



September 2021 COVID-19 Procedures - updated Jan 2022 (see Page 17)

The following planning and guidance document is designed to identify the key aspects of a Covid-ready school return so staff and parents understand and can implement effective systems to increase safety and ensure effective delivery of the school curriculum and learning. It will also outline key aspects including dealing with outbreaks and home learning.

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The government continues to manage the risk of serious illness from the spread of the virus. Step 4 marked a new phase in the government's response to the pandemic, moving away from stringent restrictions on everyone's day-to-day lives, towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk. As COVID-19 becomes a virus that we learn to live with, there is now an imperative to reduce the disruption to children and young people's

education - particularly given that the direct clinical risks to children are extremely low, and every adult has been offered a first vaccine and the opportunity for 2 doses by mid-September.

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

1. Mixing and 'bubbles'

There will no longer be bubbles.

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

Contingency plans cover the possibility that in some local areas it may become necessary to reintroduce 'bubbles' for a temporary period, to reduce mixing between groups.

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

2. Tracing close contacts and isolation

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

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

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

- they are fully vaccinated
- they are below the age of 18 years and 6 months

- they have taken part in or are currently part of an approved COVID-19 vaccine trial
- they are not able to get vaccinated for medical reasons

Instead, they will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and should take an LFD test every day for seven days and continue to attend school as normal, unless they have a positive test result or develop symptoms at any time.[test](#).

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

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

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

3. Face coverings

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

The government has removed the requirement to wear face coverings in law but expects and recommends that they are worn in enclosed and crowded spaces where you may come into contact with people you don't normally meet. This includes public transport and dedicated transport to school or college.

In circumstances where face coverings are recommended

If you have a substantial increase in the number of positive cases in your school (see [Stepping measures up and down](#) section for more information), a director of public health might advise you

that face coverings should temporarily be worn in communal areas or classrooms (by pupils staff and visitors, unless exempt). You should make sure your contingency plans cover this possibility.

In these circumstances, transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. Transparent face coverings may be effective in reducing the spread of COVID-19. However, the evidence to support this is currently very limited. Face coverings (whether transparent or cloth) should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles.

The main benefit from a transparent face covering is that they can aid communication, for example enabling lip-reading or allowing for the full visibility of facial expressions, but this should be considered alongside the comfort and breathability of a face covering that contains plastic, which may mean that the face covering is less breathable than layers of cloth.

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

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

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

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

4. Stepping measures up and down

The school have contingency plans outlining what we would do if children, pupils, students or staff test positive for COVID-19, and how we would operate if we were advised to take extra measures to help break chains of transmission. Given the detrimental impact that restrictions on education can have on children and young people, any measures in schools should only ever be considered as a last resort, kept to the minimum number of schools or groups possible, and for the shortest amount of time possible.

Central government may offer local areas of particular concern an enhanced response package to help limit increases in transmission.

5. Control measures

We will:

- a) Ensure good hygiene for everyone.
- b) Maintain appropriate cleaning regimes.
- c) Keep occupied spaces well ventilated.
- d) Follow public health advice on testing, self-isolating and managing confirmed cases of COVID-19.

5a. Ensure good hygiene for everyone

Hand hygiene

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

Respiratory hygiene

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

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

Use of personal protective equipment (PPE)

Most staff in schools will not require PPE beyond what they would normally need for their work. The guidance on the [use of PPE in education, childcare and children's social care settings](#) provides more information on the use of PPE for COVID-19.

5b. Maintain appropriate cleaning regimes, using standard products such as detergents

We will have in place and maintain an appropriate cleaning schedule. This will include regular cleaning of areas and equipment, with a particular focus on frequently touched surfaces.

5c. Keep occupied spaces well ventilated

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

Poorly ventilated spaces have been identified and steps taken to improve fresh air flow in these areas, giving particular consideration when holding events where visitors such as parents are on site, for example, school plays.

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).

DfE is working with Public Health England, NHS Test and Trace, and the Scientific Advisory Group for Emergencies (SAGE) on a pilot project to measure CO2 levels in classrooms and exploring options to help improve ventilation in settings where needed.

5d. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19

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

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

If anyone in our school develops [COVID-19 symptoms](#), however mild, they will be sent home and they should follow public health advice.

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

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

If a pupil is awaiting collection, they will be left in a room on their own if possible and safe to do so. A window will be opened for fresh air ventilation if possible. Appropriate PPE will 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 will be cleaned after they have left.

Asymptomatic testing

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

The school is moving to saliva testing from January 2022. Pupils will still take a Lateral Flow Test before returning to school for the start of term. From the second day back all staff and pupils will be advised to take a twice weekly saliva test at home which they then drop at school to be collected. Please see <https://sites.google.com/boundaryoakschool.co.uk/boundaryoaksalivatesting/home> for more information.

Confirmatory PCR tests

Staff and pupils with a positive LFD test result should self-isolate in line with the [stay at home guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#).

Other considerations

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

Further information is available in the guidance on [supporting pupils at school with medical conditions](#).

Admitting children into school

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

If a parent or carer insists on a pupil attending our school, we can take the decision to refuse the pupil if, in our reasonable judgement, it is necessary to protect other pupils and staff from possible infection with COVID-19. Our decision would be carefully considered in light of all the circumstances and current public health advice.

6. Attendance

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

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

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

7. Travel and quarantine

Where pupils travel from abroad to join the boarding house, we will need to explain the rules to pupils and their parents before they travel to the UK. All pupils travelling to England must adhere to [travel legislation](#), details of which are set out in [government travel advice](#).

Boarding school pupils who are ordinarily resident in the UK, including those who are unaccompanied and who are attending boarding schools on a child student visa or student visa, who have travelled from or through amber list countries (and have not been in a red country in the previous 10 clear days), are exempt from the requirements to quarantine and take a day 8 test.

Those aged 11 to 17 need [proof of a negative COVID-19 test](#) to travel to England (children aged 10 and under are exempt from this) and those aged 5 to 17 must take a COVID-19 travel test on or before day 2. More information is provided in the government's [quarantine and testing guidance](#).

Additional guidance has been issued on the [quarantine arrangements for boarding school pupils travelling from red-list countries to attend a boarding school in England](#).

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

8. Remote education

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

Independent Schools are expected to meet the [Independent School Standards](#) in full at all times.

9. Pupil wellbeing and support

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

10. School workforce

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

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

11. Educational visits

All educational visits including International visits can now resume. We are aware that the travel list (and broader international travel policy) is subject to change. The travel lists may change during a visit and we will comply with international travel legislation and have contingency plans in place to account for these changes.

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

We will 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 \(OEAP\)](#).

12. Wraparound provision and extra-curricular activity

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

13. Inspection

For independent schools, it is intended that both inspectorates will return to a full programme of routine inspections from September 2021 and they will complete the current cycle of standard inspections – which was delayed by the pandemic – in 2022.

14. First Aid

Procedures to stay the same unless COVID symptoms in which case they will go straight to isolation room (adjacent to Medical room in Widley corridor). The Nurse will be wearing PPE to see anyone as it is a confined space in the medical room. Staff to make use of those with paediatric first aid training for minor ailments/injuries and first aid boxes in every block.

Government Guidance

The School will adhere to the following guidance issued by the government:

15. Contingency Planning

In the event of new local restrictions being imposed, the School will communicate quickly and clearly to staff, parents, pupils what the new arrangements entail and where and when they might require the use of face coverings in certain circumstances.

The school will follow Government guidance in its [contingency framework](#).

All education and childcare settings should already have contingency plans (sometimes called outbreak management plans) describing what they would do if children, pupils, students or staff test positive for COVID-19, or how they would operate if they were advised to reintroduce any measures described in this document to help break chains of transmission. For pupils and staff in asymptomatic test sites after the summer holidays, this does not apply until after the initial 2 tests. Cases identified in the test-on-return period should not trigger extra measures or escalation to the DfE helpline.

Roles and responsibilities

Local authorities, DsPH and HPTs are responsible for managing localised outbreaks. They play an important role in providing support and advice to education and childcare settings. Local authorities, DsPH and HPTs can work with their regional partnership teams (RPTs) to escalate issues from the local level into the central Local Action Committee command structure. RPTs support local areas in

managing outbreaks and provide advice and insights from across the country to the Chief Medical Officer and the Secretary of State for Health and Social Care to inform decision making.

Through the Local Action Committee command structure, ministers consider and take decisions on measures on an area-by-area basis in light of all available evidence, public health advice and the local and national context.

In rare circumstances, it may be necessary to escalate issues to ministers through other central government committees (for example incident management teams), but this should be by exception only.

When and how to seek public health advice, 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

In the boarding house:

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

All settings should seek public health advice if a pupil, student, child or staff member is admitted to hospital with COVID-19. They can do this by phoning the DfE helpline (0800 046 8687, option 1), or in line with other local arrangements. Hospitalisation could indicate increased severity of illness or a new variant of concern. Settings may be offered public health support in managing risk assessments and communicating with staff and parents.

Actions

When the above thresholds are reached, the school will review and reinforce the testing, hygiene and ventilation measures we already have in place.

We will seek additional public health advice if we are concerned about transmission in the setting, either by phoning the DfE helpline (0800 046 8687, option 1) or in line with other local arrangements.

A director of public health or an HPT may give settings advice reflecting the local situation. In areas where rates are high, this may include advice that local circumstances mean that the thresholds for extra action can be higher than set out above. If they judge that additional action should be taken, they might advise the setting to take some or all of the other measures described in this document, for example extra testing.

For all cases relating to staff, please also see the guidance for workplaces: NHS Test and Trace in the workplace. Employers should call the Self-Isolation Service Hub on 020 3743 6715 as soon as they are made aware that any of their workers have tested positive.

If cases amongst staff mean a setting meets the threshold, described above, employers will need to provide the 8-digit NHS Test and Trace Account ID (sometimes referred to as a CTAS number) of the person who tested positive, alongside the names of co-workers identified as close contacts. This will ensure that all workplace contacts are registered with NHS Test and Trace and can receive the necessary public health advice, including the support available to help people to self-isolate.

Testing - The school will advise on on more frequent testing

Face coverings - The school may advise that face coverings should temporarily be worn. This may include face coverings in communal areas and/or classrooms, for pupils, students and staff. Children of primary school age and early years children will not be advised to wear face coverings.

Shielding - Shielding is currently paused. In the event of a major outbreak or VoC that poses a significant risk to individuals on the shielded patient list (SPL), ministers can agree to reintroduce shielding. Shielding would be considered in addition to other measures to address the residual risk to people on the SPL, once the wider interventions are taken into account.

Other measures

In the case of an outbreak there will be a limit to:

- residential educational visits
- open days
- transition or taster days
- parental attendance in settings
- live performances in settings

Attendance restrictions

High quality face-to-face education remains a government priority. Attendance restrictions should only ever be considered as a short-term measure and as a last resort:

- for individual settings, on public health advice in extreme cases where other recommended measures have not broken chains of in-setting transmission; or
- across an area, on government advice in order to suppress or manage a dangerous variant and to prevent unsustainable pressure on the NHS.

In all circumstances, priority should continue to be given to vulnerable children and young people and children of critical workers to attend to their normal timetables.

Where measures include attendance restrictions, DfE may advise on any other groups that should be prioritised. Settings should make sure their contingency plans cover the possibility they are advised,

temporarily, to limit attendance and should ensure that high-quality remote education is provided to all pupils or students not attending.

Other considerations where attendance has been restricted

Remote education

High-quality remote learning will be provided for all pupils if:

- attendance at their setting has been temporarily restricted

On-site provision in all cases will be retained for vulnerable children and young people and the children of critical workers. If we have to temporarily stop onsite provision on public health advice, we will discuss alternative arrangements for vulnerable children and young people with the local authority.

Education workforce

If restrictions on pupil attendance are ever needed, leaders of childcare and education settings will be best placed to determine the workforce required onsite and if it is appropriate for some staff to work remotely.

Employers should have regard to the guidance on clinically extremely vulnerable people.

Safeguarding and designated safeguarding leads

There should be no change to local multi-agency safeguarding arrangements, which remain the responsibility of the 3 safeguarding partners:

- local authorities
- clinical commissioning groups
- chief officers of police

If attendance restrictions are needed in any education or childcare setting, we would expect all local safeguarding partners to be vigilant and responsive to all safeguarding

threats with the aim of keeping vulnerable children and young people safe, particularly as more children and young people will be learning remotely.

All settings must continue to have regard to any statutory safeguarding guidance that applies to them, including:

- Keeping children safe in education
- Working together to safeguard children

- Early Years Foundation Stage (EYFS) framework

The school will have a DSL (or deputy) on site. It is expected that schools, out-of-school settings and FE providers will have a trained DSL (or deputy) available on site however where this is not possible there will be a trained DSL (or deputy) available to be contacted via phone or online video, for example working from home

Vulnerable children and young people

Where vulnerable children and young people are absent, the school will:

- follow up with the parent or carer, working with the local authority and social worker (where applicable), to explore the reason for absence and discuss their concerns
- encourage the child or young person to attend educational provision, working with the local authority and social worker (where applicable), particularly where the social worker and the School Head agrees that the child or young person's attendance would be appropriate
- focus the discussions on the welfare of the child or young person and ensuring that the child or young person is able to access appropriate education and support while they are at home
- have in place procedures to maintain contact, ensure they are able to access remote education support, as required, and regularly check if they are doing so

If settings have to temporarily stop onsite provision on public health advice, they should discuss alternative arrangements for vulnerable children and young people with the local authority.

Transport

Transport services to education settings should continue to be provided as normal where children are attending education settings. The guidance on transport to schools and colleges during the COVID-19 pandemic guidance remains in place.

Educational visits

Any attendance restrictions should be reflected in the visits risk assessment and setting leaders should consider carefully if the educational visit is still appropriate and safe. Only pupils who attend the school should go on an educational visit. Education settings should consult the health and safety guidance on educational visits when considering visits.

Actions to consider once a threshold is reached

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

Additional action that could be advised by public health experts

If you have called the DfE helpline and a Director of Public Health (DsPH) or a Health Protection Team (HPT) subsequently judges that additional action should be taken because they have assessed that transmission is likely to be occurring in the setting, they may advise settings take extra measures such as:

1. Strengthened communications to encourage pupils / students to undertake twice weekly rapid asymptomatic home testing and reporting
2. Temporarily reinstating face coverings for pupils/students, staff and visitors in indoor and/or communal spaces in secondary schools, FE and HE settings, and for staff in primary, early years, out-of-school, and specialist settings. This should be for two weeks in the first instance, pending regular review
3. Reinstating on-site rapid LFD testing in secondary schools, colleges and universities for a two-week period to encourage uptake of twice weekly testing
4. Increased frequency of testing

In extreme cases, and as a last resort where all other risk mitigations have not broken chains of in-school transmission, a DPH may advise introducing short-term attendance restrictions in a setting, such as sending home a class or year group (as they could any workplace experiencing a serious infectious disease outbreak).

High-quality remote learning will be provided for all pupils well enough to learn from home. On-site provision should in all cases be retained for vulnerable children and young people and the children of critical workers.

Where they have advised settings to take extra measures, DsPH and HPTs will work closely with their Regional Partnership Teams and keep the situation under regular review. They will inform settings when it is appropriate to stop additional measures, or if they should be extended.

UPDATE JAN 2022

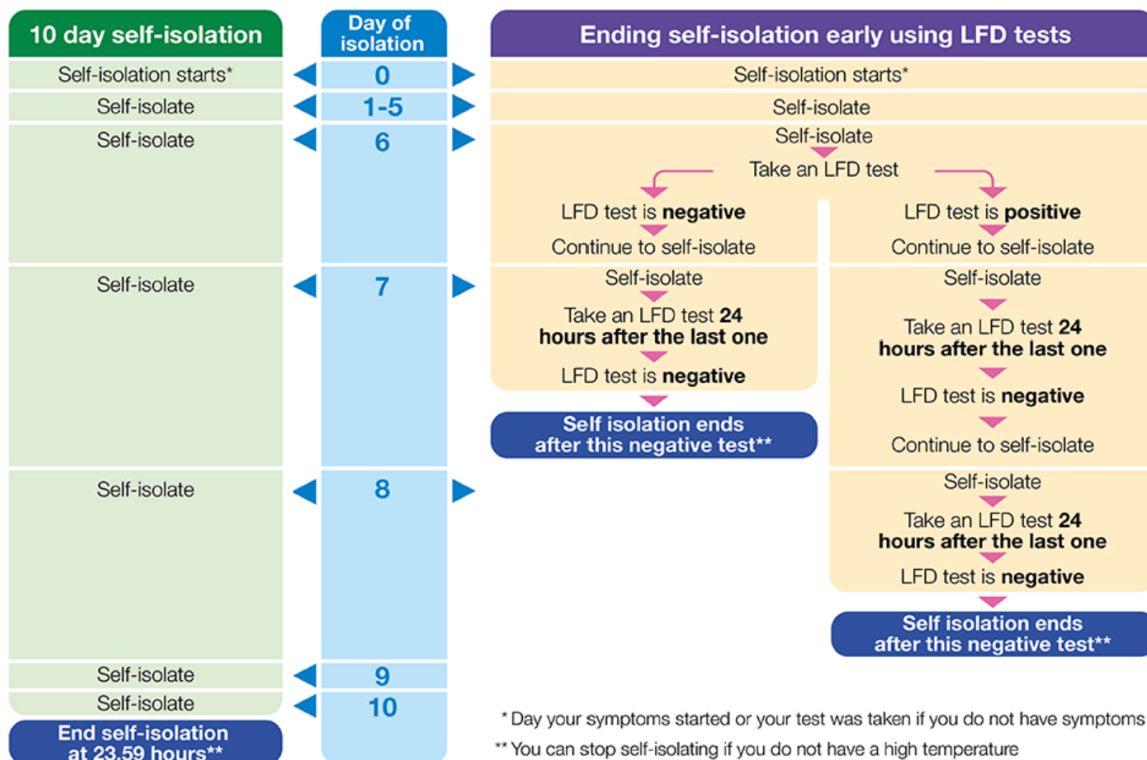
Information on the changes to the self-isolation period for individuals who test positive for COVID-19

Since Wednesday 22 December, the 10 day self-isolation period for people who record a positive PCR test result for COVID-19 has been reduced to 7 days in most circumstances, unless you cannot test for any reason.

Individuals may now take LFD tests on day 6 and day 7 of their self-isolation period. Those who receive two negative test results are no longer required to complete 10 full days of self-isolation. The first test must be taken no earlier than day 6 of the self-isolation period and tests must be taken 24 hours apart. This also applies to children under 5, with LFD testing at parental or guardian discretion. If both these test results are negative, and you do not have a high temperature, you may end your self-isolation after the second negative test result and return to school from day 8.

Anyone who is unable to take LFD tests will need to complete the full 10 day period of self-isolation. Further information is available in the [stay at home: guidance for households with possible or confirmed COVID-19 infection](#).

Examples of when to end self-isolation if you have had COVID-19 symptoms or have received a positive COVID-19 test result



Daily testing for close contacts of COVID-19

People who are fully vaccinated, or children and young people aged between 5 and 18 years and 6 months, identified as a close contact of someone with COVID-19, should take an LFD test every day for seven days and continue to attend school as normal, unless they have a positive test result or develop symptoms at any time.

Children under 5 are not being advised to take part in daily testing of close contacts. If a child under 5 is a contact of a confirmed case, they are not required to self-isolate and should not start daily testing. If they live in the same household as someone with COVID-19 they should limit their contact with anyone who is at higher risk of severe illness if infected with COVID-19, and arrange to take a PCR test as soon as possible. They can continue to attend school while waiting for the PCR result. If the test is positive, they should follow the [stay at home: guidance for households with possible or confirmed COVID-19 infection](#).

Updated guidance on the use of face coverings in education settings

From now, it is recommended that face coverings are worn in classrooms where pupils in year 7 and above are educated. The advice is short term only, to support pupils and teachers as they return to school this term and builds on the existing proportionate guidance that recommends face coverings for all adults in communal areas of all settings. The advice on face coverings in classrooms will be in place until Wednesday 26 January, when Plan B regulations are currently scheduled to expire, at which point it will be reviewed.

Confirmatory PCR tests to be temporarily suspended for positive lateral flow device (LFD) test results

Confirmatory PCR tests following a positive lateral flow device (LFD) test result are to be temporarily suspended from Tuesday 11 January. This will mean that anyone who receives a positive LFD test result will be required to self-isolate immediately and will not be required to take a confirmatory PCR test.

