leave of absence is granted, the education setting should provide remote education to the affected pupil or student.

Where a school is not satisfied with the reason given for the absence, they may record this using the unauthorised absence codes in line with the school attendance guidance.”

In addition:

If a household contact is in isolation because they have tested positive for COVID then it is strongly advised for the child to do daily LFD tests for 7 days. These should be done daily before attending school. If the test is positive they should isolate at home. If the test is negative they can continue attending school; however, if they develop symptoms at any point they should isolate and take a PCR test.

If parents have tested positive for COVID-19 can they still drive their children to school if they stay in the car?

No. Individuals who have tested positive for COVID-19 are legally required to stay at home, and this does not fit any of the categories of emergency exemptions to leave isolation (which can be found here: [The Health Protection \(Coronavirus, Restrictions\) \(Self-Isolation\) \(England\) Regulations 2020 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uk/2020/1111))).

How do we support those previously identified as Clinically Extremely Vulnerable?

The Schools Operational Guidance has been updated on 27th September to include the following advice:

For pupils:

- “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.”

For staff:

- “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](#).”

Individuals should have specific risk assessments in place in line with previous guidance. Should further advice be needed in addition to these risk assessments (for example in relation to specific outbreaks) then please contact the public health team.

What is the advice on the provision of immunisation sessions in schools where there are cases or outbreaks of COVID-19?

Latest government guidance on this is available here: [Advice to SAIS on the provision of immunisation sessions in schools where there are cases or outbreaks of COVID-19 - GOV.UK \(www.gov.uk\)](#)

In summary:

“Given the longer-term benefits of vaccines, immunisation sessions should still go ahead as planned when a school has a COVID-19 outbreak, unless specifically advised not to by a health protection team (HPT) or Director of Public Health (DPH). Other factors that may impact on the ability to offer immunisation sessions include the number of children still in school and whether the school has had to send some year groups home or close due to lack of staff.”

What is the advice if an affected cohort is expected to sit (mock) exams?

The risk of an outbreak needs to be considered against the risk to education from disrupting exams. Depending on how fixed the exams are, there are several measures that could be implemented. In order of preference (i.e. least risk option first):

- Rearrange or delay the exams until after the outbreak/cluster has concluded (this may be feasible for internal/mock exams but unlikely to be an option for national exams).
- Sit the exam in separate cohorts (i.e. have each class sit it separately in individual classrooms, rather than bringing everyone together into a shared location).
- If neither of the above is feasible, the setting will need to put into place as much mitigation as possible:
 - o Significant ventilation (open windows/doors, appropriately placed fans, ventilation breaks between sessions)
 - o Social distancing of desks as much as possible
 - o Face coverings advised for pupils aged 11 or over (plus staff/invigilators)

Is there a need to notify Ofsted about cases?

Early years/childminder cases should be reported to Ofsted:

“You must notify Ofsted, or the childminder agency with which you are registered, of any confirmed cases in the setting, whether a child or a staff member. You should also tell Ofsted if you have to close the setting as a result. It is a legal requirement as set out in paragraph 3.51 of the statutory framework for the early years foundation stage. Report as soon as you are able to, and in any case within 14 days. See tell Ofsted if you have a COVID-19 incident at your childcare business to assure all the information required is included.”

[Actions for early years and childcare providers during the COVID-19 pandemic - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/actions-for-early-years-and-childcare-providers-during-the-covid-19-pandemic)

What out of hours support is available for schools?

DfE helpline 0800 0468687 Sat & Sun 10am-6pm

For public health emergencies, the UK Health Security Agency (UKHSA) regional Health Protection Team out of hours 0151 9091219

In an emergency COVID-19 situation that cannot wait until the next working day and needs a local response, email dph@northyorks.gov.uk.

Who should schools contact if they want to close on operational grounds rather than public health grounds?

Questions about operational closures (for example, if the class/school/setting does not have enough staff to open safely) should go through their CYPs link – we are unable to advise on these.

What happens if someone wants to dispute their LFD or PCR result or contact status?

If any individual expresses unhappiness with a positive result and wants to dispute advice to self-isolate on the grounds they don't agree that they are either a case or a contact then they can complete the webform here [Home \(test-and-trace.nhs.uk\)](https://www.test-and-trace.nhs.uk) or e-mail dhsctesttrace.customerfeedbackteam@nhs.net or call 119 directly.

What should I do if a member of staff / student thinks they are a close contact but has not been identified by NHS test and trace?

In this circumstance the individuals can arrange to take LFD tests every day for 7 days or until 10 days since their last contact with the person who tested positive for COVID-19 if this is earlier.

If they develop symptoms they should isolate and take a PCR test.

<https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person#i-think-i-have-had-contact-with-someone-who-has-tested-positive-for-covid-19-but-i-have-not-been-notified-and-advised-to-self-isolate-what-should-i-do>.

What is the advice if someone receives a negative COVID-19 PCR test result after being tested because they had symptoms?

From gov.uk guidance: [Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/stay-at-home-guidance-for-households-with-possible-or-confirmed-coronavirus-covid-19-infection)

“If your PCR test result is negative but you still have symptoms, you may have another viral illness such as a cold, flu or a stomach bug. You should stay at home until you feel well and for at least 2 more days if you have had [diarrhoea or vomiting](#). Seek medical attention if you are concerned about your symptoms.

You can stop isolating as long as:

- you are well and have not had diarrhoea or vomiting for at least 2 days
- no one else in your household has symptoms
- no one else in your household has tested positive for COVID-19
- you have not been advised by [NHS Test and Trace that you are legally required to self-isolate](#)

Anyone in your household who is isolating because of your symptoms can also stop isolating.”

What evidence is there to support use of face coverings in education settings?

(N.B. these are key examples of advice and do not represent a full summary of all published data)

Gov.uk summary of evidence for face coverings in schools, January 2022

[Evidence summary: COVID-19 - children, young people and education settings - GOV.UK \(www.gov.uk\)](#)

SAGE have provided a summary of evidence on face coverings as part of their analysis of Plan B measures (including Consensus Statement (Annex 1)): [S1393 SPI-B SPI-M EMG Considerations for potential impact of Plan B measures 13 October 2021.pdf \(publishing.service.gov.uk\)](#)

Both CDC and WHO currently support the use of face coverings in education settings.

- WHO guidance: <https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-schools2021>
- CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#mask-use>

American studies show COVID-19 incidence in schools is lower where face coverings have been worn:

- Georgia, USA – COVID-19 incidence 37% lower in elementary schools in schools that required teachers and staff members to use masks ([Mask Use and Ventilation Improvements to Reduce COVID-19 Incidence in Elementary Schools — Georgia, November 16–December 11, 2020 | MMWR \(cdc.gov\)](#))
- Maricopa and Pima Counties, Arizona: the odds of a school-associated COVID-19 outbreak in schools with no mask requirement were 3.5 times higher than those in schools with an early mask requirement ([Association Between K–12 School Mask Policies and School-Associated COVID-19 Outbreaks — Maricopa and Pima Counties, Arizona, July–August 2021 | MMWR \(cdc.gov\)](#))

Another American study also highlights the positive impact school-based mitigation measures for COVID-19 have on reducing household COVID-19 risk: [Household COVID-19 risk and in-person schooling - PubMed \(nih.gov\)](#)

A UK study found that masks in secondary schools would have reduced the impact of COVID-19 in schools and wider society (N.B. pre-Delta): [Modelling the potential impact of mask use in schools and society on COVID-19 control in the UK | Scientific Reports \(nature.com\)](#)

As always face coverings are intended to be one of a range of measures against COVID-19 and work best when combined with other measures, particularly good ventilation.

Do I need to report cases that have been identified in staff/pupils prior to their return to school at the start of the new term?

Cases over the Christmas period are considered ‘community transmission’ rather than school-related so we do not need to record them.

All cases from the second day back at school (i.e. after the in-school round of LFD testing for secondary schools) need to be recorded. Please start a **new line list** for this term from that date.

Can pupils/staff return to school before the end of their 10 day isolation?

From 17th January 2022 children can return to school from day 6 (after 5 full days of isolation) if they have tested negative on a Lateral Flow Device (LFD) on day 5 and day 6. The tests should be 24 hours apart (and will need to be done early morning to enable school attendance on day 6 if intending to return that day). Schools can politely ask if parents will share the LFD results but must understand that parents are not legally obliged to share this information.

Anyone 11+ in this category should also wear a face covering in classrooms, communal areas and on transport for the remainder of the 10 day period. (Currently all pupils 11+ are advised to wear face coverings in these areas until 26th January anyway)

Children under 11 can wear face coverings as an additional measure until day 11 but this is at the child/parent's discretion and cannot be mandated.

What do we do if someone is still testing LFD positive on Day 10 of their isolation period?

Guidance allows people who have tested positive for COVID-19 to end their isolation after 10 days. If someone tests positive on day 10 they can end their isolation if:

- You do not have any symptoms
- You just have a cough or changes to your sense of smell or taste - these can last for weeks after the infection has gone.

Daily LFD testing for those in isolation is not recommended beyond day 10 (i.e., end of isolation period). However, we are aware of some cases where people have continued to test (e.g. on day 11) if they have been positive up to day 10. The 10 day isolation period should cover the infectious period of 95% of cases, and there is not a national/legal requirement for people to remain in isolation beyond 10 days. However, settings may wish to risk assess the situation as to whether additional mitigations are required:

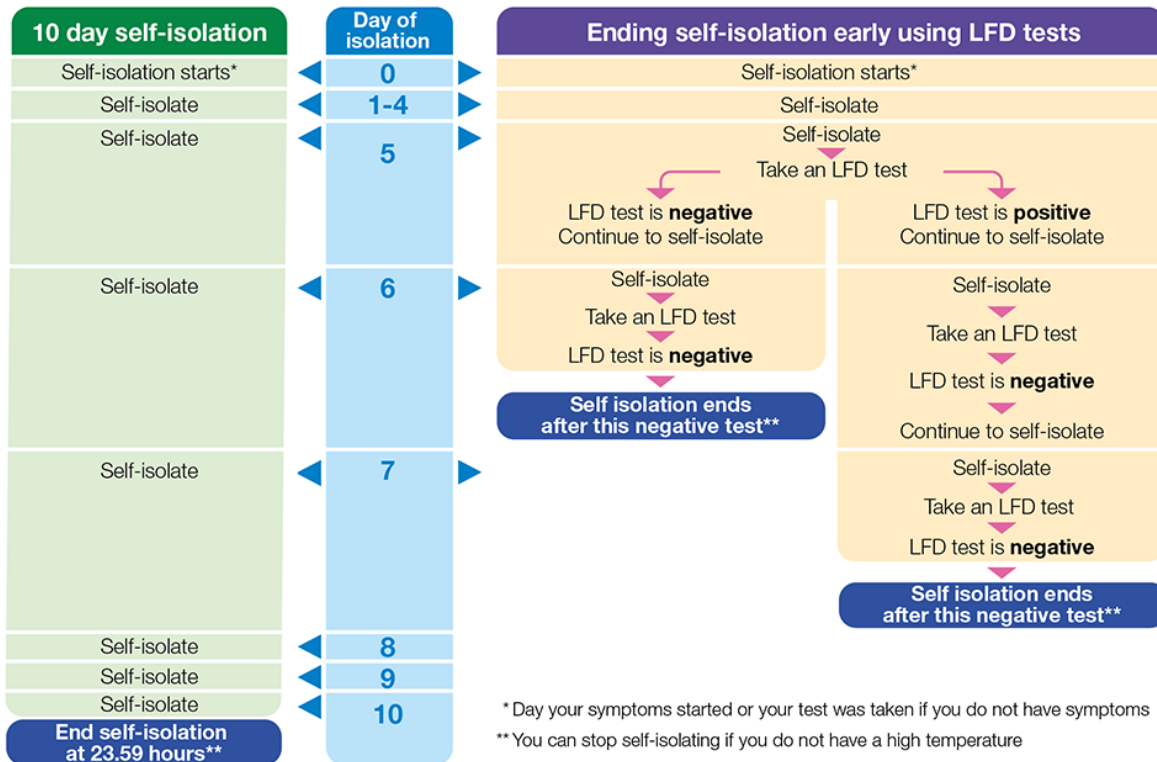
- Are they working with vulnerable people?
- Is the work setting well ventilated?
- Can they wear a face covering?

- Are they well enough to return to work?

National guidance:

- [Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/stay-at-home-guidance-for-households-with-possible-or-confirmed-coronavirus-covid-19-infection)
- “If both your LFD test results [day 5/6] are negative, it is likely that you were not infectious at the time the tests were taken. To further reduce the chance of passing COVID-19 on to others, if you end your self-isolation period before 10 full days you are strongly advised:
 - to limit close contact with other people outside your household, especially in crowded, enclosed or poorly ventilated spaces
 - to work from home if you are able to
 - in addition to venues where it is a legal requirement, to wear a face covering in crowded, enclosed or poorly ventilated spaces and where you are in close contact with other people
 - to limit contact with anyone who is at higher risk of severe illness if infected with COVID-19
 - to follow the guidance on how to stay safe and help prevent the spread
- You should follow this advice until 10 full days from when your self-isolation period started
- **You should not take any more LFD tests after the 10th day of your isolation period and you may stop self-isolating after this day. This is because you are unlikely to be infectious after the 10th day of your isolation period. Even if you have a positive LFD test result on the 10th day of your self-isolation period you should not take any more LFD tests after this day. If you are concerned you may choose to keep following the above advice until 14 days after the start of your self-isolation period.”**

Guidance for education settings now recommends that individuals aged 11+ should continue with regular twice-weekly LFD testing. You may wish to delay restarting routine testing for 28 days following the end of your 10 day isolation period to avoid the situation above, as the default position on any new positive tests outside of the 10 day period is to treat as reinfection. Reinfection is more common with the Omicron variant.



[Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection - GOV.UK \(www.gov.uk\)](#)

Is there any change to the guidance for close contacts of household cases?

Children under 18 years 6 months do not need to isolate as close contacts if they do not have symptoms but are strongly advised to do daily LFD tests for 7 days. If the LFD test is negative the child can attend school – they should take the test each morning prior to attending. If they become unwell during the day they should return home as soon as possible.

Anyone 11+ should also wear a face covering (all those aged 11+ should be wearing a face covering in classrooms, communal areas and on transport until January 26th 2022 anyway). It is good practice for children under 11 to wear face coverings until day 11 but this is at the child/parent's discretion and cannot be mandated.

It is possible to catch COVID-19 more than once, particularly with the Omicron variant. Anyone who has previously tested positive for COVID-19 should not take another PCR test for 90 days **unless** they develop new symptoms. However, anyone who has tested positive in the last 90 days who subsequently becomes a close contact of a case should undertake daily LFDs as above.

[When to self-isolate and what to do - Coronavirus \(COVID-19\) - NHS \(www.nhs.uk\)](#)

If individuals are asymptomatic but test positive and then go on to develop symptoms during their isolation period does their isolation period change?

No – [Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection - GOV.UK \(www.gov.uk\)](#) says:

- “If you are self-isolating because of a positive test result but did not have any symptoms, and you develop COVID-19 symptoms within your self-isolation period, you do not need to start a new self-isolation period.”

[N.B. the NHS guidance [here](#) currently does not align – still advises restarting 10 days if develop symptoms whilst in isolation]

Should staff returning on Day 6 following isolation as a positive case continue to do daily LFDs for the remainder of the 10 day period?

The only staff who **must** continue with daily LFDs are health and social care staff who work (whether partially or fully) in education settings. This is in line with health and social care staff guidance: [COVID-19: management of staff and exposed patients or residents in health and social care settings - GOV.UK \(www.gov.uk\)](#)

Other staff are welcome to continue to day 10 with daily LFDs as an additional precautionary measure. Daily testing should not continue beyond day 10; however, staff and pupils 11+ are now encouraged to continue with routine twice-weekly testing even if they have tested positive for COVID-19 within the last 90 days.

What do we do if children are identified as close contacts (e.g. parents have tested positive) but they are unable to do daily LFD testing (either due to lack of testing kits or lack of consent etc.)?

As per the Operational Guidance for education settings secondary schools should have retained a small asymptomatic testing site (ATS) on site so they can offer testing to pupils who are unable to test themselves at home.

If tests are still unavailable or not consented to, then we would advise risk assessing the situation. Daily LFD testing for close contacts is recommended not legally required; however, if there is considered to be a high risk of potential onward transmission from individuals then additional mitigation measures may be appropriate. Please contact education.COVID19@northyorks.gov.uk if you require further advice.

We would recommend all close contacts who are unable to test to wear face coverings when mixing with other people. The national guidance states:

“To further reduce the chance of passing COVID-19 on to others, you are strongly advised:

- to limit close contact with other people outside your household, especially in crowded, enclosed or poorly ventilated spaces
- to work from home if you are able to
- in addition to venues where it is a legal requirement, to wear a face covering in crowded, enclosed or poorly ventilated spaces and where you are in close contact with other people

- to limit contact with anyone who is at higher risk of severe illness if infected with COVID-19
- to follow the guidance on how to stay safe and help prevent the spread

If you are unable to take a daily LFD test then you are still strongly advised to follow this advice to reduce the chance of passing COVID-19 on to others.”

[Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/stay-at-home-guidance-for-households-with-possible-or-confirmed-coronavirus-covid-19-infection)

Do individuals who have tested positive on an LFD test still need to take a confirmatory PCR test?

On 05/01/22 UKHSA announced that **from 11th January** people who test positive on a lateral flow test (LFD) will not have to take a confirmatory PCR test. This policy will be in place from 11th January in England, and will be reviewed when COVID-19 levels in the population drop below 1%.

Individuals who test positive on an LFD need to register the result online ([Report a COVID-19 rapid lateral flow test result - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/report-a-covid-19-rapid-lateral-flow-test-result)) or by calling 119. This will allow contact tracing and isolation support to be put in place.

Anyone testing positive on an LFD will need to isolate immediately and isolate for 10 days (with the potential for early release with two negative LFD results on day 5/6 as above).

What is the current advice on holding sports fixtures/residential trips etc.?

Activities should continue to be risk assessed, with appropriate measures in place to keep the risk of transmission at a minimum (e.g. LFD test before attending, face coverings and good ventilation on all transport to/from fixtures, arriving in kit to limit time in enclosed changing rooms, minimise non-essential contact between different schools/groups outside of the fixture itself etc.).

Pupil cohorts currently experiencing outbreaks would be generally advised to avoid activities that involve mixing with other classes/year groups/schools.

How do we/should we identify close contacts of cases within schools?

Although the national guidance for education settings notes that schools are no longer required to undertake formal contact tracing for close contacts (and will not be contacted by NHS Test & Trace to ask for individual contact details), in practice where there are cases in schools where there is the potential for in-setting transmission identifying close contacts remains helpful.

The line list template provided by the public health team can be used to keep a note of cases and help identify potential links/close contacts.

In classes with a single case (or small number of cases where it is uncertain that in-setting transmission is occurring) we would advise sharing the ‘warn and inform’ letter initially.

The 'close contacts' letter can be shared with individuals that the school (in discussion with public health if required) has identified as close contacts of a confirmed case. Close contacts are advised to undertake daily lateral flow testing for 7 days.

There are times when a whole class may be identified as a close contact, but this wouldn't necessarily be just on the basis of 1 or 2 cases in the class unless it was clear all other people in the class met the [close contact definition](#). If there are a higher number of cases in a class then there is an increasing likelihood that all classmates will be close contacts but taking a more targeted approach to identifying close contacts is recommended initially.

Given the high prevalence of COVID-19 and increasing rates among (particularly primary aged) children, schools may find that some classes/cohorts with rolling cases may be requested to undertake daily LFDs for an extended period should close contact decisions be made at a class level. If this is the case (and there are high numbers of close contacts identified per case) then schools may wish to re-implement measures such as seating plans or bubbles to limit further the number of close contacts per case.