

Coronavirus (COVID-19): Guidance on reducing the risks from COVID-19 in schools

Non-statutory guidance to ensure a low risk and supportive environment for learning and teaching.

Version 6.1

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VERSION CONTROL

Version	Date	Summary of changes
V1.0	30/7/2020	First version of document
V2.0	25/8/2020	Update to guidance on face coverings in Key Public Health Measures section and Dedicated School Transport section.
V3.0	11/9/2020	Various updates for clarification of key issues, including self-isolation, testing procedures, quarantine, outbreak and case management, and links to updated guidelines on Physical Education and Home Economics.
V4.3	30/10/2020	<p>Shifting the emphasis of the guidance from “reopening schools” to “reducing risks in schools”.</p> <p>Further changes resulting from feedback on the experience of implementing the guidance at local level. Key changes include updated guidance on: ventilation for autumn/winter; shielding and individual risk assessments and Additional Support Needs.</p> <p>Updates to versions 4.1, 4.2 and 4.3, to take account of comments from CERG members where possible, the latest advice from the sub-group, and to align with the levels approach within the Strategic Framework.</p>
V5.1	24/03/2021	<p>Separate supplementary guidance for schools was published before Christmas to support the move to remote learning for most children and young people in January 2021. Updated versions of that supplementary guidance were published on 21 January, 16 February and 8 March.</p> <p>A revised version of this guidance was published on 24 March.</p>
V5.2	19/04/2021	Updated to take account of the return to a levels approach from 26 April and to make some minor updates and clarifications.
V5.3	17/05/2021	Updated to take account of wider societal changes from 17 May and to make other updates and clarifications.
V5.4	25/05/2021	Minor amendments to Annex A.
V6.0	03/08/2021	Update in time for the 2021/22 school session. This included a summary of the key changes being introduced in the main section.
V6.1	15/09/2021	<p>Update following review and further advice from advisory sub-group. Majority of mitigations will now continue in place beyond initial 6-week period, until at least October break. Annex A continues to set out the detail on the mitigations that schools should still have in place, with any historical text removed. Some further updates have been set out in the main section. Key updated sections are as follows:</p> <p>Paras 29-33 – vaccination (12-15 year-olds) 34-67/new Annex B – contact tracing in schools 69 – ordering PCR test kits for schools 80 – update re: legal duty to wear face covering on public transport 89-91/new Annex D – update re: good practice note on promotion of asymptomatic testing 92-105 – People in the highest risk groups – updates to reflect latest advice following move beyond level 0 110 – Addition of link to UK-wide guidance on pregnancy 115 – Link to updated guidance on residential boarding/hostel accommodation</p>

OVERVIEW

Summary

1. This version of the guidance has been in place since 9th August, with updates made on 15 September as detailed below. It sets out that local authorities and schools should continue to apply the mitigations that were in place at the end of last term, with the exception of some modifications as set out in this guidance.
2. Initial advice was that this guidance would remain in place for a period of up to 6 weeks (until the end of September) and that updated guidance would be provided following a review.
3. The Advisory Sub-group on Education and Children's Issues considered the data and evidence surrounding the school return at its meeting on Tuesday 7th September. In light of high case rates and current evidence on the state of the pandemic, the sub-group recommended retaining the mitigations set out in this guidance at this time. The sub-group also recommended that some adjustments be made to the process around issuing information letters to lower risk contacts in school communities when cases occur, and that advice on LFD testing in those letters should be strengthened. Those changes, and some others to reflect the latest developments (e.g. on vaccination) have been included in this updated version of the guidance, which will apply from 15 September.
4. It is expected that this updated guidance will remain in place until at least the October holidays – the position thereafter will be informed by regular reviews of the data and evidence by the advisory sub-group.
5. The key changes that will apply from 15 September are:
 - Updated information on vaccinations for 12-15 year olds
 - Updated guidance on contact tracing in schools (to improve clarity and ensure alignment with Test and Protect guidance), including flow diagram at Annex B
 - A more targeted approach to the issuing of information letters to lower risk contacts in the school environment, as well as strengthened advice on LFD testing in those letters
 - Further advice/good practice on asymptomatic testing (see Annex D)
 - Inclusion of a link to additional UK-wide guidance on pregnancy
6. The table below summarises the continued approach for key mitigations:

Mitigation	Approach (retain/ retain with modifications/ remove/ new)	Timings
Risk assessment	Retain	Ongoing
Encouragement of vaccination	New	Ongoing
Environmental cleaning	Retain	Ongoing
Hand and respiratory hygiene	Retain	Ongoing
PPE in specific circumstances	Retain	Ongoing
Face coverings in communal areas	Retain	At least until October holidays

Face coverings in secondary classrooms	Retain	(then contingent on further review).
Physical distancing for adults	Retain (note change to “at least 1m”, but 2m distancing expected to remain for logistical purposes)	
One-way systems	Retain	
Drop-off and pick-up	Retain	
Staggered start and stop times/ break and lunch times	Retain	
Restrictions on assemblies	Retain	
Support for people in the highest risk groups/pregnant staff	Retain (updated guidance)	
2x weekly at-home asymptomatic testing	Retain (updated guidance/materials to support uptake and recording)	
Outbreak management	Retain (updated guidance re: public health approach)	
Self-isolation, contact tracing and testing for adults 18+	Retain with modifications (updated guidance – removal of some restrictions for double-vaccinated adult close contacts)	Align relevant school arrangements with updated approach in wider society. Amendments to guidance on information letters and advice on LFD testing.
Self-isolation, contact tracing and testing for U18s	Retain with modifications (updated guidance – removal of some restrictions for U18 close contacts)	
Groupings	Remove	No longer required
Ventilation	Retain (strengthened guidance for LAs on CO2 monitoring)	Ongoing
Restrictions on Drama, Music, PE and Dance	Remove (in line with previous guidance)	At least until October holidays (then contingent on further advice)
Restrictions on school visitors	Retain with modifications	
School Transport	Retain with modifications (alignment with public transport).	
School trips	Retain (updated guidance)	
Readiness and assurance	Retain (updated guidance)	
		Ongoing

7. Mitigations will be kept under constant review, and if data and evidence suggest that the approach to any specific mitigations should be updated at an earlier stage advice will be provided to that effect.
8. **Annex A** sets out detailed guidance on the application of mitigations and other safety measures. It has been updated to take account of evolving knowledge and experience of dealing with the pandemic, and to remove out-of-date material. Otherwise this material remains largely in line with previous versions of the Reducing Risks guidance and schools and local authorities will be familiar with much of the content.

Purpose of this guidance

9. The guidance applies to all local authorities and schools (primary/secondary/special/school hostels/residential) under their management. Local authorities and schools should exercise their judgement when implementing this guidance, to ensure the safety and wellbeing of their children, young people and staff taking into account local circumstances.
10. Local authorities should ensure that any external organisations involved in delivering services in schools (e.g. contracted facilities management services) are required to follow this guidance.
11. Nothing in this guidance affects the legal obligations of local authorities with regard to health and safety, public health and their responsibilities under the Equality Act 2010. Local authorities must continue to adhere to all such duties when implementing this guidance.
12. This guidance should also be used by grant-aided schools and independent schools to support their recovery efforts.
13. Recognising its specific context, [separate guidance](#) for the Early Learning and Childcare (ELC) and childcare sector has been developed.

Key context (including revised strategic framework)

14. The Scottish Government published its [Strategic Framework update](#) and [Review of Physical Distancing](#) on Tuesday 22nd June 2021. This includes important context for the return to school/ELC.
15. It sets out a change to the Scottish Government's overarching strategic intent, from:

'to suppress the virus to the lowest possible level and keep it there, while we strive to return to a more normal life for as many people as possible'.

to one where we work:

'to suppress the virus to a level consistent with alleviating its harms while we recover and rebuild for a better future'.
16. In considering arrangements for schools, this guidance has drawn on expert advice from the Advisory Sub-Group on Education and Children's Issues. In developing that advice, the Advisory Sub-Group took account of relevant evidence and the potential impact of proposed mitigations in schools. In reaching their conclusions, they specifically considered Long Covid, the impact on staff safety and wellbeing, the wider impact on children and families and the potential for disrupted learning in future. An [advice note](#) from the Advisory Sub-group and an evidence summary were published in August on the Advisory Sub-Group's [web page](#).
17. This guidance has also benefited from stakeholder input via the COVID-19 Education Recovery Group (CERG), the Education Recovery Youth Panel, and other key fora. It has taken careful account of the evolving risk environment in schools and wider communities.

The position with regard to vaccination of school staff, and the consequent change in the risk profile of the school environment, has been an important consideration in developing this

guidance. For example, it is [estimated](#) that around 94% of teachers have taken up the offer of a first dose of vaccination, and 91% of wider education staff. PHS estimate that, by 11 September 2021, 100% of teachers who have taken up their first dose should have been offered their second dose. This means that 100% of teachers who have taken up their first dose should have developed a second dose response by 25 September 2021, equating to 94% of the total teacher population in Scotland. Similarly, the majority of wider education staff who have taken up their first dose should also have developed their second dose response by this date. The timeline of near-complete vaccination of over 18 year olds by late September also indicates widespread protection of adults in other settings, including universities and colleges, early learning and childcare, training providers etc. While vaccination cannot offer 100% protection, it is highly effective at preventing severe disease.

18. The unique features of the school environment have been carefully considered. These include the fact that, in line with current JCVI advice, only a minority of children and young people have been vaccinated at the current point in time. This means that large numbers of unvaccinated children and young people will come together in a way that is unlikely to happen in other parts of society. However, the adult population required to mix with this unvaccinated population in schools will have high and increasing levels of protection from vaccination.
19. Further careful consideration has been given to the harms that have arisen from those mitigations recommended to date which are disruptive to education, particularly including self-isolation requirements (the latter of which are primarily aimed at protecting more vulnerable adults). Avoiding, wherever possible, the sort of disruption we have seen to senior phase pupils' certification processes during the past two years will be of particular importance from the point of view of fairness to young people.
20. The mitigations set out in this guidance take account of these, and other, factors, and seek to balance the range of harms arising from COVID-19 in the school environment.
21. The Scottish Government is committed to promoting and protecting equality in the implementation of all Government policy and in upholding the principles of the UNCRC and GIRFEC in relation to any government actions or guidance that impacts on the lives of children and young people. Both a [Children's Rights and Wellbeing Impact Assessment](#) (CRWIA) and a broader [impact assessment](#) on the arrangements for returning to school in August, have been published.
22. Local authorities and schools will continue to offer support to the mental health and wellbeing of staff and pupils as they return to schools. As previously, a particular focus on children and young people with Additional Support Needs will be essential during this latest phase of the pandemic. [Guidance on support for continuity of learning](#) and [Curriculum for Excellence in the Recovery Phase](#) both reinforce the importance of wellbeing as a critical focus in recovery. Balancing progress in learning with children and young people's social and emotional needs should continue to be a priority. Detailed guidance on supporting staff and children and young people's wellbeing remains in place in Annex A of this guidance.

CURRENT MITIGATIONS

23. Schools need take no action to remove or update the mitigations they currently have in place, unless otherwise advised in the following section (or by local Health Protection Teams in response to specific outbreaks or following local risk assessments).

24. **Annex A** provides the detailed guidance on the mitigations that should be retained.
25. It is anticipated that these arrangements will remain in place until at least the October holidays. Further guidance will be provided in due course for the period beyond October, including the possibility of moving to a set of baseline mitigations in line with wider society, subject to data and evidence supporting this move.
26. Mitigations will be kept under regular review, and if data and evidence suggest that any specific mitigations can be removed at an earlier stage advice will be provided to that effect. Particular attention will continue to be paid to whether there is an ongoing requirement for face coverings in secondary school classrooms.

CHANGES TO PREVIOUS GUIDANCE

27. This section sets out the key changes to the mitigations and measures that were in place at the end of the previous term. Local authorities and schools should ensure that all staff and pupils are aware of these updates and, where modifications to mitigations were required, these changes have been implemented. The majority of these changes were advised in the version of this guidance issued prior to the start of term. Where additional changes have been made for this latest iteration of the guidance that is highlighted below.
28. Modifications to mitigations in line with this guidance should be appropriately reflected in updated risk assessments. Full guidance on the risk assessment process is in **Annex A**.

Vaccination (updated September 2021)

29. All schools should encourage staff who have not received both doses of the vaccine to seek vaccination as soon as possible, following the recommended gap between doses. Information on securing an appointment can be found at: [Registering for a coronavirus vaccine | The coronavirus \(COVID-19\) vaccine \(nhsinform.scot\)](#). Drop-in clinics for every age cohort (18+) for first and second doses are now available across every mainland health board area. 12-17 year-olds can access drop-in clinics (these will be extended to 12-15 year-olds from week commencing 20 September – see below), or appointments can be booked at a convenient time.
30. In updated [advice](#) published on 4 August, the JCVI recommended that all 16 to 17-year-olds should be offered a first dose of Pfizer vaccine. On 13 September 2019, the UK's four Chief Medical Officers recommended that all 12 to 15-year-olds should also be offered a first dose of the Pfizer vaccine. This is in addition to the existing offer of two doses of vaccine to 12 to 17-year-olds who are in 'at-risk' groups (see below). Pending further evidence on effectiveness and safety in this age group, a second vaccine dose is anticipated to be offered later to increase the level of protection and contribute towards longer term protection.
31. This advice built on the previous JCVI advice that recommended vaccinating three key groups of children and young people under 18 years of age:
 - Children aged 12 to 15 years of age with severe neuro-disabilities, Down's Syndrome, underlying conditions resulting in immunosuppression, and those with profound and

multiple learning disabilities, severe learning disabilities or who are on the learning disability register are considered at increased risk for serious COVID-19 disease.

- Children and young people aged 12 years and over who are household contacts of persons (adults or children) who are immunosuppressed should be offered COVID-19 vaccination on the understanding that the main benefits from vaccination are related to the potential for indirect protection of their household contact who is immunosuppressed.
- Young people aged 16 to 17 years of age who are at higher risk of serious COVID-19, as currently set out in the Green Book (COVID-19: the green book, chapter 14a - GOV.UK (www.gov.uk)), should continue to be offered COVID-19 vaccination in line with the current programme approach.

32. Local health boards will work with local colleagues such as community children's nursing, learning disability service and paediatric services to plan the most appropriate vaccination setting according to children and young people's individual needs.

All young people aged 12 and over are now being offered the coronavirus (COVID-19) vaccination in Scotland.

- Young people who are 12 and over – subject to parental or carer consent, if appropriate – in mainland Scotland will be invited to register their interest through the online portal at NHS Inform, and will then be sent an appointment via SMS or email.
- Eligible young people in Shetland, Orkney and Western Isles will be contacted by their health board and invited to attend clinics.
- Alternatively, drop-in clinics offering Pfizer- BioNTech are available for young people aged 12 and over to visit (these will be extended to 12-15 year-olds from week commencing 20 September) .

Anyone who doesn't register an interest or attend a drop-in clinic will be sent an appointment invitation through the post.

Following these scheduled community sessions, it is expected that there will be a programme of vaccination in schools to ensure that any young people who have not been vaccinated, and who decide that they wish to be on the basis of informed consent, have the opportunity. This programme will be developed in partnership between health boards and local authorities and further details will be provided to schools in due course.

Information is available on NHS Inform along with access to the self-registration portal: <https://www.nhsinform.scot/vaccineregistration>. Public Health Scotland has produced [an information leaflet for 16-17 year-olds](#) and further materials for 12-15 year-olds will be made available shortly.

Drop in clinics across mainland health boards can be found at: <https://www.nhsinform.scot/vaccinedropinclinics> with 12 to 17 year olds eligible to attend those offering Pfizer-BioNTech (12-15 year-olds from week commencing 20 September).

Those without online access can call the National Helpline on 0800 030 8013.

33. The Scottish Government has decided, in agreement with Governments across the UK, to follow this JCVI advice on deployment of vaccination of those aged under 18 as set out above.

Self-isolation policy (including contact tracing and testing) (updated September 2021)

34. This section of the guidance was updated on 15 September 2021, to ensure alignment with NHS Test and Protect guidance and to reflect feedback received to date on implementation of revised self-isolation and contact tracing policies.
35. There have been no changes to the rules on self-isolation for those with symptoms or who test positive.
36. Changes to the rules on self-isolation for contacts of positive cases were made on 9th August. These changes were made because the health risks that arise when people are in contact with others who test positive have changed significantly, most notably due to vaccination. Vaccine uptake is very high, particularly among individuals who are at greater risk of harm from Covid-19, and the vaccines are highly effective at preventing severe disease (with 96% effectiveness against hospitalisation for the Delta variant). Children and young people have a very low risk of health harm from Covid-19, and children and young people with asymptomatic infection are at a relatively low risk of transmitting Covid-19 to adults. This means that the risk environment has changed significantly, and our approach to managing Covid-19 is evolving to reflect that.

Further information on the analysis and evidence that has informed the approach to mitigations in schools can be found in the [latest advice](#) from the Advisory Sub-Group on Education and Children's Issues, which includes a summary report of the [evidence](#) on children, schools and ELC settings and transmission of COVID-19.

37. Using the risk-informed approach set out in this guidance, all potential contacts (whether high or low risk) will be identified and provided with appropriate, proportionate advice on the action that should be taken in the following ways:
- Test and Protect will, through the contact tracing system, identify those contacts where there is a higher risk of transmission and ask them to self-isolate and take a PCR test; and
 - other low risk contacts will be identified by schools when they are informed of positive cases, and sent information letters that advise them to take certain mitigating actions. These actions do not require self-isolation, but include important advice on LFD testing and other mitigating actions.

This approach means that blanket isolation of whole classes will no longer be routine. Far fewer children and young people are likely to be asked to self-isolate, and when they do it will be for a shorter period of time while they await their PCR result.

Self-isolation for people with symptoms or testing positive

38. Any adult or child who develops symptoms of COVID-19 (high temperature, new continuous cough or a loss or change to sense of smell or taste) must self-isolate immediately in line with [NHS Guidance](#). **NB:** People living in the same household, for example any siblings, must also isolate while awaiting the outcome of the test result.
39. Any adult or child who tests positive using a Lateral Flow Device (LFD) must self-isolate immediately and [book a PCR test](#) within 48 hours to confirm the result. As above, people living

in the same household, for example any siblings, must also isolate while awaiting the outcome of the test result.

40. Any adult or child who tests positive using PCR tests (including following a positive LFD test) must isolate for 10 days in line with [NHS Guidance](#).
41. There are no changes to self-isolation rules if you have had a positive test or if you have symptoms of COVID-19.

Reporting of positive cases to schools

42. Schools should ask parents whether their child has tested positive for COVID-19 when parents are reporting absences, and parents should be prompted to mention any positive tests when leaving messages about absences (including via automated systems). The wording on the online contact tracing form that all people testing positive are sent as soon as their test results are received also prompts parents/pupils/staff to report the result to the school. If called by a contact tracer, the person testing positive will again be prompted to inform the school. In some circumstances, if a contact tracer requires to contact the school directly, they will also inform the school of the positive case. In this way, there are multiple routes and prompts to help ensure schools are alerted to positive cases as soon as possible after a member of staff or pupil tests positive.
43. Staff, including peripatetic and temporary staff, should be advised to tell their line manager or the head teacher as soon as they receive a positive test result.

Identifying contacts

44. Test and Protect will gather details of high risk contacts through an online form that is provided to positive cases simultaneously when results are received and, dependent on the priority of the case, via a follow-up phone call.
45. When positive results are reported to schools by staff and parents/pupils, it can help support the process if they take the opportunity to encourage those staff and parents to engage with the Test and Protect process and complete the online form as soon as possible.

Identifying high risk contacts of adults e.g. staff members who test positive

46. If the positive case is aged over 18, they will be asked by Test and Protect, using the online form, to identify all contacts using the same definition: Household members (children, partner, etc.) and any other adults who were within 2 metres of them for more than 15 minutes; who they saw more than once for shorter times that add up to 15 minutes; or who they were face to face with (within 1 metre) for any amount of time.

This includes people in their household, but could also, for example, include school colleagues they have worked closely with, or socialised or shared a car with. All of these adults are classed as high risk contacts and should be named on the online form. The naming of contacts is not dependent on vaccination status but the isolation and testing requirement is. This is covered in sections below.

47. Adult cases are not now asked to share with Test and Protect the details of anyone under the age of 18 (e.g. pupils from their classes), unless they live in the same home, or they have stayed overnight in the same home. This is because these non-household child and young person contacts are considered to be low risk based on a range of factors, including vaccination rates, evidence about transmission from children and young people, and the low risk of direct health harms to children, particularly when set against the significant harms that can result when otherwise healthy children and young people are asked to self-isolate and miss school.

Those low risk contacts (including staff ,parents and pupils) will instead be identified and informed of the positive case through the information letter process set out below, which schools should take forward as soon as they are informed of positive cases in either staff or pupils.

Identifying high risk contacts of children and young people e.g. pupils who test positive

48. When a child or young person tests positive, the person contacted by Test and Protect and asked to fill in the online form will be the person who requested the test e.g. the parent of a child, or a young person who has requested a test for themselves.

49. If the case is aged under 18 they are asked only to share the details of contacts who are at high risk of transmission. These include people they live with or who have stayed overnight in their home. They are asked to share the details of the parent or guardian of anyone under 16 or in care that they do name.

50. Child and young person cases are asked not to share contacts from outside the home such as teachers, classroom contacts or friends unless they have had unusually close or prolonged contact with them e.g. provision of close personal care or overnight stays. This is because these non-household child and young person contacts are considered to be low risk, as set out above.

51. There is a risk that some pupils or parents may not be able to identify all adult school staff who are high risk contacts via the Test and Protect process. To mitigate against this risk, schools are asked to take certain actions (set out below) to identify any additional high risk staff contacts when the school is informed of a positive child case.

52. All other low risk contacts of positive child cases (e.g. staff and pupils who have had “business-as-usual” contacts in the same class as the positive case) will be identified and informed through the information letter process set out below, which schools will take forward as soon as they are informed of positive cases in either staff or pupils. This includes adults who may have been within 2m, etc. of children and young people in schools, unless they are identified as high risk contacts by Test and Protect or schools on the basis that they have had unusually close or prolonged contact with the positive case (see below for more information on this, and for examples of unusually close or prolonged contact).

Additional contact tracing for schools

Identifying (exceptionally) any additional high risk contacts

53. Schools should be informed of positive cases as soon as possible by parents or, in certain circumstances, by Test and Protect after a positive test result is received (see earlier sections).
54. If, following confirmation of a child or young person testing positive, the school feels that a staff member is, or may be, a high risk contact because they have had unusually close or prolonged contact with that positive case in line with the examples set out below, AND the relevant staff member has not to date received notification via the Test and Protect system, the school can contact their local Health Protection Team. They will provide advice on whether the individual is in fact a high risk contact and what action should be taken. **NB:** Before doing so, schools should ensure they have noted the examples of what would constitute unusually close or prolonged contact set out here:

Unusually close or prolonged contact does not include 'business as usual' contacts in the classroom where the relevant mitigations are being followed (e.g. teaching in the same classroom as a positive case). Examples of unusually close or prolonged contact may include repeat toileting using hoist equipment for a child with ASN when PPE has not been used, or overnight stays (e.g. in a dormitory on a school trip).

55. Staff who are low risk contacts will still be informed of positive cases in their classes/schools through the information letter process set out below.

Identifying low risk contacts (information letters)

56. As soon as **schools** are informed of a positive case they should take action to identify **low risk contacts** so they can issue them with a targeted information letter the same day that sets out the actions those low risk contacts should take.
57. Due to the level of risk involved, this process should not involve detailed contact tracing that is onerous for school teams to undertake.
58. Feedback suggests that information letters are more likely to be effective if targeted to those people who are most likely to have been in lower risk contact with a positive case.
59. As a general rule, schools should therefore consider targeting the letters towards those staff and parents of pupils they would have considered close contacts under the previous, well-understood contact tracing system in schools, such as pupils sitting close to the confirmed case, potential contacts in the same class or classes, those who have been on a school trip with the positive case, or other relevant situations of which school leadership teams will have local knowledge.
60. Schools do not need to issue multiple letters to the same parents/staff if there are multiple cases in the same class during an outbreak. In these circumstances, however, they should keep parents, pupils and staff informed regularly of key developments (e.g. of any advice received

from local Health Protection Teams, or updates on further positive cases or case numbers), and take opportunities to reinforce the messages set out in the letter originally issued.

Actions to be taken following identification as a high or low risk contact

61. When children or adults are identified as high or low risk contacts of a positive case, they are asked to take actions to limit the risk of onward transmission. These may include self-isolation subject to a negative PCR test (for high risk contacts) or advice on LFD testing and other mitigations (for low risk contacts). These actions vary depending on age, vaccination status and any history of previous infection.

Actions for high risk contacts

62. If a child, young person (or their parent/carer if under 16 years) or staff member is contacted by Test and Protect and identified as a high-risk contact while at school, the person should leave school and travel home avoiding the use of public transport wherever possible and, if possible, they should wear a face covering.
63. All contacts identified through the Test and Protect process should follow the advice on self-isolation sent to them and as set out on [NHS Inform](#). A [self-help guide](#) is available. This applies to all high risk child contacts and all adult contacts.
64. Isolation for these contacts can usually be shortened by PCR testing dependent on vaccination status. Full details, including a step-by-step guide, are provided in the NHS Inform resources above.

Actions for low risk contacts

65. The actions that all other (low risk) contacts should take are set out in template information letters that have been provided to local authorities for agreement with local health protection teams. Updated template information letters for staff and children and young people have been provided with this iteration of the guidance. These set out the steps required of lower risk potential contacts. In summary, they are not required to self-isolate, but they should:
- take precautions to limit any potential spread. This includes recommendations for both secondary and primary pupils to take an LFD test before returning to the school environment;
 - continue with any regular LFD testing programme if they are a staff member or secondary pupil; and
 - stay vigilant for symptoms.

Outbreak management

66. Incident Management Teams involved in the handling of outbreaks may still make the decision to engage with schools in the handling of cases, as detailed in the outbreak management section of this guidance.
67. The flowchart at **Annex B** summarises the approach set out above.

Accessing PCR tests

68. There are a number of ways to get a PCR test:

- Book a test at [NHS Inform](#) for your nearest COVID-19 test site. There are drive-through, walk-through, mobile testing units across Scotland which are open from 8-am until 8pm, 7 days a week. Small scale test sites have also been set up in Highland, Grampian and Argyll & Bute to provide access to testing within local communities. A full list of sites can be found at [Gov.Scot](#).
- Order a home PCR test kit [online](#), or by calling 119. A test will then be delivered to your home. To return you can either drop the test at your nearest priority post box, or if you are unable to go out, you can also call 119 to book a courier collection from your home.

69. If schools identify any staff or pupils who may find it challenging to access a test site, to reduce the amount of time they may need to wait for a home test kit to be delivered, they can order a limited stock of PCR test kits to provide in advance to those staff or pupils. In the event that those staff or pupils are identified as higher risk close contacts and have to self-isolate, they may then use those PCR test kits to ascertain whether they need to continue to self-isolate, as per NHS guidance.

PCR test kits can be ordered by schools using the same digital ordering system as is used for the schools LFD asymptomatic testing programme.

Groupings

70. The revised approach to contact tracing means that groupings (sometimes referred to as “bubbles”) are no longer required to be maintained in schools.

71. Schools should, however, continue to avoid assemblies and other types of large group gatherings, in keeping with the retention of existing mitigations. This precautionary approach reflects the unique environment in schools, which will still involve bringing together large numbers of unvaccinated children and young people on a non-discretionary basis (and which can therefore be differentiated from other situations in society in which large gatherings take place).

Physical distancing

72. Physical distancing between adults, and between adults and children and young people, should remain in place in the school estate.

73. To ensure alignment with wider society and planned changes in ELC, this requirement has now been updated to physical distancing of at least 1m. As schools should already have 2m physical distancing arrangements that work well and do not limit capacity, **it is expected that most schools will wish to retain these 2m distancing arrangements for logistical reasons**. It is therefore not anticipated there will be a logistical requirement to make changes to physical distancing arrangements in the school environment. Retaining 2 metres between adults in schools who do not yet meet the criteria for exemption from self-isolation will also help to reduce the risk that they are identified as a close contact.

74. As previously, there is no requirement for strict physical distancing between children and young people in schools, although maintaining distancing between secondary school pupils is encouraged where possible. Previous guidance on approaches to this can be found in Annex A.

School visitors (updated with text on professional visitors including HEI tutors)

75. Visitors to schools should be agreed in advance and arrangements appropriately risk-assessed.

76. Supply staff and other visitors e.g. visiting teachers, psychologists, nurses, social workers, youth workers, outdoor learning specialists, HEI tutors and those providing therapeutic support, can move between schools where necessary. Movements should continue to be limited to those that are necessary to support children and young people or the running of the school until otherwise advised. Where practicable, professional visitors (including HEI tutors) should look to reduce the number of schools visited and to limit their contact time with children and young people. They should also be encouraged to take regular lateral flow tests. Consideration should be given to the provision of this support by virtual means as appropriate.

77. Parents/carers may accompany children onto school premises where this is agreed with the school and strictly necessary to support children and young people. Any such visits should be risk assessed and agreed in advance as being necessary by schools. Otherwise, where virtual arrangements for parental engagement are already in place and working well, these should continue to be used.

78. Visitors should be expected to comply with the school's arrangements for managing and minimising risk (including physical distancing and use of face coverings). Schools should ensure that all temporary staff are given access to information on the safety arrangements in place, including the school risk assessment. Arrangements for school visitors should be communicated clearly to staff and the wider school community.

79. Schools and local authorities should, in partnership with related partners and local public health teams, pay very close attention to any evidence suggesting emerging bridges of transmission between settings. In the event that any such evidence is identified, they should consult immediately with local public health teams on any requirement to pause or further reduce such movement between schools.

Dedicated school transport (updated with text on public transport)

80. The position on face coverings and physical distancing on dedicated school transport aligns with the position on public transport, so that only young people aged 12 and over are required to wear face coverings. This means that children aged 5-11, who were previously asked to wear face coverings, no longer need to do so. It is important for parents, schools and local authorities to continue to reinforce the importance of school pupils wearing face coverings on dedicated school transport and public transport (noting that there is a legal requirement to do so on public transport).

81. Physical distancing between passengers who travel on dedicated school transport is not required, but it remains important to be cautious and exercise personal responsibility. Pupils should be supported to understand that, where possible, it is safer to keep a distance from other people. As a precautionary measure, we recommend that 1m distancing between drivers and

children and young people on dedicated school transport should continue to be observed where possible.

82. When physical distancing restrictions on public transport are removed, measures to increase capacity on public transport for school pupils, e.g. dedicated zones, will not be necessary. It is acceptable for pupils from different schools to share dedicated school transport.
83. Existing arrangements for cleaning, hygiene and ventilation on school transport should continue and they remain important mitigations alongside the wearing of face coverings. Further detail on these existing mitigations is in **Annex A**.

Drama, Music, PE and Dance

84. Children and young people can now continue to engage in all drama, music, PE and dance activity in schools, indoors and outdoors.
85. Safety mitigations should continue to apply in relevant settings where these activities are taking place (e.g. good ventilation, enhanced hygiene, etc.).

Ventilation

86. Previous guidance on ventilation continues to apply. In addition, the following strengthened guidance on CO2 monitoring should be followed by local authorities:
- Local authorities should ensure that all schools have access to CO2 monitoring, whether via mobile or fixed devices. This is in order to support the goal of all school buildings, including all learning and teaching spaces, being assessed for ventilation issues with a view to remedial action being taken where required. This assessment work should be completed by the start of the October break wherever possible, subject to any issues regarding supply of CO2 monitors. These assessments may be undertaken by the use of fixed or mobile CO2 monitoring or by other appropriate means (e.g. computer modelling of the school estate), depending on the ventilation systems and other arrangements already in place in school buildings.
 - Local authorities and other providers should ensure the information they gather as a result of these assessments is used to inform actions to improve ventilation in schools where required, in line with the previous detailed guidance at Annex A. This may include, for example:
 - Remedial works where appropriate (e.g. accelerated maintenance to remedy windows that will not open or faulty ventilation).
 - Providing further guidance to users (e.g. on regular opening of windows, etc.).
 - Local authorities and the Scottish Government will continue to work in partnership together to consider the knowledge acquired as a result of these assessments, including in respect of areas of the school estate with priority ventilation issues and the deployment of effective strategies to achieve temperature/ventilation balance, user comfort, etc. This partnership working will help inform joint consideration of longer-term actions to improve ventilation in the school estate.

87. Equivalent commitments in respect of day care of children services are set out in separate ELC guidance, with specific arrangements under development to support the PVI sector.

88. Additional funding of £10m is being provided to local authorities to support this work in the schools and ELC sectors, in addition to previously provided COVID logistics funding.

Asymptomatic testing programme (updated with text on good practice note)

89. It is important that schools and local authorities continue to promote twice-weekly at-home LFD testing actively to their staff and secondary pupils, and that participants are encouraged to [record their results](#).

90. Some additional steps, including provision of a one-page good practice note (available at **Annex D** and to schools via the testing programme document sharing portal) have been taken to support school and local authority efforts to promote greater uptake and recording of testing for staff and secondary pupils.

91. The following updates apply:

- **Communications:** The Scottish Government has worked in collaboration with Young Scot to develop a direct mailer pack for every secondary school in Scotland, with printed materials (posters, stickers, door hangs, etc) that can be used to promote uptake and recording of results. Schools are encouraged to make use of these. The Scottish Government will also be working with Young Scot to deliver communications via social media channels.
- **Improvements to test kits/UKG website:** Some potential barriers to testing identified by survey evidence were the discomfort of tests and the time it takes to do them and record results. To address this, the following actions are being taken:
 - Once schools have used up their current stocks of Innova test kits and have placed orders for additional test kits, they will be provided with a new type of LFD test kit. While very similar to the current tests, the new LFD device involves a nasal-only swab. This is in response to feedback that throat swabbing can be uncomfortable for some school participants. The new types of test kit also take only c.15-20 minutes for results to be returned, reducing the amount of time involved in testing.
 - The UK Government have also updated their online reporting portal so that household accounts can be created. This will allow parents to record results for more than one child without having to re-enter data multiple times.
- At an appropriate point in time, once all staff have had the opportunity to be fully vaccinated, and subject to evidence around implementation of the updated self-isolation policy for children and young people, the asymptomatic testing programme will be reviewed. Options may include implementing the programme only in geographical areas where so indicated by community prevalence and based on the advice of the local Director of Public Health/IMT. Decisions on this will be taken on the basis of evidence nearer the time and in line with the wider testing strategy.

People in the highest risk group (previously those on the shielding list) (updated to reflect position beyond level 0)

92. This guidance applies to those who are at the highest clinical risk from coronavirus. Information on who is considered to be at highest risk is available at [Coronavirus \(COVID-19\): shielding advice and support - gov.scot \(www.gov.scot\)](https://www.gov.scot/Topics/Health/Coronavirus/COVID-19/shielding) along with advice and support for this group, including attending work and school. Everyone in this cohort will have received a letter from the Chief Medical Officer advising them that they are on the shielding list or the highest risk list.
93. The Chief Medical Officer has written to everyone on this list in relation to the move beyond level 0. His advice is that people at highest risk can continue to follow the same advice as the rest of the population in the context of precautionary measures that remain in place. This is because the vaccination programme is working well and, as the number of people who have been vaccinated rises, everyone will benefit from greater protection, even the small number of people who cannot be vaccinated for medical reasons. Evidence [continues to emerge](#) about how well the vaccine works for people who are immunosuppressed and on the highest risk list. People with a severely weakened immune system should continue to speak to their clinician to assess their risk.
94. Over 94% of people at highest risk have now received both doses of the vaccine and nearly 96% have received their first dose. Due to some health conditions, some people cannot receive the vaccine. If anyone is unsure about their circumstances, they may speak with their clinician. Otherwise, anyone on the highest risk list and their family members who haven't had the vaccine are encouraged to do so as soon as possible.
95. The Chief Medical Officer's advice to everyone on the list beyond level 0 is that it is currently safe to go into work if you cannot work from home and that it is safe to use public transport.
96. It is essential that everyone continues to follow the public health advice and remaining protection measures. Strict adherence to mitigations is strongly encouraged for staff and pupils at highest risk. Mitigations which remain in place for now such as face coverings are not just to give added protection to the population as a whole, but also to give protection and assurance to those at highest clinical risk. It is important to protect each other through getting the vaccination, getting tested, and following the remaining rules and guidance.
97. It continues to be the employer's responsibility to regularly carry out workplace risk assessments and put in place measures to make the workplace as safe as is reasonably practicable to try and minimise the risk to staff including contracting COVID-19. In carrying out risk assessments, employers should be mindful of their duties under the Equality Act 2010 at all times. Employees also have a responsibility to comply with safe working practices.
98. It is essential that employers conduct a COVID-19 risk assessment which will help them to identify measures which can be implemented to reduce the risk of transmission in the workplace. Employers can be asked for copies of the risk assessments for the workplace.
99. It is advised that those who are at highest risk also carry out an individual risk assessment. This includes a COVID-Age tool, which employees can use to highlight personal risk and support discussions with employers about any additional adjustments or arrangements that may be

needed to make the workplace and duties safe for them. Find advice about individual risk assessments and the COVID-Age tool on gov.scot at: [Coronavirus \(COVID-19\): guidance on individual occupational risk assessment - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-individual-occupational-risk-assessment/pages/individual-occupational-risk-assessment-gov-scot-2020-04-29.aspx).

100. Any concerns can be discussed with managers or employers. Further advice is also available from:

- Occupational Health services provided by your employer, where available
- a Health and Safety representative in your workplace
- your workplace's Human Resources (HR) department
- your trade union or professional body
- the [Citizens Advice website](https://www.citizensadvice.org.uk/) or the free Citizens Advice Helpline on 0800 028 1456, (Monday to Friday, office hours)
- the Advisory, Conciliation and Arbitration Service (ACAS).

101. There is guidance for employers and employees on making the workplace safe for people at highest risk at [Coronavirus \(COVID-19\): shielding advice and support - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-covid-19-shielding-advice-and-support/pages/shielding-advice-and-support-gov-scot-2020-04-29.aspx). This includes employer responsibilities to carry out regular workplace risk assessments, individual risk assessments, and additional steps people can take to keep themselves safe.

Children and young people in the highest risk group

102. The Chief Medical Officer's advice beyond level 0, is that children and young people on the highest risk list can follow the same advice as for the rest of the population. This includes attending education and childcare, unless their clinician has advised them otherwise individually.

Household members of people who are in the highest risk group

103. Children and young people who live with a person who is at highest risk should attend school in line with arrangements set out in this guidance. All children and young people attending school should comply with the arrangements for the reduction of risks of transmission of the virus within schools, including hand hygiene and the use of face coverings where appropriate.

104. Household and family members of people at highest risk can also go to work. It is the employers' responsibility to make sure the workplace and duties are as safe as possible. Household members of people that are at highest risk should discuss their concerns with their employer.

105. The Chief Medical Officer has encouraged everyone on the highest risk list to ask members of their household over 12 years of age to use the free at-home LFDs, including staff and pupils who can access these at school. We encourage all school staff and pupils in secondary schools who live with someone at highest risk to use the offer of LFD testing, as this will help to find people who don't have symptoms and would not know they have coronavirus. This can then reduce the risk of passing on coronavirus to a family or household member who is at highest risk.

Pregnancy

106. It is now recommended that pregnant women have the vaccine. Further information can be found at: [Combined info sheet and decision aid 20.07.2021 \(rcog.org.uk\)](https://www.rcog.org.uk)
107. Schools and local authorities should continue to follow their duties and responsibilities under both the Management of Health and Safety at Work Regulations 1999 and the Equality Act 2010. These include ensuring that appropriate individual risk assessments are in place to inform any reasonable adjustments required to remove risk for pregnant women.
108. Schools and local authorities should follow the guidance set out by the [Health and Safety Executive](#) and in the most recent [Royal College of Obstetricians and Gynaecologists](#) advice to keep the risk of exposure as low as is practically possible to pregnant women, particularly in the third trimester.
109. Normal pregnancy risk assessments should also be undertaken, and careful attention paid to mental health and wellbeing. Schools and local authorities should be sensitive to any anxiety pregnant staff may be feeling, and offer support and solutions to address this wherever possible. Individuals should discuss requirements with their line manager in the first instance. In the event of any concerns that cannot be addressed in this way, they should speak with their local HR or Health and Safety team, as well as their Trade Union representative.
110. Additional UK-wide guidance on pregnancy is also available: [Coronavirus \(COVID-19\): advice for pregnant employees - GOV.UK \(www.gov.uk\)](https://www.gov.uk).

Outbreak Management

111. Arrangements for joint working between schools, local authorities and local Health Protection Teams (HPTs) remain as before. The definitions of clusters and outbreaks are unchanged. However, guidance has now been updated to make clear that schools are no longer to contact HPTs to notify them of every single confirmed case in a school setting. Single cases will be identified by Test and Protect and close contacts will be identified through them too.

School visits and trips

112. Updated guidance on school visits and trips is now available and should continue to be followed in the period after return: [Coronavirus \(COVID-19\): school visits and trips - gov.scot \(www.gov.scot\)](https://www.gov.scot).

Readiness and assurance

113. To achieve collective assurance that the education system has in place the arrangements needed to deal with future outbreaks, schools and local authorities should familiarise themselves with the scenarios, expectations and actions set out at **Annex C**. They should work together to ensure that these actions are complete and that a state of readiness is maintained for as long as is required to deal with the pandemic.

Early learning and childcare

114. There is [separate guidance for Early Learning and Childcare settings](#), which (while closely aligned to many of the mitigations in this guidance for schools) reflects the support required for, and the lower transmission risks associated with, very young children.

Residential boarding/hostel accommodation in educational facilities

115. Updated supplementary guidance for residential boarding/hostel accommodation is published [here](#). This has been updated to reflect the latest international travel restrictions and clinical advice on managing specific risks in residential accommodation and is kept under review.

ANNEX A

KEY MITIGATIONS FOR RETENTION

1. This Annex provides the detailed guidance on current mitigations. This annex largely replicates the previous version of the Reducing Risks guidance, with out-of-date material removed and any modifications set out earlier in this guidance appropriately reflected.

KEY PUBLIC HEALTH MEASURES

2. This Annex sets out the key public health measures that local authorities and schools should implement to minimise the risks of COVID-19 transmission and infection. These controls will help prioritise the health, safety and wellbeing of children, young people and staff.
3. The guidance has been informed by advice from the [COVID-19 Advisory Sub-group on Education and Children's Issues](#) which has regularly discussed the mitigations required to manage risks regarding the return to in-school learning for children, young people and staff.
4. Schools and ELC settings should place a high priority on ensuring they implement these mitigations, and those in [equivalent guidance](#) on ELC settings, to maximise safety and reduce risks for children, young people and staff.
5. This guidance is designed to promote a consistent and equitable approach. Every school and setting is different, however, and local authorities and schools will understand best how this guidance can be applied in their settings.

Risk assessment

6. It is a legal requirement that local authorities ensure that risk assessments are conducted and regularly reviewed and updated. In considering their risk assessments, it is imperative that schools and local authorities continue to take a precautionary approach. Risk assessments should consider all mitigations set out in this guidance to ensure the safety and wellbeing of children, young people and staff in schools.
7. In accordance with relevant legislation and guidance, all local trade unions should be consulted with and involved in the development and updating of risk assessments. School risk assessments should be shared with and be easily accessible to staff and trade unions, including catering and facilities management teams and contractors where appropriate.
8. It is imperative that all members of the school community understand what measures are being put in place and why.

Coronavirus (COVID-19) specific

9. Everyone needs to engage with assessing and managing the risks from coronavirus (COVID-19). Employers and school leaders should consider the risks the staff and children and young people face and do everything reasonably practicable to minimise them, recognising they cannot completely eliminate the risk of coronavirus (COVID-19). Employers must therefore make sure

that a risk assessment has been undertaken to identify the measures needed to reduce the risks from coronavirus (COVID-19) so far as is reasonably practicable. General information on how to make a workplace as safe as possible, including how to approach a coronavirus (COVID-19) risk assessment, is provided by the [HSE guidance on working safely](#).

10. Schools should undertake a coronavirus (COVID-19) risk assessment by considering the measures in this guidance to inform their decisions and control measures. A risk assessment is not about creating huge amounts of paperwork, but rather about identifying sensible measures to control the risks in the workplace, and the role of others in supporting that. The risk assessment will help school leaders and employers decide whether they have done everything they need to. Employers have a legal duty to consult their employees on health and safety in good time. HSE have prepared guidance on [Talking with your workers about preventing coronavirus \(COVID-19\) - Supporting vulnerable workers \(hse.gov.uk\)](#). It also makes good sense to involve children and young people (where applicable) and parents in discussions around health and safety decisions to help them understand the reasons for the measures being put in place. Employers can do this by listening and talking to them about how the school will manage risks from coronavirus (COVID-19) and make the school as safe as possible. The people who do the work are often the best people to understand the risks in the workplace and will have a view on how to work safely. Involving them in making decisions shows that the school takes their health and safety seriously.

Sharing your risk assessment

11. Schools should share the results of their risk assessment with their workforce. If possible, they should consider publishing it on their website to provide transparency of approach to parents, carers and children and young people.

Monitoring and review of risk controls

12. It is important that employers know how effective their risk controls are. They should monitor and review the preventive and protective measures regularly, to ensure the measures are working, and take action to address any shortfalls.

Roles and responsibilities

13. All employers are required by law to protect their employees, and others, from harm. Under the Management of Health and Safety at Work Regulations 1999, employers must:
 - identify what could cause injury or illness in the organisation (hazards)
 - decide how likely it is that someone could be harmed and how seriously (the risk)
 - take action to eliminate the hazard, or if this isn't possible, control the risk
14. Given the employer landscape in schools is varied, we have set out here what the existing DfE [Health and safety: responsibilities and duties for schools](#) guidance states about the roles and responsibilities for health and safety in schools: the employer is accountable for the health and safety of school staff and children and young people. The day-to-day running of the school is usually delegated to the headteacher and the school management team. In most cases, they are responsible for ensuring that risks are managed effectively. This includes health

and safety matters. Schools must appoint a competent person to ensure they meet their health and safety duties.

15. The Health and Safety Executive (HSE) provides more information on the role of headteachers and employers in its guidance on [the role of school leaders - who does what](#) and a simple guide to who the employer is in each type of school setting in its [FAQs section](#), under 'Who is accountable for health and safety within a school?'. References to actions by employers in this guidance may in practice be carried out by headteachers in schools, but the employer will need to assure themselves that they have been carried out, as they retain the accountability for health and safety. If not already done, employers should ensure that a coronavirus (COVID-19) risk assessment for their school is undertaken as soon as possible. As part of planning for the return to school, the employer is likely to have gone through a lot of this thinking already. We recommend that those employers use this document to identify any further improvements they should make.

Wider guidance on the risk assessment process

16. Health and safety risk assessments identify measures to control risks during education and childcare setting activities. Health and safety law requires the employer to assess risks and put in place measures to reduce the risks so far as is reasonably practicable. The law also requires employers to record details of risk assessments, the measures taken to reduce these risks and expected outcomes. Schools need to record significant findings of the assessment by identifying:
 - the hazards
 - how people might be harmed by them
 - what they have in place to control risk
17. Records of the assessment should be simple and focused on controls. Outcomes should explain to others what they are required to do and help staff with planning and monitoring.
18. Risk assessments consider what measures you need to protect the health and safety of all:
 - staff (including volunteers)
 - children and young people
 - visitors
 - contractors
19. Schools will need to think about the risks that may arise in the course of the day. This could include anything related to the premises or delivery of its curriculum or activities, whether on-site or in relation to activities offsite.

Consulting employees (general)

20. It is a legal requirement that employers must consult with the health and safety representative selected by a recognised trade union or, if there isn't one, a representative chosen by staff. As an employer, you cannot decide who the representative will be.

21. At its most effective, full involvement of staff creates a culture where relationships between employers and staff are based on collaboration, trust and joint problem solving. As is normal practice, staff should be involved in assessing workplace risks and the development and review of workplace health and safety policies in partnership with the employer. Consultation does not remove the employer's right to manage. They will still make the final decision but talking to employees is an important part of successfully managing health and safety.

Resolving issues and raising concerns

22. Employers and staff should always come together to resolve issues. As school/settings continue to operate and follow updated guidance, any concerns in respect of the controls should be raised initially with line management and trade union representatives, and employers should recognise those concerns and give them proper consideration. If that does not resolve the issues, the concern can be raised with HSE. Where the HSE identify employers who are not taking action to comply with the standards set out in relevant public health legislation and guidance to control public health risks, they will consider taking a range of actions to improve control of workplace risks. The actions the HSE can take include the provision of specific advice to employers through to issuing enforcement notices to help secure improvements.

Public health measures to prevent and respond to COVID-19

23. In order to address the risks identified in their risk assessments, local authorities and schools should adopt core public health measures in a way that is appropriate to their setting. Ensuring a positive learning environment for all children and young people should include measures focused on preventing and responding to infections.
24. Essential public health measures include:
- symptom vigilance and a requirement that people who have COVID symptoms stay at home;
 - enhanced hygiene and environmental cleaning arrangements;
 - effective ventilation;
 - maintaining physical distancing from others where possible;
 - wearing face coverings or appropriate personal protective equipment (PPE) where necessary;
 - staff and secondary aged learners completing asymptomatic tests and recording results twice weekly; and
 - active engagement with Test and Protect.

Enhanced hygiene and environmental cleaning

Personal hygiene

25. Schools should strongly encourage and support all children, young people, staff and any others for whom it is necessary to enter the school estate to maintain appropriate personal hygiene throughout the day.
26. The key personal hygiene measures that all children, young people and staff should follow to reduce the risk of COVID-19 infection are:

- frequent washing/sanitising of hands for 20 seconds and drying thoroughly, and always when entering/leaving the building, before/after eating and after using the toilet;
 - encouraging children, young people and staff to avoid touching their faces including mouth, eyes and nose; and
 - using a tissue or elbow to cough or sneeze, and use bins that are emptied regularly for tissue waste.
27. It will be the responsibility of every individual in the school to observe good hygiene practice to minimise the risk of infection. Schools should identify opportunities to reinforce for all children, young people and staff the importance of effective hygiene measures throughout the school day, as part of their work on responsible citizenship. Involving children and young people in discussions about how to manage mitigations will be critical to their success. Signage should be applied appropriately, including in toilets.
28. NHS Inform [Covid-19 General Advice](#) states that adequate facilities should be available for hand hygiene, including handwashing facilities that are adequately stocked or have alcohol-based hand rub at key areas. In consultation with their local authority, schools should make appropriate arrangements for the storage of alcohol-based hand rub. Outdoor hand basins or hand sanitisers should be available at entry/exit points, to allow all building users to wash/sanitise their hands as they enter/leave the building at pick up/drop off time and at break/lunch times. Help should be given to those children and young people who struggle to wash their hands independently. Over time it is possible that children and young people will become complacent about hand hygiene. Schools should involve them in making plans to ensure continued rigour.
29. School uniforms/clothing and staff clothing should be washed/cleaned as normal. Any arrangements in place to support washing of school uniform and clothing should be continued.

Enhanced environmental cleaning

30. The local authority/school should undertake regular health and safety checks of the school estate, including water quality sampling for legionella and other bacteria. The Health and Safety Executive has produced guidance on [Legionella risks during the coronavirus pandemic - HSE news](#).
31. Local authorities and schools should ensure that an enhanced environmental cleaning regime is in place. The regime put in place should be in line with [Health Protection Scotland Guidance for Non-Healthcare Settings](#). This specifies in particular:
- Ensuring regular detergent cleaning schedules and procedures are in place using a product which is active against bacteria and viruses; ensure adequate contact time for cleaning products is adhered to.
 - Ensuring regular (at least twice daily) cleaning of commonly touched objects and surfaces (e.g. desks, handles, dining tables, shared technology surfaces etc.);
 - Ensuring that where possible movement of individuals between work stations is minimised and where work spaces are shared there is cleaning between use (e.g. avoid hot desks and instead each individual, children, young people and staff, has a designated desk);
 - Ensuring there are adequate disposal facilities;

- Wedging doors (other than fire doors) open, where appropriate, to increase fresh air and reduce touchpoints;
 - Setting clear use and cleaning guidance for toilets to ensure they are kept clean and physical distancing is achieved as much as possible; and
 - Cleaning work vehicles, between different passengers or shifts as appropriate.
32. There should also be more frequent cleaning of rooms/areas that must be used by different groups, including staff (e.g. classrooms, toilet blocks, changing rooms and staff areas).
 33. Movement of children, young people and staff between classrooms should be minimised wherever possible. Where this cannot be avoided, the provision of appropriate cleaning supplies to enable them to wipe down their own desk/chair/surfaces before leaving and, especially, on entering the room should be considered as part of overall hygiene strategies for secondary schools.
 34. Careful consideration should be given to the cleaning regime for specialist equipment (e.g. in practical subjects or for children with additional support needs), sensory rooms, practical subjects with specialist equipment and dining halls, etc. to ensure safe use. Staff can safely eat in the dining hall if they wish. They should use their own crockery/cutlery in staff areas and ensure these are cleaned with warm water and general purpose detergent and dried thoroughly before being stored for re-use.
 35. It is recommended that younger children access toys and equipment that are easy to clean. The use of resources such as sand, water and playdough should be part of relevant risk assessments. Children and young people should wherever possible be encouraged not to bring toys from home to the setting or to share their personal belongings, although it is appreciated that for younger children and for some children and young people with additional support needs this may be difficult to prevent. Consideration should be given to practical alternatives to provide comfort and reassurance, which is particularly important for younger children and children with additional needs. However, if a child brings their own book/bag/personal device that only they use then this should not increase the risk of indirect spread of the virus. Children, young people and staff should be instructed to keep bags on the floor and not on their desks or worktops.
 36. Children, young people and staff can take books and other resources home, although unnecessary resource sharing including textbooks should be avoided, especially where this does not contribute to education and development. Cleaning between uses should be in accordance with the [Health Protection Scotland Guidance for Non-Healthcare Settings](#).

Fomites (objects or materials which may carry infection)

37. If school resources (for example, text books, jotters) are taken home by a child, there is no longer a requirement to quarantine these for 72 hours upon return to the setting. Evidence on fomite transmission has continued to evolve and Public Health Scotland have now advised that we can remove this requirement from the guidance. Enhanced hand hygiene, as set out elsewhere, should be adhered to by all staff, children and families and is a more proportionate way of reducing the risk of fomite transmission.

Ventilation and heating

38. This section of the guidance is informed by the latest scientific and public health advice and research from the Advisory Sub-group on education and children's issues, Health Facilities Scotland, ARHAI Scotland and the SAGE Environmental and Modelling Group (EMG) which published [updated guidance](#) on 23rd October 2020. Cognisance has also been taken of UK and European building services industry guidance ([CIBSE](#) and [REHVA](#)). This guidance has been developed in consultation with HSE which has produced general guidance on [Ventilation and air conditioning during the coronavirus \(COVID-19\) pandemic \(hse.gov.uk\)](#).
39. This section was reviewed throughout July 2021. As there was no new or emerging advice/evidence on heating and ventilation practices from SAGE EMG and based on user feedback from local authorities and the Scottish Heads of Property Services (SHoPS) network the guidance in this section remains largely unchanged. In its [advice published on 3 March](#), the Advisory Sub-group did recommend however, that **greater emphasis should be placed on ventilation**, by keeping windows open as much as possible, and doors open when feasible and safe to do so. Updated [advice](#) published on 3 August 2021 also emphasised the need for a renewed focus on the importance of good ventilation and the potential for CO2 monitors to be utilised to ensure good air quality in enclosed spaces. [The World Health Organisation \(WHO\) has published a roadmap](#) to improve and ensure good indoor ventilation in the context of COVID-19. The Scottish Government has also published [ventilation guidance](#).
40. This section of the guidance is intended primarily for relevant local authority teams – it is not expected that headteachers or teachers should have the expertise to apply it independently.
41. The key requirement for local authorities is to work with schools to identify and implement local approaches that balance the need for fresh air in key parts of the school estate with the maintenance of adequate temperatures. The latest scientific advice identifies that ventilation is an important factor in mitigating against the risk of far-field (>2m) aerosol transmission. The relative importance of far-field aerosol transmission compared to other transmission routes is not yet known, but evidence suggests it is a risk in poorly ventilated spaces.
42. There is therefore a need for an appropriate supply of fresh air to assist with minimising the risk of virus infection. There is also a need to maintain indoor temperatures for reasons including user comfort, health and wellbeing, and learning and teaching.
43. This guidance seeks to identify practical measures which may be incorporated to balance these issues. The precise balance to be struck, and the most effective ways of doing so, will depend heavily on local factors including building design, location and prevailing weather conditions. It is expected that average external temperatures will drop over the winter months, and also that average wind speeds will rise (c30-40%) compared to summer. The rise in wind speed will increase the need to reduce draughts by closing (or partially closing) windows. The increased speed may however provide some compensation in terms of maintaining overall ventilation rates.
44. While measures to improve ventilation should be viewed as just one part of the overall package of control measures in schools, they are being viewed by the Advisory sub-group as an increasingly important mitigation. Schools should continue to ensure a focus on implementation

and maintenance of wider controls including personal hygiene, symptom vigilance, enhanced cleaning and distancing.

45. Relevant local authority teams may already be in a position to provide the necessary expert advice to schools on appropriate local approaches to the assessment of current ventilation and the development of strategies to improve ventilation. Where any necessary expertise is not available within a local authority, they may wish to draw on expert external advice to inform their strategies - some local authorities have already done so, and are sharing this expertise through their national networks. In providing advice, local authorities may wish to consider grouping school buildings by common criteria (e.g. type of construction, primary/ secondary/ASN, window type, heating system, etc.) and should develop a package of viable options in consultation with trade unions and staff in those schools.
46. Schools should ensure that risk assessments are updated regularly, in consultation with local authorities, staff, trade unions and (where applicable) PFI/NPD providers, to consider issues around ventilation and heating/warmth that are relevant to their specific environments. Drawing on local authority advice, they should consider areas of the school where air flow (including pockets of stagnant air in occupied spaces) and/or temperature may be problematic, and the strategies that may be used to address these issues and mitigate risks appropriately. Some examples of potential approaches are provided below.
47. Schools should as a minimum ensure that adequate levels of ventilation and appropriate temperatures are maintained, with reference to the [School Premises Regulations](#). While minimum requirements vary depending on the specific part of the school estate, for classrooms the regulations stipulate 2 air changes per hour and a temperature of 17°C. Reference should also be made to the [Workplace \(Health, Safety and Welfare\) Regulations 1992](#) requirements to maintain a reasonable temperature in the workplace.

Natural ventilation and temperature

48. The primary effective method of increasing natural ventilation remains the opening of external doors, vents and windows. Wherever it is practical, safe and secure to do so, and appropriate internal temperatures can be maintained in line with statutory obligations, this approach should be adopted. Keeping doors open (again, with appropriate regard to safety and security) may also help to reduce contact with door handles.
49. However, internal fire doors should never be held open (unless assessed and provided with appropriate hold open and self-closing mechanisms which respond to the actuation of the fire alarm system). The Fire Safety Risk Assessment should always be reviewed before any internal doors are held open.
50. As noted above, schools are also required to maintain internal temperatures and conditions in line with statutory obligations (see the School Premises (Scotland) Regulations 1967 and the Workplace (Health, Safety and Welfare) Regulations 1992). It is recognised that in the autumn and winter, schools are therefore unlikely to be able to keep external doors and windows open as often, or for as long, as in warmer weather periods.

51. Scientific and public health advice is that measures to introduce fresh air can have a beneficial impact on virus suppression. Schools should therefore be supported to adopt strategies that help balance requirements for ventilation with internal temperatures and conditions. Expert advice identifies that using reasonable approaches which recognise the importance of user comfort may help overall behavioural adherence to guidance in relation to ventilation.
52. Potential approaches to increase natural ventilation, the suitability of which will depend on a range of local factors including weather conditions, may include:
- partially opening doors and windows to provide ventilation while reducing draughts
 - opening high level windows in preference to low level to reduce draughts
 - purging spaces by opening windows, vents and external doors (e.g. between classes, during break and lunch, when a room is unused, or at other suitable intervals if a space is occupied for long periods at a time)

Mechanical ventilation

53. Where it is not possible to keep doors and windows open while maintaining appropriate internal conditions in line with statutory obligations, and centralised or local mechanical ventilation is present, systems should wherever possible be adjusted to full fresh air. Air recirculation should be avoided or minimised. If this is not possible while maintaining appropriate internal conditions, systems should be operated to achieve statutory temperature and air change rate requirements as a minimum. Additional points to assist with the practical delivery of this approach include:
- Where ventilation units have filters present enhanced precautions should be taken when changing filters. Additional advice on filters can be located in the REHVA Covid guidance.
 - Ventilation systems should be checked or adjusted to ensure they do not automatically adjust ventilation levels due to differing occupancy levels.
 - Consider starting mechanical ventilation ahead of the school day and allow it to continue after classes have finished.

Fans

54. Fan heaters, fan assisted heating systems or air conditioning within a single space may assist in maintaining appropriate temperatures, provided there is an adequate supply of fresh air into the space. This approach should only be used where the balance of adequate ventilation and appropriate temperature cannot be achieved otherwise. Filter maintenance should also be carefully undertaken as noted above. Care should be taken to avoid unregulated use of ad hoc devices which may cause increased risk in terms of electrical load, inappropriate installation, cable trip hazard and potential fire or electrocution risk.

CO₂ monitors

55. As set out earlier in this guidance, local authorities should ensure that all schools and day care of children services have access to CO₂ monitoring, whether via mobile or fixed devices. This is to support the goal of all school and ELC buildings, including all learning, teaching and childcare spaces, being assessed for ventilation issues with a view to remedial action being taken where required. This assessment work should be completed by the start of the October break wherever

possible, subject to any issues regarding supply of CO₂ monitors. These assessments may be undertaken by the use of fixed or mobile CO₂ monitoring or by other appropriate means (e.g. computer modelling of the school estate), depending on the ventilation systems and other arrangements already in place in school and ELC buildings.

56. It is important that local authority advice is sought on the use of monitors to ensure their proper specification, installation, location, calibration and effective use. It should be noted that CO₂ monitors cannot monitor levels of virus, but by monitoring levels of CO₂, these can be used as a proxy measure.
57. CO₂ monitors detect the amount of CO₂ in a space, which will increase if adequate ventilation is not provided, thereby prompting user intervention such as opening a window or vent. Some schools will have these installed on premises already while others may, in consultation with relevant local authority teams, choose to use portable devices for periodic or ongoing monitoring. The most recent scientific advice and research is that an upper level of 1500 ppm should be used to identify and prioritise multi-occupancy, regularly-used areas for improvement.
58. This scientific advice and research also indicates that indoor spaces where there is likely to be an enhanced aerosol generation rate (e.g. loud singing/drama, indoor PE when permitted) should aim to ensure ventilation is sufficient to maintain CO₂ concentrations at lower levels (a figure of 800ppm is provided), and should also include additional mitigations such as face coverings for audiences and restricting the size of groups and duration of activities.
59. Local authorities should consider how to apply lessons learned from CO₂ monitoring across all parts of the learning estate. This could be achieved both between schools within a local authority and also by sharing data between local authorities.
60. Relevant local authority teams should provide clear advice on the appropriate use of CO₂ monitors, including procedures to be followed by staff in the event of inappropriate levels being indicated. These should be proportionate and reasonable, and help ensure both safety and continuity of education. They may include, for example, contact with relevant local authority teams to discuss approaches to improving ventilation in the event of concerns being identified.
61. School operators (e.g. local authorities, leisure trusts, third parties, etc.) should also be aware of [additional guidance in relation to ventilation of sports and leisure facilities](#) which may be applicable within school buildings e.g. community use of gyms, fitness rooms, sports halls etc.

Implementation

62. Local authorities and schools should, in consultation with staff and trade unions, ensure there are clear plans for effective implementation of local strategies. Key points to consider may include:
 - Clarity on responsibility for implementing approaches, with due regard for workload;
 - Provision of instruction or signage, etc. to support implementation (e.g. with clear instructions for window/door/vent opening and mechanical system operation);

- Pragmatic, proportionate procedures to be followed in the event of any concerns around ventilation or heating. Local authorities may wish to ensure that contact details are provided for relevant local authority teams or health and safety officers.

Sharing of good practice

63. Local authorities are committed to sharing good practice and expert advice across national networks, including the ADES Resources network and SHoPS. During the operational periods of the last school year, local authorities have been modelling and developing practical approaches to implementation of the strategies in this guidance in order to achieve the regulatory requirement of 2 air changes per hour in classrooms. Feedback in July 2021 has indicated that strategies are working well, helping to identify any poorly ventilated spaces, plan maintenance or upgrade works, and provide reassurance to building users and wider stakeholders. Operational feedback will continue to be sought to validate the guidance, approach and inform any necessary updates.
64. This section of the guidance will be kept under careful review and updated in light of emerging science and practice.

Physical distancing in primary schools

65. There is no requirement for physical distancing between children in primary schools. Distancing between adults not from the same household should be maintained and there should also be distancing between adults and children whenever possible. To ensure closer alignment with wider society and planned changes in ELC, this will be a requirement for “physical distancing of at least 1m”. However, as schools already have 2m physical distancing arrangements for adults that work well and do not limit capacity, it is expected these will be retained in practice.

Physical distancing between young people – secondary schools

66. Most secondary schools can only support a full time return to school for all pupils when there is no requirement for physical distancing between pupils throughout the school day.
67. School staff and other adults in the school should continue to apply physical distancing when with other adults and with pupils. As in primary schools, to ensure alignment with wider society, this will be a requirement for “physical distancing of at least 1m”. However, as schools already have 2m physical distancing arrangements for adults that work well and do not limit capacity, it is expected these will be retained in practice.
68. It is important to understand that this arrangement has been developed in the specific context of schools. There are sound reasons for approaches to physical distancing to vary in different contexts, including the drawing of judgements about cumulative risk across the whole of society and the features of distinct environments.
69. The Advisory Sub-group has however previously emphasised that, without distancing between pupils in secondary schools, the additional mitigations such as effective ventilation must be strictly adhered to. Secondary schools should also encourage physical distancing between

young people wherever practicable and emphasize the importance of complying with the most up to date guidance on physical distancing in general.

70. Distancing should be implemented in a proportionate way. Importantly, schools should ensure that the specific approaches adopted do not introduce capacity constraints and/or prevent full-time learning in school.

71. Mitigations that schools should consider include:

- Encourage young people to maintain distance where possible, particularly indoors – encouraging young people not to crowd together or touch their peers is recommended;
- Discourage social physical contact (hand to hand greeting/hugs);
- Use all the available space in classrooms, halls, libraries or social spaces to promote distancing where possible;
- Adjust class space if required, and where possible, to maintain spacing between desks or between individual young people;
- Seat young people side by side and facing forwards, rather than face to face;
- Avoid situations that require young people to sit or stand in direct physical contact with others;
- Where young people need to move about within the classroom to perform activities (for example to access a shared resource) this should be organised to minimise congregation around the point of access to the shared resource;
- Where staffing within the school allows it, consider altering class sizes and composition to intensify support for young people and create more space. For example, where there are 3 maths sets in a year group (one set with 30 pupils, another with 20 pupils and another with 10 pupils) class size and composition may be altered to improve the spread of pupils and create 3 sets of 20 pupils;
- Young people in the senior phase may require to spend time in college environments. They should ensure that they follow the COVID-19 guidance for universities, colleges and student accommodation providers on the appropriate approach to these specific circumstances while on campus. This has now been included in [updated guidance for colleges](#).

72. Secondary schools should consider which of these possible mitigations are achievable in their establishment and look to implement as many as is practicable.

73. In special schools and units, and where there are children with complex additional support needs, the need to maintain distancing needs to be carefully considered. The balance of the staffing complement, numbers of children and young people and their needs, and therefore the staffing and resources required (PPE, cleaning of equipment), should be considered/assessed throughout the school day and adjusted where appropriate/necessary. Further guidance on meeting the needs of children with additional support needs is provided within [Coronavirus \(COVID-19\): supporting children and young people with complex additional support needs - gov.scot \(www.gov.scot\)](#) and [continuity of learning guidance](#).

Groupings

74. Contact groups will no longer be required, in line with the changes to self-isolation policy set out above.

75. Schools should, however, continue to avoid assemblies and other types of large group gatherings, in keeping with the retention of existing mitigations until at least the October holidays, following which this will be reviewed. This precautionary approach reflects the unique environment in schools, which will still involve bringing together large numbers of unvaccinated children and young people on a non-discretionary basis (and which can therefore be differentiated from other situations in society in which large gatherings take place).
76. Where it is necessary to bring larger groups together, alternative mitigating actions should be put in place, such as meeting outside or limiting the time spent together. When undertaking fire test drills or procedures where the whole school is evacuated, schools and local authorities should prioritise fire safety, but may consider muster points and whether these need to be altered to ensure a greater degree of separation.
77. Children and young people can attend multiple education settings, either in other educational establishments or the wider community, with an appropriate risk assessment conducted. If sporadic or linked cases have occurred in one school, temporary suspension or reduction of attendance at other facilities should be part of this risk assessment, led by the local Health Protection Team.

Physical distancing and minimising contact for adults

78. Physical distancing between adults, and between adults and learners who are not from the same household, should be maintained. This will help mitigate risk, but it is acknowledged that this is not always possible, particularly when working with younger primary school children or children with additional support needs who may require personal or intimate care.
79. For the early stage (P1-P2), schools may consider making use of ELC models of managing children's interactions and other mitigations, where appropriate, particularly where adopting a play based approach. Detailed guidance on [reopening early learning and child care services](#) is available.
80. Other than where schools are using ELC models and guidance in the early stage (P1-2), where adults cannot keep their distance and are interacting face-to-face with other adults and/or children and young people, face coverings (or, in certain specific circumstances, PPE - see section on PPE and other protective barrier measures, below) should be worn at all times. This applies to all staff including support staff and classroom assistants. Transparent face-coverings may be supplied by local authorities where appropriate and used where there is a risk of detriment to the child's health and wellbeing. See the section on face coverings for further information.
81. Risk assessments should pay particular attention to the position of support assistants or other staff who may have to work in close contact with multiple children and young people throughout the day. In line with the advice above, distancing should be maintained by support assistants, and if that is not possible, face coverings should be worn (including transparent ones where appropriate). As part of risk assessment the need for PPE should be considered and PPE used accordingly. Where resources permit, if mitigations such as these cannot reasonably be implemented, schools might wish to consider timetabling/organising classes to limit the number

of children and young people with whom a support assistant needs to come into close contact during the course of a day.

82. All staff can operate across different classes and year groups within a setting where this is necessary in order to facilitate the delivery of the school timetable. Where staff need to move between classes and year groups, they should try to keep at least 1m distancing from learners and other staff as well as wearing face coverings as appropriate.
83. With regard to movement of NCCT teachers between classes and across settings, this should be minimised wherever possible. Schools should be encouraged to follow SNCT and LNCT guidance on how flexibility of time over a 2 or 4 week period may help to reduce movement of staff across classes.
84. Appropriate arrangements and places should be available to enable all school and ELC staff to take their breaks safely. Schools should plan how shared staff spaces, including kitchens, are set up and used to help staff to distance from each other. The number of people in staff rooms at any one time should be limited to ensure at least 1m distancing can be maintained and face coverings should also be worn. This includes at kettle stations and other gathering points.
85. Any facilities management work carried out within the school setting should adhere to the principles of physical distancing and be subject to risk assessment to put in place mitigating actions. Procedures should be put in place for deliveries to minimise person-to-person contact.

School visitors (including supply staff)

86. Updated guidance is available on this issue in the “Changes to Previous Guidance” section.

Drop off and pick up

87. The arrangements for parents/carers to drop off and collect children and young people require careful consideration, to ensure that large gatherings of people can be avoided and physical distancing between adults and children of different groupings is maintained. Schools should consult parents/carers on their plans and ensure that any arrangements put in place are communicated clearly to parents/carers.
88. Parents should not enter school buildings unless required, in line with the updated guidance on school visitors (see “Changes to Previous Guidance”). Some approaches that local authorities and schools should consider include the following:
 - staggered drop off/pick up times or locations, so that not all children and young people arrive onsite at one time as long as this does not reduce the overall amount of learning time in school for children and young people;
 - if the school has additional access points, consideration may be given to whether it would be beneficial to open these to reduce congestion;
 - consideration may be given to where children and young people go as they arrive at the facility. This could include heading straight to their group’s designated learning space/classroom, which could be indoors or outdoors;

- if parents/carers are dropping off children, they should be discouraged from gathering outside the school and should maintain distancing as far as practicable, when dropping off their children. Appropriate markings may be introduced at the school gates;
- if parents/carers are dropping off children, they should wear face coverings;
- for those arriving by car, parents/carers may be encouraged to park further away from the school and then walk with their children to avoid congestion, or alternatively use active travel routes where feasible. Car-sharing with children and young people of other households should be discouraged – see [advice on car-sharing](#);
- where learning spaces can be accessed directly from outside, this may be encouraged to decrease interactions between individuals in circulation spaces; and
- particular consideration should be given to the arrangements for parents/carers of children and young people with additional support needs or disabilities, who may normally drop their children off within the school building, and those who arrive at school using school transport, including taxis.

Break times and lunch times

89. Break times will continue to require careful consideration. Schools may wish to consider staggered break and lunch times, etc (although these will not be suitable for all schools, and staggering break and lunch times to an extent that they could reduce the overall amount of time children and young people can spend learning in school should be avoided). Localised solutions should be agreed and, as far as possible, children, young people and parents/carers should be involved in these discussions.
90. If children and young people go offsite for lunch, they should follow the rules in place for wider society, for example wearing a face covering when entering a shop. Risk assessments should consider procedures for when children and young people leave and return to school premises, including hand hygiene. Schools may wish to contact local shops in advance to alert them to plans.

PPE

91. For the majority of staff in schools, PPE is not required or necessary. Where it is required or necessary, the following arrangements will apply.
92. Where the use of PPE is being considered within an education and childcare setting the specific conditions of each individual setting must be taken into consideration and comply with all applicable legislation, including the Health and Safety at Work etc. Act 1974, Personal Protective Equipment Regulations 1992 and the Management of Health and Safety Regulations 1999 which outlines the process of, and legal requirements for, risk assessment.
93. Schools and local authorities already have set risk assessment processes for the use of PPE. Following any risk assessment (individual or organisational), where the need for PPE has been identified using the [HSE Personal Protective Equipment \(PPE\) at Work](#) guide, appropriate PPE should be readily available and provided and staff should be trained on its use. The use of PPE by staff within schools, for example support staff, support assistants, staff with vulnerabilities, should be based on a clear assessment of risk and need for an individual child or young person, such as personal care, where staff come into contact with blood and body fluids or lift children

and young people. Where the use of PPE is risk assessed as being required, staff should be trained in how to put on and take off PPE (as required by Health and Safety Regulations) and suitable waste facilities provided.

94. Risk assessments should already exist for children and young people with more complex needs, including those with emotional and behavioural needs. These risk assessments should be updated as a matter of priority in light of changes to provision such as environment and staffing. Risk assessments must be mindful of the additional distress children and young people may be experiencing due to measures introduced such as the use of face coverings or PPE, and the need for continued protection of staff. If for any reason, risk assessments are not in place, then they must be undertaken swiftly in accordance with this guidance and local risk assessment guidance. If there are any issues relating to risk assessment or staff wish to raise concerns they should in the first instance do so with their line manager in line with local procedures. Where concerns remain they can also contact their trade union representative and/or local HR or Health and Safety team. Employers should recognise those concerns and give them due consideration. If that does not resolve the concerns they can be raised directly with the HSE.
95. Local infection control procedures that outline safety and protocols should also be stringently followed and adequate training provided. This includes procedures for putting on and taking off PPE, the disposal of soiled items; laundering of any clothes including uniform and staff clothing, towels or linen; and cleaning equipment for children and young people, such as hoists and wheelchairs.
96. Specific guidance has been developed and published for first responders ([COVID-19: guidance for first responders](#)) who, as part of their normal roles, provide immediate assistance requiring close contact until further medical assistance arrives. This guidance sets out clearly what a first responder is required to do if they come into close contact with someone as part of their first responder duties. It covers the use of PPE and CPR.
97. The types of PPE required in specific circumstances are set out below:
- **Routine activities:** No PPE is required when undertaking routine educational activities in classroom or school settings.
 - **Suspected COVID-19:** A fluid-resistant surgical mask should be worn by staff if they are looking after a child or young person who has become unwell with symptoms of COVID-19 and 2m distancing cannot be maintained while doing so.
 - If the child or young person who has become unwell with symptoms of COVID-19 needs direct personal care, gloves, aprons and a fluid-resistant surgical mask should be worn by staff.
 - Eye protection should also be worn if a risk assessment determines that there is a risk of splashing to the eyes such as from coughing, spitting, or vomiting.
 - Gloves and aprons should be used when cleaning the areas where a person suspected of having COVID-19 has been.
 - **Intimate care:** Gloves and aprons should continue to be used when providing intimate care to a child or young person. This can include personal, hands-on care such as washing, toileting, or first aid and certain clinical procedures such as assisted feeding.

- Fluid-resistant surgical masks should be used. Eye protection should also be worn if a risk assessment determines that there is a risk of splashing to the eyes such as from coughing, spitting, or vomiting.
- Gloves and aprons should be used when cleaning equipment or surfaces that might be contaminated with body fluids such as saliva or respiratory secretions.
- **Aerosol Generating Procedure (AGP):** There are a small number of medical procedures which increase the risk of transmission through aerosols (tiny droplets) being transferred from the patient to the care giver. These are known as aerosol generating procedures (AGPs). Within education settings, these are only undertaken for a very small number of children with complex medical needs, such as those receiving tracheostomy care.
- Staff performing AGPs in these settings should follow Scotland's National Prevention and Infection Control Manual (NSS and HPS) with personal protective equipment (PPE) guidance on aerosol generating procedures, and wear the correct PPE, which is:
 - a FFP2/3 respirator
 - gloves
 - a long-sleeved fluid repellent gown
 - eye protection
- Children and young people should be taken from the classroom or shared area for any AGP to be carried out in a designated room with the doors closed and any windows open. If this is not possible, for example in children and young people who require sporadic care, such as urgent tracheostomy tube suction, individual risk assessments should be carried out. In all instances, efforts should be made to:
 - ensure that only staff who are needed to undertake the procedure are present and that no other children or young people are in the room
 - minimise clutter to make the process of cleaning the room as straightforward as possible
 - clean all surfaces and ventilate the room following a procedure and before anyone not wearing appropriate PPE enters. Clearance of infectious particles after an AGP is dependent on the ventilation and air change within the room. For a room without ventilation, this may take an hour

Face coverings

98. The Scottish Government regularly reviews the policy position on face coverings in light of emerging scientific evidence and advice. It remains our judgement that face coverings provide adequate protection for use in the community and in most workplaces because they are worn in addition to taking other measures, such as physical distancing, hand and respiratory hygiene, cleaning surfaces, ventilation and symptom vigilance. The current face covering guidance on the [Scottish Government website](#) recommends:

- that face coverings are made of cloth or other textiles and should be two, and preferably three, layers thick and fit snugly around the mouth, nose and chin while allowing you to breathe easily;
- that schools follow and endorse best practice on how to wash, store, wear and dispose of face coverings; and
- workplaces endorse and support staff to follow the best practice in the use of face coverings.

99. For the majority of staff in schools, medical grade masks or PPE are not required. Any decision to use medical grade masks or PPE in schools (or any specific workplace settings) would need to be informed by an organisational risk assessment, undertaken with health and safety experts and public health advisers.
100. Unless otherwise stated, the approach to face coverings below should be applied across all primary and secondary school settings. However, as noted earlier in this guidance, schools may opt to apply ELC models in the early stages of primary school (P1-2), in which case the relevant guidance should be followed.
101. Anyone (whether child, young person or adult) wishing to wear a face covering in any part of the school should be permitted to do so.
102. Some individuals are exempt from wearing face coverings. Further information on exemptions can be found in wider [Scottish Government guidance](#).
103. Face coverings should be worn by adults wherever they cannot keep physical distance with other adults and/or children and young people.
104. Face coverings should also be worn in the following circumstances (except where an adult or child/young person is exempt from wearing a covering):
- at all times when adults in primary schools are moving around the school in corridors, office and admin areas, canteens (except when dining) and other indoor communal areas, (including staff rooms and toilets);
 - at all times for all staff and learners in secondary schools (including special schools and independent and grant aided schools); and
 - in line with the updated arrangements for public transport, where adults and children and young people aged 12 and over are travelling on dedicated school transport.
105. Face coverings should be worn by parents and other visitors to all school sites (whether entering the building or otherwise), including parents at drop-off and pick-up.
106. Classroom assistants and those supporting children with Additional Support Needs, who may routinely have to work closely with primary, secondary or special school pupils, should wear face coverings as a general rule (see earlier section on physical distancing). However, the use of opaque face coverings should be balanced with the wellbeing and needs of the child, recognising that face coverings may limit communication and could cause distress to some children – appropriate use of transparent face coverings may help in these circumstances. It is advised that these adults should be very alert to symptoms and follow closely the guidance on responding to COVID-19 symptoms.
107. Local Incident Management Teams, led by Health Protection Teams, may recommend a further strengthening of the use of face coverings in all classrooms (particularly in secondary schools) when dealing with local outbreaks.

108. Where local decisions on the strengthened use of face coverings are made, it will remain vitally important to consider the potential impact on children and young people, including via the appropriate use of Equality Impact Assessments.
109. The impact of wearing a face covering for very young learners and/or learners with additional support needs, including any level of hearing loss, should be carefully considered. Communication for many of these learners (including hearing impaired young people) relies in part on being able to see someone's face clearly. This is also important for children and young people who are acquiring English and who rely on visual cues to enable them to be included in learning. Individuals who may not be able to handle and wear face coverings as directed (e.g. young learners, or those with additional support needs or disabilities) should not wear them as it may inadvertently increase the risk of transmission. Scottish Government [guidance on "Helping Others"](#) sets out supportive approaches when interacting with hearing impaired people. The National Deaf Children's Society has also [suggested some ways in which communication with hearing impaired learners can be supported](#), in circumstances where face coverings are a barrier to communication.
110. In classes where any such impacts are anticipated and no alternative mitigations are reasonable, schools should consider the use of transparent/see-through face coverings. Some children and young people may need additional support/reassurance about the reasons for adults wearing face coverings. However, as face coverings have become prevalent in wider society, this is likely to be less of a concern.
111. It is vital that clear instructions are provided to staff and children and young people on how to put on, remove, store and dispose of face coverings in all of the circumstances above, to avoid inadvertently increasing the risks of transmission. The key points are as follows:
- Face coverings should not be shared with others.
 - Before putting on or removing the face covering, hands should be cleaned by washing with soap and water or hand sanitiser.
 - Make sure the face covering is the right size to cover the nose, mouth and chin. Children should be taught how to wear the face covering properly, including not touching the front and not pulling it under the chin or into their mouth.
 - When temporarily storing a face covering (e.g. during classes), it should be placed in a washable, sealed bag or container. Avoid placing it on surfaces, due to the possibility of contamination.
 - Re-usable face coverings should be washed after each day of use in school at 60 degrees centigrade or in boiling water.
112. Disposable face coverings must be disposed of safely and hygienically. Children and young people should be encouraged not to litter and to place their face coverings in the general waste bin. They are not considered to be clinical waste in the same way that used PPE may be.
113. Further general advice on face coverings is available in the [Scottish Government's COVID-19: face coverings guidance](#).

114. There should be regular messaging from schools children, young people and staff about these instructions, with a clear expectation that face coverings are worn in the relevant areas except for those who are exempt.
115. Local authorities and schools should consider carefully how to address any equity concerns arising from the use of face coverings, including in respect of the impacts on certain groups of pupils and the costs of providing face coverings for staff and children and young people. It is reasonable to assume that most staff and young people will now have access to re-usable face coverings due to their increasing use in wider society, and the Scottish Government has made available a [video](#) on how to make a simple face covering. However, where anybody is struggling to access a face covering, or where they are unable to use their face covering due to having forgotten it or it having become soiled/unsafe, schools should take steps to have a contingency supply available to meet such needs on a stigma-free basis.
116. As is usual, if there are any concerns about a child or young person behaving or acting in a way which doesn't align with school policy or procedure, their behaviour or actions should be discussed with them to resolve those concerns as quickly as possible, with any further action taken in line with usual school policy or procedure. If all approaches to resolve the concern with a child or young person in relation to health and safety measures have been exhausted then exclusion could be considered as an appropriate measure, but only as a last resort. "[Included, engaged and involved part 2: preventing and managing school exclusions](#)", provides national policy guidance on the use of early intervention and prevention to promote positive relationships and behaviour.
117. It is not recommended that face coverings are used in secure schools.

Testing (asymptomatic, symptomatic and close contact testing)

118. Please see the first section of this guidance for further information about new measures to support uptake and recording of the asymptomatic testing offer for staff and secondary pupils.
119. The asymptomatic testing offer is for all school staff and secondary pupils. It is delivered in partnership by the Scottish Government and the UK Department for Health and Social Care. Local authorities and schools should take all appropriate measures to promote awareness and uptake of this offer.
120. Detailed, step-by-step guidance about the asymptomatic testing programme has been shared with schools and ELC providers via Objective Connect, a document sharing platform. This guidance was developed in collaboration with NHS Test and Protect and the UK Department for Health and Social Care to support school and ELC providers in the delivery of the Schools/ELC Asymptomatic Testing Programme. Schools should provide staff and secondary pupils with Lateral Flow Devices (LFDs) for twice-weekly, at-home rapid testing. Participants should then record all results (positive, negative or void) via the online digital reporting portal, which can be found at www.nhsinform.scot/campaigns/coronavirus-covid-19-report-your-test-result.
121. In the event of supply or delivery issues affecting the availability of LFD test kits in schools, staff and pupils can access regular asymptomatic LFD testing through the Universally

Accessible Testing programme, which is available to everyone in Scotland. LFD test kits are available for collection from COVID test centres or pharmacies, or delivery by ordering online.

122. Confirmatory PCR tests will continue to be made available for all those who test positive using LFDs. It is very important that schools encourage all those participating to undertake these PCR follow-up tests, to mitigate against any risk of false positives and unnecessary self-isolation.
123. Asymptomatic testing is an additional measure and should not replace other mitigations. School staff and secondary pupils who opt to undertake asymptomatic testing do not need to self-isolate while awaiting results, as long as no symptoms develop. Additionally, asymptomatic staff, student teachers and learners who receive negative LFD test results must not regard themselves or behave as if they are free from infection.
124. Symptomatic staff, student teachers and learners should not use LFDs and must not attend work or school. They must access a PCR test as per their usual symptomatic testing channel. If a symptomatic staff member, student teacher or learner has used an LFD and has returned a negative result, they must still self-isolate and arrange a PCR test.
125. Close contacts of any confirmed COVID case are identified through Test and Protect, who will provide appropriate advice on testing in those circumstances, in line with updated policies.
126. Anyone receiving a positive PCR test for COVID will not be able to participate in weekly LFD testing for 90 days.

Staying vigilant and responding to COVID-19 symptoms

127. The whole school community should be vigilant for the symptoms of COVID-19, and to understand what actions they should take if someone develops them, either onsite or offsite. The most common symptoms are:
 - new continuous cough
 - fever/high temperature
 - loss of, or change in, sense of smell or taste (anosmia).
128. All staff working in and with schools, along with the children and young people in their care, should be supported to follow up to date health protection advice on household or self- isolation and [Test and Protect procedures](#) if they or someone in their household exhibits COVID-19 symptoms, or if they have been identified by NHS contact tracers as a close contact of someone with the virus. Guidance on this is available from [NHS Inform](#), [Parent Club](#) and [gov.scot](#).
129. Schools and local authorities should ensure that children, young people and staff are aware that it is essential they do not attend school if symptomatic. Everyone who develops symptoms of COVID-19 – a new, continuous cough; fever or loss of, or change in, sense of smell or taste - should self- isolate straight away, stay at home and arrange a test via the appropriate method (see below).
130. All children, young people and staff must know that they must inform a member of staff or responsible person if they feel unwell with symptoms of COVID-19. Schools may need to ensure

a responsible adult is there to support an affected individual where required. If the affected person has mild symptoms, and is over the age of 16 and is able to do so, they should go home as soon as they notice symptoms and follow the guidance for households with possible coronavirus infection including testing and self-isolation. If the individual affected is a child or young person below the age of 16 (or otherwise unable to travel by themselves), parents/carers should be contacted and asked to make arrangements to pick up the child or young person from school (preferably this should be another adult member of their household and not a grandparent) and follow the national guidance for households with possible COVID-19 infection including testing and self-isolation.

131. If a child or young person is awaiting collection try to find somewhere safe for them to sit which is at least 2 metres away from other people. If possible, and it is safe to do so, find a room or area where they can be isolated behind a closed door with appropriate adult supervision if required, depending on the age and needs of the child or young person. If it is possible to open a window, do so for ventilation. Ensure that guidance on the use of PPE is followed. The individual should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze, and then put the tissue in the bin. The symptomatic individual should also be asked to wear a face mask or face covering to reduce environmental contamination where this can be tolerated. If no bin is available, put the tissue in a bag or pocket for disposing in a bin later. If there are no tissues available, they should cough and sneeze into the crook of their elbow. Where possible, a separate bathroom should be designated for the individual to use.
132. Those with minor symptoms (staff and young people over the age of 16 and children under the age of 16 accompanied by a parent/carer), should, after leaving the school, minimise contact with others where possible, e.g. use a private vehicle to go home. If it is not possible to use private transport, then they should be advised to return home quickly and directly, and wear a face covering in line with Scottish Government guidance. If using public transport, they should try to keep away from other people and catch coughs and sneezes in a tissue. If they don't have any tissues available, they should cough and sneeze into the crook of the elbow. See the [Health Protection Scotland Guidance for Non-Healthcare Settings](#) for further advice on travel.
133. If an individual is so unwell that they require an ambulance, phone 999 and let the call handler know you are concerned about COVID-19. If it is safe and appropriate to do so, whilst you wait for advice or an ambulance to arrive, try to find somewhere safe for the unwell person to sit which is at least 2 metres away from other people. Ensure that guidance on the use of PPE is followed.
134. Advice on cleaning of premises after a person who potentially has COVID-19 has left the school premises can be found in the [Health Protection Scotland Guidance for Non-Healthcare Settings](#). Assist FM have also produced [complementary guidance](#) on cleaning in schools.
135. Individuals should wash their hands thoroughly for at least 20 seconds after any contact with someone who is unwell (see personal hygiene section).
136. Schools should manage single cases, clusters and outbreaks (i.e if schools have two or more confirmed linked cases of COVID-19 within 14 days) in line with the guidance on outbreak management (below).

137. Schools should also maintain an accurate register of absences of children, young people and staff and whether these are due to possible or confirmed COVID-19. Codes for this have been developed in SEEMiS.
138. Schools and local authorities should also ensure that children, young people and staff are aware of updated guidance on self-isolation of close contacts from 9th August (as summarised in the “Changes to Previous Guidance” section of this guidance).
139. The Protect Scotland app from NHS Scotland’s Test and Protect is designed to help people and reduce the spread of coronavirus. The app will alert an individual if they have been in close contact with another app user who has tested positive for coronavirus and can help in determining contacts that may have otherwise been missed while keeping people’s information private and anonymous. Advice from Health Protection Teams may override advice from the app to self-isolate.

Accessing testing

140. Guidance on booking testing through the UK Government test sites can be found on NHS inform and the Scottish Government website. Anyone unable to access these websites can call NHS24 free on 0800 028 2816 or NHS 111. Guidance on testing in health and care settings can be found at: [COVID-19 - guidance for Health Protection Teams \(HPTs\) - version 10.0 - COVID-19 - guidance for Health Protection Teams \(HPTs\) - Publications - Public Health Scotland](#).
141. Symptomatic children, young people and staff can book a test through www.nhsinform.scot, the employer referral portal (for staff only – see below) or, if they cannot get online, by calling 0800 028 2816.
142. Schools, other than in those authorities detailed in the following paragraph, will also be able to register their symptomatic staff as category 3 key workers under the employer referral portal, to ensure priority access to testing. The nature of this portal is to prioritise tests and appointments over the general public. This route directs individuals through to a Regional Test Centre or Mobile Testing Unit (whichever is nearer). For those who cannot access an RTC/MTU (if they do not have access to a car or live too far away), they can order a home test kit.
143. For schools in Orkney, Shetland and Comhairle nan Eilean Siar, there are different routes to accessing a test in these local areas. Education departments in these areas should liaise with their local Health Boards to ensure priority access to symptomatic testing for school staff.

Enhanced surveillance and outbreak management

144. The public health measures set out above will go a long way to ensuring that schools are a safer environment for everyone. There will also be, in parallel, a number of measures designed to monitor developments and allow for rapid response to any cases of COVID-19.

Enhanced surveillance programme

145. Scotland's community surveillance programme allows us to monitor actively trends in the pandemic, both nationally and more locally.
146. There is also specific surveillance in respect of schools and children/young people. This draws on COVID-19 related information from a range of sources and covers all school ages and the ELC phase.
147. Weekly surveillance information is published on the PHS education surveillance dashboards (<https://scotland.shinyapps.io/phs-covid19-education/> w 852fb58e/) on PCR testing, positive cases, test positivity and hospital admissions among children, the number and proportion of all cases that are among those who work in education settings; and the uptake and results of LFD testing for these settings. Information is also collated on antibody testing, vaccination, and incidents in education settings.
148. These data will inform decision-makers at different levels as they consider any adjustments to make to arrangements – including this guidance – or any investigations to be conducted at certain localities to explore what local responses are required.

Outbreak management

149. Outbreak management in all settings is led by NHS Health Board health protection teams (HPTs).
150. The procedures for incident management are well established ([Managing Public Health Incidents](#)) and are undertaken in partnership with schools, local authorities and Public Health Scotland (as required).
151. Schools should ensure that they know how to contact their local HPT and their designated person for doing so is often the Head Teacher.
152. Schools should ensure they are aware of the following definitions:

Cluster definition

Two or more unlinked (or link unknown yet) test-confirmed cases of COVID-19 among individuals associated with a specific setting with illness onset dates within 14 days.

Outbreak definition

Two or more linked test-confirmed cases of COVID-19 among individuals, associated with a specific setting within 14 days.

153. Single cases will be identified by Test and Protect and close contacts will be identified through them too – people do not have to do anything unless contacted by Test and Protect or if they become symptomatic. Schools are no longer to contact HPTs to notify of every single confirmed case in a school setting.

154. Schools should contact their local HPT if a cluster is identified. The HPT can provide advice to assess any links between cases, undertake risk assessment and discuss further action. Following this an outbreak may be declared, usually through an IMT.
155. Where necessary an IMT will be established to manage the outbreak. An IMT is a multi-disciplinary, multi-agency group with responsibility for investigating and managing the outbreak. The HPT will chair the IMT and representatives from the school and council will be invited to join.
156. Schools may be asked to support an outbreak investigation by:
- attending an Incident Management Team (IMT) meeting;
 - communicating with children, parents/carers, staff and the media;
 - implementing appropriate enhanced infection, prevention and control measures and support for contact tracing as recommended by the HPT or IMT.
157. Usually schools continue to operate during outbreaks. On occasion it may be necessary to move to remote learning approaches or to temporarily close a school or part of a school in order to implement control measures or for operational reasons. Any decision on this should be determined through the IMT.
158. Schools should maintain records to support outbreak identification and investigation, including attendance records and reasons for absence. When information sharing is needed during management of an incident there is a duty to both protect and share personal information between those participating in the IMT such as test results and contact details. These requirements are set out in Annex E of [Management of Public Health Incidents](#). The sharing of information must be facilitated respecting the principles of confidentiality and relevant legislation. To support this, Data Protection Impact Assessments should be in place for all partner organisations.
159. It is for local Health Protection Teams to consider individual risks for any staff or pupils.
160. There may also be circumstances in which, based on clear evidence and public health considerations, or other relevant factors (e.g. minimum staffing requirements) specific schools require either to close, or to implement remote learning for some children and young people, for a defined period of time. This will closely involve local authorities and local Public Health Teams. All such decisions will continue to be made by local incident management teams working in partnership, and on the independent advice of local Directors of Public Health, who will take full account of school safety and wider public health considerations in line with their statutory duties. Similar decisions may require to be taken by local authorities in conjunction with schools where staffing constraints (e.g. due to self-isolation or shielding) or other matters make such a move unavoidable.

Special considerations for certain groups

People in the highest risk group (previously those on the shielding list)

161. Updated guidance for these individuals is included in the “Changes to Previous Guidance” section of this guidance.

Children and young people with Additional Support Needs

162. Every child and young person will have different levels of required support. It will be important as part of the risk assessments carried out to consider the individual needs of a child or young person. Where there is a need to work in close proximity with adults and children and young people the safety measures to protect adults and children and young people alike should be followed. Staff should wear a face covering or PPE (where appropriate eg when carrying out Aerosol Generating Procedures), and regularly wash their hands before and after contact. Guidance on [supporting children and young people with additional support needs](#) is published by the Scottish Government.

Pregnancy

163. Updated guidance on pregnant women is included in the “Changes to Previous Guidance” section of this guidance.

Support for minority ethnic staff

164. The Scottish Government continues to work with experts from a range of fields, including our Ethnicity Expert Reference Group, to develop actions to help mitigate any disproportionate effects and implications experienced by minority ethnic groups and communities. There is cross organisational work being taken forward to fulfil the recommendations made by the Covid Ethnicity Expert Reference Group.

165. On 27 July 2020 we published COVID-19 Occupational Risk Assessment Guidance. <https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-individual-risk-assessment-for-the-workplace/>.

166. This guidance includes an easy to use, individual risk assessment tool that takes into account ethnicity, age, gender, BMI and health conditions to give an overall COVID-19 risk age.

167. Staff and employers in all sectors now use this guidance to determine whether or not, the workplace is safe and it is safe for the individual to be at work. The guidance is based on the latest clinical and scientific advice on COVID-19 and is updated on a regular basis.

168. The clarity this tool brings has been widely welcomed, as we now know that certain minority ethnic groups are more vulnerable to COVID-19 and that simply viewing medical conditions in isolation, does not accurately predict an individual’s vulnerability.

169. The most important part of the process is the conversation that takes places between a manager and a member of staff. It is essential that the outcome from these conversations is

agreed by both parties. The conversation should take into consideration, workplace risks, and the control measures that can be put into place, to agree a course of action regarding work duties. The guidance also signposts to further medical advice and support for those with complex vulnerabilities.

Wellbeing of children and young people

170. Local authorities have continued to support vulnerable children and young throughout the period of children and young people whilst learning at home. Given the wider impact of the pandemic, the wellbeing of all children, young people and staff will continue to be the central focus for schools. The Getting it right for every child (GIRFEC) approach is key to that, ensuring that local services are co-ordinated, joined up and multi-disciplinary in order to respond to children and young people who require support, and everyone who works in those services has a role to play.
171. [Guidance on support for continuity of learning](#) and [Curriculum for Excellence in the Recovery Phase](#) both reinforce the importance of wellbeing as a critical focus in recovery. Balancing progress in learning with children and young people's social and emotional needs should be a priority. The guidance on support for continuity in learning also highlights the expected impacts on children and young people who have experienced domestic abuse, and those who are in need of care and protection as a result of lockdown, and an increased need for support for mental health and wellbeing. Children and young people may not immediately disclose these concerns, and therefore there is a need for a sustained approach.
172. Local authority and health board partners must be engaged in local planning to ensure that the health and wellbeing needs of children and young people in school can be met. This will be particularly important in GIRFEC planning, prevention activity including surveillance (vision screening) and immunisations, and health developmental interventions.
173. The psychological impact of the outbreak and the necessary public health control measures are likely to have had significant social, emotional and developmental effects on many children and young people and, consequently, achievement. Many children and young people may experience anxiety about returning to school, many of them will also have enjoyed the experience of spending more time at home. Children and young people may need additional time and support as they return again to the school environment. For some children and young people who were unable to access therapeutic support, the return to that support will have been welcome, but the changes within school environments, and routines, may continue to impact on their wellbeing.
174. It will be important for schools to be able to recognise that children, young people and staff may be affected by trauma and adversity, and to be capable of responding in ways that prevent further harm and which support recovery. The [National Trauma Training framework and plan](#) are designed to support the development of a trauma-informed workforce and may have relevance to school plans. Schools should ensure that all staff, including catering and cleaning staff, are aware of safeguarding procedures.
175. As would be usual, if there are any concerns about a child or young person behaving or acting in a way which doesn't align with school policy or procedure, their behaviour or actions should

be discussed with them to resolve those concerns as quickly as possible. If that does not resolve the concerns, then the usual school and authority policy and procedures for dealing with concerns should be implemented, within the context of positive relationships and behavioural approaches, including discussing the matter with the child or young person, parents and carers as appropriate.

Vulnerable children and young people – definition

176. The definition in place since the start of January 2021 continues to apply. Children and young people may be vulnerable because of factors related to their personal development, features of their family life, or because of wider influences that impact on them within their community.

177. Those children and young people who were considered to be vulnerable prior to the pandemic should have been known to services, and are likely to have had a child's plan. The pandemic has brought others into this category, for example through loss of family income.

178. Where a child or young person requires co-ordinated support from more than one agency, this is likely to suggest greater vulnerability, and the plan would be co-ordinated by a lead professional. This would include a range of children and young people, such as those:

- at risk of significant harm, with a child protection plan;
- looked after at home, or away from home;
- 'on the edge of care', where families would benefit from additional support;
- with additional support needs, where there are one or more factors which require significant or co-ordinated support;
- affected by disability;
- where they and/or their parents are experiencing poor physical or mental health;
- experiencing adversities including domestic abuse and bereavement; and those
- requiring support when they are involved in making transitions at critical stages in their lives.

179. Children ,young people and families may also experience adversity because of the impact of poverty and disadvantage (including entitlement to free school meals), and many will be facing this because of the necessary measures to respond to the pandemic. This will include families with loss of income, experiencing social isolation, or otherwise struggling because of the lockdown.

Young people in the senior phase who attend colleges

180. Young people in the senior phase may require to spend time in college environments. They should ensure that they follow the [guidance on the appropriate approach to these specific circumstances while on campus](#). This has now been included in updated guidance for colleges.

181. Colleges are now able to facilitate the return of senior phase school pupils studying at college who require in-person provision for the 2021/22 academic year. All reasonable steps should be taken to ensure the safety and wellbeing students and staff, taking into account local circumstances. It may be helpful for pupils to continue their learning remotely for those course elements where this is possible.

182. Evidence to date suggests there has not been significant transmission in the educational aspects of HE / FE settings, while it is clear that there would be significant disadvantage to young people in these circumstances were they not to be able to attend HE / FE for their courses. On this basis, the COVID-19 Advisory Sub-Group have noted the need for compliance with protective measures to be strongly reinforced. All public health measures that apply in colleges should be strictly observed, including in circumstances where school students are being taught separately from the wider college population.
183. Schools and local authorities should, in partnership with FE/HE institutions and local public health teams, pay very close attention to any evidence suggesting the potential for emerging bridges of transmission between school and FE/HE settings. In the event that any such evidence is identified, they should consult immediately with local public health teams on any requirement to pause in-person attendance at FE/HE institutions by senior phase students. They should ensure that appropriate contingency measures for remote learning are in place for any required period of time.

Individual risk assessments

184. Local authorities will already have individual risk assessment processes in place to support individuals in the groups above. However, staff in all sectors can still use the [Scottish Government individual risk assessment guidance](#) if they remain concerned about their health condition, or are anxious about returning to work.

SCHOOL OPERATIONS

Promoting attendance and reducing absence

185. It is recognised that some parents and carers may be concerned about their child being in school, and consider withholding their child until reassurance is provided. In these circumstances, schools and local authorities should engage with those parents and carers to provide reassurance on any concerns, overcome any barriers to learning, and support attendance. [National guidance on promoting attendance and managing absence](#) makes clear the importance of relationships with families in promoting good attendance.
186. Parents are required under the [Education \(Scotland\) Act 1980](#) to provide education for their child. It is important that children and young people are able to benefit from their right to education; are able to see their friends and have social contact and benefit from the learning, care and support that schools provide. The ongoing need to reconnect to normal patterns and routines in children's lives will be important and reassuring to them.
187. National guidance is clear that measures of compulsion for attendance should only be used as a last resort once all other approaches to support attendance have been undertaken. Additional codes have been developed within SEEMiS to support the recording and monitoring of attendance and absence, including specific codes relating to COVID-19.

One way systems

188. To support physical distancing requirements, risk assessments should consider the ways in which busy corridors, entrances and exits could be avoided, and could include one way and/or external circulation routes.

Staggered break and lunch times

189. Schools may wish to consider staggered break and lunch times, etc (although these will not be suitable for all schools, and staggering break and lunch times to an extent that they could reduce the overall amount of time children and young people can spend learning in school should be avoided). Localised solutions should be agreed and, as far as possible, children, young people and parents/carers should be involved in these discussions.
190. If children and young people go offsite for lunch, they should follow the rules in place for wider society, for example wearing a face covering when entering a shop. Risk assessments should consider procedures for when children and young people leave and return to school premises, including hand hygiene. Schools may wish to contact local shops in advance to alert them to plans.

Catering

191. [Guidance from Food Standards Scotland \(FSS\), which includes a risk assessment tool and checklist](#) should be followed. Any school or local authority wishing to provide a breakfast service should follow this risk assessment tool and checklist. Further advice around mitigating any

issues identified by the risk assessment can be requested from the local environmental health team. Additionally, this [Q&A from FSS](#) may be useful.

192. In the circumstances where a school has a breakfast club which is organised by the third sector, parents and carers or volunteers, rather than by the school itself, the [guidance on unregulated children's services](#) will apply. That guidance does not apply to breakfast clubs which are provided by a school or authority themselves (these are considered regulated services), and the arrangements set out in this guidance will apply.

Outdoor learning

193. Schools should consider the increased use of outdoor spaces. The Covid-19 Advisory Sub-Group on Education and Children's Issues has commented that there "is consistent evidence that the risk of transmission outdoors is low, and the benefits of outdoor activity are well recognised". The outdoors can provide extra space for distancing between consistent groups of learners, help to decrease the risk of transmission and improve the physical and mental health and wellbeing of young people.
194. Suitable facilities may include school playgrounds, local greenspaces and/or community areas. When enhancing existing outdoor space within their own grounds, schools may find it necessary to consider temporary shelters or the periodic use of established buildings for activities such as handwashing, regrouping or the relaying of instructions. An appropriate cleaning regime should be introduced along with appropriate bins for disposal of any rubbish and hand washing stations/sanitiser to ensure hygiene.
195. Schools should ensure that children and young people with additional support needs are not disadvantaged. In addition, if outdoor equipment is being used, schools should ensure that multiple groups do not use it simultaneously, as well as considering appropriate cleaning between groups of children using it. Appropriate clothing should be worn for the particular outdoor activity.
196. Education Scotland provides a summary of outdoor learning [resources](#) which can support schools and practitioners in taking more learning out of the classroom. The [Outdoor Learning Directory](#) provides links to a variety of resources that can be filtered by subject area and curriculum level and the [Teaching Learning Outdoors](#) and [Supporting Learning Outdoors](#) professional learning courses are available free to all teachers and support staff. Specialist outdoor educators from organisations supporting outdoor learning can also provide advice, training and information, and can work alongside school staff. A [map](#) of outdoor education providers is available as well as a [directory](#) of residential providers - some of whom may be able to provide advice and support to schools. Further support can be accessed through the [Scottish Advisory Panel for Outdoor Education](#) who will be able to put school staff in contact with their local authority outdoor learning lead.
197. Support and guidance in relation to off-site outdoor learning (to be planned in reference to the most up-to-date Scottish Government school visits guidance) can be found on the [Going Out There framework](#).

198. In order to make the best use of outdoor learning opportunities, local authorities should draw on the expertise of their outdoor learning lead officers to share the outdoor learning advice within this guidance. This includes the benefits of learning in the outdoors in relation to reduced COVID-19 transmission, the benefits of outdoor learning on progression across curriculum areas and the health and wellbeing of young people and opportunities for professional development in relation to outdoor provision.

Practical activities, experiments and investigations

199. Practical, “hands-on” learning and activities, experiments and investigations are an important part of the curriculum across all subject areas. We recognise that practitioners may need to adapt their approaches to enable learners to carry out these activities in a safe way. Practitioners should consult Education Scotland’s [practical activities guidelines](#) for further advice. In addition, SSERC has produced [guidance on carrying out practical work in Sciences and Technologies](#) for early, primary and secondary levels, including links to helpful resources.

Home economics

200. Guidelines on safe practice in home economics have been prepared by Education Scotland and were published on 16 February 2021 on the [Education Scotland website](#).

Activities or clubs outside the usual school timetable

201. These are important for wider health and development of children and can be conducted subject to following guidance for schools, and guidance for the general public where applicable. Schools should consider the need for out of hours cleaning when scheduling activities.

Remote and blended learning

202. Schools should continue to invest in digital learning and teaching. This should include having plans in place to be prepared for sudden or partial school closure and to provide continuity in the provision of education for individuals when small groups of learners are unable to attend school. The National eLearning Offer (NeLO) remains in place for session 2021/2022 providing a range of live, recorded and supported learning materials to support schools.

203. Remote learning plans should be regularly reviewed to ensure they are current and appropriate, and updated as required. The following provides an indication of the key issues to consider as part of this ongoing process:

- Ensure that staff and pupils have access to the necessary digital devices and connectivity solutions. Digital infrastructure, both in the classroom and the home environments will need to be considered, including cameras, microphones, laptops, and access to data connectivity, as well as wider considerations around safeguarding and online safety;
- How best to support children and young people with additional support needs, including those with English as an additional language.
- How best to organise staff time and associated resources and arrangements to ensure that staff can access advice and professional development via the local authority, Regional Improvement Collaborative or Education Scotland;

- Communicate relevant updates and information to parents, carers and learners;
- Continue to consider Education Scotland’s guidance, advice and additional support relating to remote learning (see below); and
- Continue to consider the findings of the National Overviews of Practice and exemplars of what is working. [National overview of practice: reports | National overviews | Supporting remote learning | National Improvement Hub \(education.gov.scot\)](#).

204. The Education Scotland website includes a [single landing page](#) for all guidance and practical support on remote learning.

205. Resources to support remote learning to complement arrangements and support in place via individual schools, local authorities and Regional Improvement Collaboratives have been developed via [the National e-Learning Offer](#). This offer includes access to live, recorded and supported learning resources, as well as professional development support via Education Scotland’s Digital Learning Community [digilearn.scot](#).

206. The National Improvement Hub provides learning resources, webinars and links to Glow Connect, providing information, help and support for Glow. Regional Improvement Collaboratives have further information and support on Curriculum and blended learning for teachers which can be accessed through Glow.

Readiness and assurance

207. In the event of a local outbreak of the virus, a school or a number of schools may be closed temporarily to help control transmission. Schools and local authorities should prepare and maintain clear, strong contingency plans for providing education remotely. Local authorities and schools should ensure that parents/carers are fully informed of the contingency plans in place. It is important to identify the essential items and information that would be needed in the event of a school closure, for example access to contact information, and the correspondence that would be used to inform parents and others of the arrangements for closure and subsequent re-opening. **Annex C** sets out the scenarios, expectations and actions that local authorities are expected to familiarise themselves with.

School transport

208. This guidance is intended to inform local authority planning of school transport services. This includes transport which takes learners between home and school and between school and other places where educational delivery is planned. Local authorities are responsible for implementation of mitigation measures, working with the operators with whom they contract to ensure necessary measures are put in place in line with risk assessments (which should involve appropriate consultation with trade unions and staff). Parents and school staff should all play a role in educating children and young people on acceptable behaviour on school and public transport and in emphasising the need to abide by key mitigations such as the wearing of face coverings.

209. This guidance has been informed by the [scientific advice](#) of the COVID-19 Advisory Sub Group on Education and Children’s issues, published on 30 October and by its discussions and advice

during January to March 2021 and its advice published on 3 August 2021. The key messages from the scientific advice include:

210. Dedicated school transport should be regarded as an extension of the school estate and it is not necessary to maintain distance between children and young people of all ages. However, it remains important to remain cautious and exercise personal responsibility, recognising that, where possible, it is safer to keep a distance from other people. It is acceptable for children from different schools to share dedicated school transport.

- Important mitigations include: hygiene, ventilation, improved cleaning regimes including regular and thorough cleaning of surfaces, and regular handwashing. Hand sanitising should be required for everyone prior to boarding dedicated school transport and schools should also consider a process for children and young people which enables them to wash their hands immediately on arrival (as is the case for all children and young people), dispose of temporary face coverings in a covered bin or place reusable face coverings in a plastic bag they can take home with them, and then wash their hands again. Face coverings should be worn on dedicated school transport (subject to exemptions), in line with public transport.
- Children, young people and adults must not board dedicated school or public transport if they, or a member of their household, have symptoms of COVID-19. If a child or young person develops symptoms while at school they will be sent home. They must not travel on regular home-to-school transport. The school should contact the parent/carer who should make appropriate and safe arrangements to collect the child or young person. In this situation, the wearing of a face covering by the child or young person on the journey home is strongly advised.
- Where children aged 12 and above use public transport, they are required by [law](#) to wear a face covering unless an [exemption](#) applies. Face coverings must be worn before boarding and must not be removed before alighting public transport services. Face coverings must also be worn whilst in or at public transport premises such as train and bus stations, ferry terminals and transport interchanges. [Transport Scotland's guidance on how to travel safely during Covid-19](#) should also be followed.
- Drivers and staff on public transport, and to a lesser extent on school transport, are at relatively higher risk of exposure and particular attention should be paid to ensuring that they are protected from airborne and surface transmission.
- Compliance with the above should be strongly reinforced

National transport guidance and local authority arrangements

211. Schools should be aware of the latest [guidance](#) on how to remain safe when walking, cycling and travelling in vehicles or on public transport as we transition through and out of the COVID-19 outbreak.

212. Local authorities should ensure that local arrangements and advice to staff, parents/carers and children and young people for travelling to and from their school are consistent with the latest national guidance. Schools should work with their local authority public transport teams to inform their local planning. As part of risk assessments, local authorities should work with schools, transport operators and trade unions as necessary to identify the risks arising from COVID-19 and work through the measures in this section of the guidance to minimise any risks to children, young people and staff travelling on transport to school.

213. Some general points for consideration are:

- local authorities and schools should ensure they maintain an appropriate understanding (e.g. through a survey of families or other engagement) of how children and young people travel to school, to aid in quantifying the potential public transport issues in local authority areas.
- ensure understanding is shown to children, young people, staff and parents/carers who may be delayed in getting to school due to transport issues.
- additional support should be available for vulnerable families for planning their journey to school.
- include colleges and other relevant partners in planning for school transport, as young people in the senior phase may also be doing some of their learning in colleges, on work placements, or through consortium arrangements.
- ensure that all children and young people travelling on dedicated or public transport have access to hand sanitiser. The precise arrangements for doing so are for local authorities to decide in consultation with operators and school communities. Options may include provision of personalised supplies to those travelling on school transport.

214. A strategy for communicating and disseminating clear information about school transport provision to parents/carers and children and young people, drivers and other staff should be developed.

Encouraging active travel

215. As far as it is safe to do so, the use of active travel routes by parents/carers, staff and children and young people should be encouraged. All sustainable and active travel modes should be considered and encouraged, such as, walking and cycling, scooting and wheeling etc. If bikes are stored in bike sheds/racks consideration should be given to the cleaning of these areas and to reducing time spent at the bikes stores/shed.

Dedicated school transport

216. Dedicated school transport is, broadly, transport services which carry children and young people to and/or from their homes and any educational establishment where they receive school education. It is important to note that dedicated school bus vehicles may be used for other purposes before and after transporting children to school – effective implementation of the preventative measures set out below is particularly important in these circumstances.

217. This guidance also reflects the [scientific advice from the COVID-19 Advisory Sub-Group on Education and Children regarding the requirements for the safe travel of children and young people](#) to/from school published on 16 July 2020 and the [updated advice](#) published 30 October 2020:

- Enhanced cleaning: Local authorities should work with transport operators to agree what supplementary arrangements are needed alongside operators' existing programmes for cleaning vehicles. It is recommended that frequently touched surfaces are cleaned appropriately after each journey wherever possible – especially important where vehicles are used for other purposes before and after transporting children to and from school – and that

enhanced cleaning takes place at the end of each day. Ensuring an effective enhanced cleaning regime is in place will play an important role in suppressing transmission and building confidence among parents, children and young people in school transport services.

- Children and young people: face coverings should be worn by children aged 12 years and over on dedicated school transport (unless exemptions apply). See the section on Face Coverings for further information.
- Transport operators should be asked to keep windows on dedicated school transport open, where possible, and to ensure that mechanical ventilation uses fresh rather than recirculated air; or use air conditioning with attention paid to the appropriate frequency for changes of filters.
- Drivers, staff and other adults: particular attention should be paid to ensuring drivers, staff and other adults are protected from the risks of COVID-19 in vehicles. Risk assessments should consider whether changes within a vehicle are required, with changes made on that basis. Drivers and passenger assistants may wish to use alcohol hand rub or sanitiser at intervals throughout the journey, and should always do so after performing tasks such as helping a child into the vehicle or handling a child's belongings. Drivers of school transport services may also have other driving tasks as part of their job role, for example delivering meals to care homes, day centres and sometimes transporting others who may be vulnerable. Local authorities should pay particular attention to effective implementation of the preventative measures set out in this guidance in these circumstances to prevent the spread of infection. As far as possible, windows should be opened.
- Adults travelling with children and young people with Additional Support Needs: Adults travelling with children and young people with Additional Support Needs should be very alert to them displaying symptoms. As a general rule, these adults should wear face coverings. However, this requires to be balanced with the wellbeing and needs of the child: face coverings may limit communication and could cause distress to some children and young people. Advice should be provided to parents/carers to support the effective cleaning of specialist equipment for children and young people with additional support needs who are using school transport. Local authorities should consider the support available for children and young people with complex Additional Support Needs using school transport, and take appropriate actions to reduce risk if adherence to hygiene rules for adults are not possible. As far as possible, windows should be opened.
- All (children, young people, drivers, other adults) travelling on dedicated school transport: All passengers and staff should sanitise their hands prior to boarding dedicated school transport. Schools should regularly reinforce the importance of this key message with all children and young people. Hand washing/hand sanitising should be done regularly throughout the day including on each and every entry to the school building and prior to boarding the school bus. Good respiratory hygiene should be encouraged ("Catch it, kill it, bin it") and children and young people should be encouraged to carry tissues on home to school transport. It is crucial that someone with symptoms does not enter a bus and travel. Drivers and adult passengers must self-isolate and book a test if they display coronavirus (COVID-19) symptoms. Families must get a test for children and young people displaying symptoms.

Taxis and private hire vehicles

218. Some children and young people, including those with additional support needs, rely on taxi transfers to get to school. Physical distancing in private hire vehicles is not required, however, it is important to remain cautious and exercise personal responsibility, recognising that, where possible, it is safer to keep a distance from other people. Young people aged 12 years and over must continue to wear face coverings in private hire vehicles, and it is recommended that in private hire vehicles (which are typically saloon cars) children and young people travel on the back seat only. As far as possible, windows should be opened. There should be careful consideration of how children and young people with additional needs and adults supporting them can be provided with safe, bespoke transport arrangements. This could include the use of Perspex shields in taxis (taking into account relevant safety concerns) or finding larger vehicles for transportation. Local authorities and schools should liaise with their local private hire providers on the measures they are putting in place to protect passengers, including for the arrangements for carrying multiple passengers. Appropriate cleaning and sanitising measures will also be necessary.

Private cars

219. Routes to and from some schools may also be different as areas have made changes to enable physical distancing on pavements and on existing or pop-up cycle routes. While continuing to encourage walking or cycling where they can, parents or carers taking their children to school by car should be encouraged to plan their journey in advance and ensure that their chosen route is accessible. Local authorities may consider introducing park and stride for those children and young people who have to travel by car. [Sustrans guidance on school streets](#) provides advice. Where it is possible to do so, family groups should travel together.

Workforce planning and support

220. Additional workforce capacity will be needed to provide a range of additional support to help with recovery work. The Scottish Government has made additional funding available to local authorities for the recruitment of additional teachers and other staff to support COVID-19 recovery. Local authorities should ensure that these resources are used appropriately to bring additionality into the system to support young people.

221. Local authorities and headteachers, working in close partnership with unions and staff, are best placed to make judgements about how to make best use of available workforce capacity safely and effectively. Many of these decisions will be based on agreements reached within Local Negotiation Committees for Teachers (LNCTs) or local Scottish Joint Council arrangements. This section sets out some high level expectations to ensure consistency, and some information on national initiatives to support local authorities in these efforts.

222. Schools may require additional staffing and the flexibility to deploy staff appropriately over the current school year to best support children and young people whose progress with learning has been impeded during lockdown, as well as to bring much needed resilience to the education system at this time (e.g. to cover for staff absence).

223. Additionally, depending on the course of the pandemic, there may be additional strain on workforce capacity, for example as a result of fit notes for those in the highest risk groups or increased requirements for self-isolation, in the event of a deterioration in the situation with the pandemic. The need for additional capacity in the teaching workforce should be considered in order to deal with such impacts.

Workforce capacity

224. Local authorities should consider carefully their requirements for additional wider workforce staff, such as cleaners and other facilities management staff to implement enhanced environmental cleaning regimes.

225. Local authorities should work through the following actions as part of any teaching/auxiliary education workforce planning activities for school premises:

- ensure that teachers who have not yet secured permanent employment are considered as an integral part of their planning;
- consider the potential for teachers with strong digital teaching skill sets to support remote learning. This may be an important aspect of maintaining educational continuity;
- ensure that supply lists are as up to date as possible and include the full pool of available staff. Supply staff are an important aspect of maintaining educational continuity and should be fully utilised in local planning around workforce capacity where needed;
- consider at a local level how all staff who are having to stay at home due to self-isolation can support educational continuity, for example by supporting remote learning;
- consider the availability of health and social care and other multi-agency partners as part of planning for support for children and young people; and
- consider any other opportunities to ensure existing qualified teaching staff and wider workforce capacity, such as classroom assistants, cleaners etc, can be effectively deployed.

226. Throughout this process potential workload issues should be carefully considered, and local authorities should be conscious of the wellbeing of all and the need to implement flexible working practices in a way that promotes good work-life balance for all staff.

227. [Covid-19 Guidance: Student Teacher Professional Placements in Scotland](#) was developed by the Scottish Council of Deans, GTCS, SPMG and ADES on the management of student teacher professional placements in school session 20/21 and the beginning of the new school year. A small number of 20/21 students did not have sufficient direct classroom teaching experience in the current session to be recommended for the award of the Standard for Provisional Registration to the GTCS. This guidance, issued on 19 February, sets out the arrangements to be adopted for student placement and observation of students from March and into the beginning of the new session. Agreement has been made as to the treatment of student placements for 21/22 students with the majority of placements planned to take place from October 2021. Some exceptions to this arrangement have been agreed with SPMG and these will be communicated through usual contact arrangements in line with the management of the Student Placement System.

228. Local authorities should ensure that capacity in the wider workforce in the school environment is sufficient to meet the challenges of full-time schooling and keep this under constant review.

For example, depending on local circumstances, there may be a particular need to recruit additional classroom assistants to support learning or cleaning staff for enhanced hygiene.

Workforce support

229. The health and wellbeing of staff is a key principle of education recovery and support should be developed collegiately with staff. Local authorities and settings should ensure that appropriate support for professional learning and wellbeing is provided to all staff, some of whom will be working in unusual circumstances. Local authorities, employers and a range of national organisations already provide a wide range of support to the workforce. This includes a range of employee assistance programmes and online professional learning and support that covers the health and wellbeing of the workforce, colleagues/staff and of children and young people.
230. Local authorities and settings may wish to access the [summary of available resources](#), produced by partners working under the Education Recovery Group (Workforce Support Workstream).
231. The Workforce Support Workstream agreed and implemented a package of additional workforce support designed to aid school staff manage Covid-19 in establishments. The package is focused on staff wellbeing and includes new mental health support on reflective supervision from Place2Be and Barnardo's Scotland, greater access to coaching and mentoring and more professional learning for post-probation teachers. The package also confirms continued SG funding for values based leadership with Columba 1400.
<https://education.gov.scot/improvement/learning-resources/strengthening-support-for-school-staff/>

Communications

232. Communication and dialogue with trade unions, staff, parents/carers and children and young people should be carefully considered, to ensure confidence in safety arrangements across all school users. Clarity on what and how these arrangements will work in practice and what is expected of all parties will be key to ensuring things run smoothly.
233. The channels of communication through which trade unions, children, young people, staff and parents/carers can raise concerns about the implementation of safety measures in individual settings should be made clear and the importance of adhering to mitigations should also be reinforced with all members of the school community.
234. A range of information is available to provide clarity for parents, school staff and children and young people on how the scientific evidence/clinical advice translates into Government decisions to keep schools open. This will help to reduce anxiety for children, young people, parents and school staff through positive messaging on what is in place (testing, vaccinations, other mitigations etc). The importance of compliance with all protection measures (in school and in the community) continues to be integral to this.

Parents and carers

235. The main concerns for parents and carers are likely to be the safety and wellbeing of their children in schools and a desire for timely and clear information on the current rules for their child's school and why those arrangements are in place. In line with requirements under the Scottish Schools (Parental Involvement) Act 2006, local authorities and settings should make arrangements to involve and communicate with all parents and carers (the "parent forum" for the school) as well as the Parent Council. Advice and support are available from those in the local authority who are responsible for parental involvement. Two-way communication is vital, as is ongoing dialogue and gathering of parental feedback.
236. Schools and authorities should consider how they continue to engage parents and families as part of the school community and in school decision making during the pandemic. As part of this, it will be important to consider the impact of parents not being able to go into the school buildings, and to ensure that this does not pose a barrier to open ongoing communication. There are a range of steps that can be taken to continue and support activities such as Parent Council meetings, parents' evenings and subject choice discussions. In relation to parents' evenings, the supplementary CERG practice guidance on [parental involvement and engagement](#) states that "[a]lternative methods and approaches to reporting will need to be used". The guidance points to digital and online approaches as alternatives to face-to-face meetings. In relation to all matters of parental involvement and engagement, including parents' evenings and reporting to parents, equalities considerations remain key, and may be heightened due to coronavirus restrictions limiting parents' physical access to school buildings. Consideration should be given to matters such as the needs of separated parents (having regard to the appropriateness of both parents being provided with information), parents for whom English is an additional language and parents/carers with disabilities. Further [guidance](#) on communicating effectively with parents and families during Covid-19 is available from the Education Scotland website.
237. National information, Q&As and other material on Covid-19 arrangements, education recovery, parental communication and home learning can be used to complement any communications locally and at school level. This includes [Parent Club's](#) dedicated COVID-19 web pages, the [National Parent Forum](#) (website and newsletter), [Education Scotland's "Scotland Learns" micro site](#), [Parentzone Scotland](#) website and other sources.

Children and young people

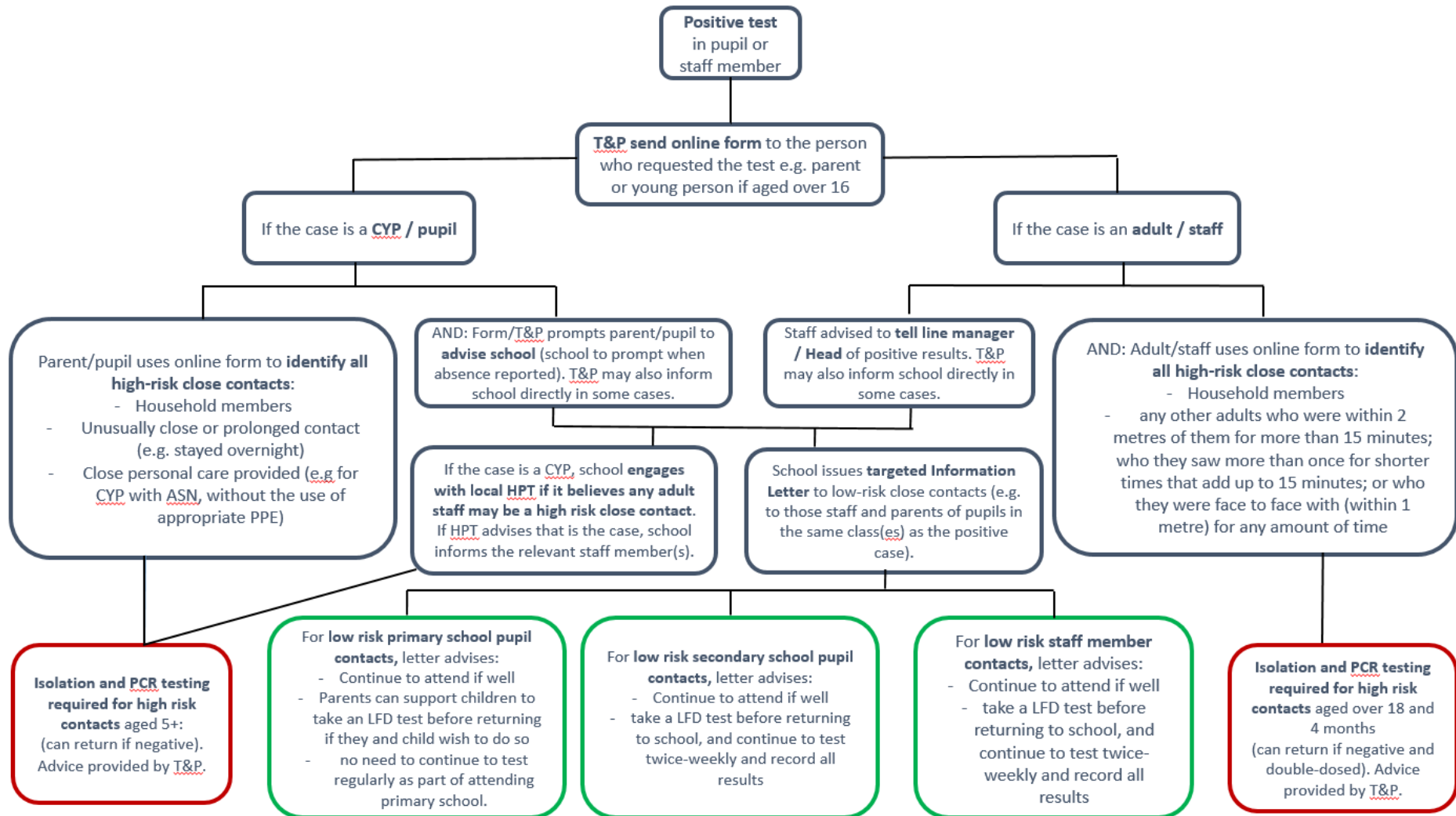
238. Schools and settings will wish to develop arrangements for good quality dialogue and communication with children and young people. A variety of methods can help to gather children and young people's views, questions and issues, and can help to clarify and address difficulties. Examples include Pupil Councils, pupil panels and broader pupil participation methods. [General advice on good principles and methods for learner participation](#) is available from Education Scotland as well as a range of third sector organisations.
239. Schools and local authorities will wish to consider the young person information available via [Young Scot's Covid-19 micro site](#). This information is updated in line with all key updates to guidance. Young person survey work includes the joint work by [Young Scot](#), [Scottish Youth Parliament](#) and [YouthLink Scotland](#). Further guidance and information is available

from [Children's Parliament](#) and [Children in Scotland](#). Practical support on poverty-sensitive approaches is available via the [Child Poverty Action Group in Scotland's survey report](#) on the cost of learning in lockdown. Local community learning and development services, Parent Councils and local parent umbrella groups may be able to work with authorities and schools, to ensure that consistent information and advice reaches children and young people.

Access to information

240. Education Scotland have developed an Education Recovery webpage that provides a single point of access to information about education recovery for practitioners and education stakeholders. This resource continues to highlight any published changes to guidance.

Annex B: Overview of school contact tracing and self-isolation arrangements



Key scenarios - expectations and actions to ensure readiness

Scenarios

Schools and local authorities should ensure readiness for the following key scenarios, in view of the uncertainty around the path of the virus in the future. These actions will help contribute to the development of a “pandemic-proof” education system:

1) Scenario 1 (Removal or reintroduction of mitigations – schools remain open): Ensuring readiness for an outbreak or moving between the protection levels should these require to be reinstated at either the national or local level, introducing or easing mitigations accordingly and within a carefully considered and agreed timeframe in the school environment.

2) Scenario 2 (Partial attendance – school buildings remain open): Partial attendance/remote learning where self-isolation of large numbers of staff/pupils disrupts full-time in-school learning.

3) Scenario 3 (Partial attendance – school buildings remain open): Partial attendance of pupils to facilitate re-introduction of physical distancing where required, e.g. in the event of a beyond-level 4 national lockdown scenario, or where local health protection teams advise this as being necessary to control transmission.

4) Scenario 4 (Full remote learning for all pupils – school buildings closed): No physical attendance at school for pupils except for key worker and vulnerable children, e.g. in the event of a beyond-level 4 national lockdown scenario, or where local health protection teams advise this as being necessary to control transmission.

The table below sets out shared expectations in respect of readiness to deal these four key scenarios, and the actions that should be taken to ensure readiness and minimise education disruption as a result of Covid.

Scenarios: Readiness				
Scenario(s)	Issue	Expectations	Actions to ensure readiness	Complete
1, 2, 3, 4	Risk assessments	All relevant risk assessments are kept up to date for relevant scenarios.	<ul style="list-style-type: none"> Follow guidance on preparation and maintenance of risk assessments as set out in Reducing Risks Guidance, including in respect of joint working between local authorities, staff and trade unions. 	
1, 2, 3, 4	Communications with staff	All staff are aware of the actions required to reintroduce or remove mitigations, the timescales required, and how they can best support pupils to ensure educational continuity.	<ul style="list-style-type: none"> Specify responsibility within the school for communications with staff in these circumstances. Provide time for teachers and other school staff to read associated comms and become familiar themselves with any changes. 	
1, 2, 3, 4	Communications with parents and pupils	All pupils and families are aware of the actions required to reintroduce or remove mitigations, the timescales required, and how they will be supported to ensure educational continuity.	<ul style="list-style-type: none"> Specify responsibility within the school for communications with staff in these circumstances. 	

1, 2, 3, 4	Reducing Risks Guidance and local desk instructions	All key staff and pupils have access to and understand the guidance on which mitigations should be in place dependent on the scenario.	<ul style="list-style-type: none"> • Ensure key people within school have strong understanding of Reducing Risks guidance, and can inform communications to wider staff and pupils on this subject. 	
1, 2, 3, 4	Remote learning lesson plans	Plans for remote learning have been developed and can be deployed in line with Education Scotland guidance, in the event that smaller or larger numbers of pupils and/or staff have to self-isolate. Previously agreed Education Scotland/CERG guidance makes clear that class teachers retain responsibility for planning and organising children’s and young people’s learning, with learning supported by parents and carers.	<ul style="list-style-type: none"> • Ensure awareness of Education Scotland guidance on remote learning expectations. • Ensure awareness of Support for Continuity in Learning guidance, which focuses on ASN. • Maintain (and, where appropriate, revise) previously-developed remote learning lesson plans that can be deployed for relevant year groups and scenarios. • ES and local authorities to ensure schools, learners and parents are aware of the NELO offer* including live, recorded and supported resources for both the BGE and Senior Phase. • Continue to maintain two-way communication arrangements with parents in relation to remote learning, as appropriate. • Bear in mind the additional support and advice that may be needed for parents in particular circumstances, including parents for whom English is an additional language, parents of children in Gaelic Medium Education (where Gaelic may not be the main language used in the home), parents of children with additional support needs and parents with fewer financial resources or time/capacity to support their children’s learning. • * Note: Resources to support Gaelic Medium Education are also available via the NeLO by searching “Gaelic” or “Gaelic Medium Education” in the search bar on the main NeLO landing page. Information on e-Sgoil’s Gàidhlig Bheò is available via the e-Sgoil website. Education Scotland’s Scotland Learns web resource contains a dedicated section on GME. 	
1, 2, 3, 4	Remote learning materials	Children and young people have been provided with the non-IT materials needed to ensure effective remote learning (e.g. writing equipment, notebooks, etc.)	<ul style="list-style-type: none"> • Ensure awareness of Education Scotland guidance on remote learning expectations. • Identify which non-digital resources should be provided to pupils to support remote learning and how these will be distributed – 	

			these will usually be similar to those provided under normal classroom settings (e.g. art materials, textbooks, etc.)	
1, 2, 3, 4	IT and connectivity	IT needs of staff and pupils for remote learning for small numbers of pupils self-isolating are met in advance.	<ul style="list-style-type: none"> • Ensure an understanding of IT and connectivity requirements amongst pupils and staff. • Schools and local authorities to liaise on provision of additional devices and connectivity where required. • Ensure staff awareness of relevant support, including tax relief for additional costs for electricity, water and phone calls. 	
1, 2, 3, 4	Professional learning for Remote Learning	Staff have been provided with guidance and training to allow them to support remote learning effectively, particularly in respect of use of IT.	<ul style="list-style-type: none"> • Support awareness and uptake of available local and national professional learning opportunities (including via Education Scotland's digilearn.scot) on use of digital technology to support learning and teaching. 	
1, 2, 3, 4	Wellbeing support	Clear wellbeing support arrangements are in place to deal with range of scenarios and their potential impacts on staff and pupils.	<ul style="list-style-type: none"> • Ensure staff awareness of local and national wellbeing support, and encourage uptake. • Ensure pupil awareness of local and national wellbeing support, and encourage uptake. 	
3, 4	Identification of key worker and vulnerable children	Schools and local authorities have identified key worker and vulnerable children in advance, and can update their understanding of this rapidly in the event it is required.	<ul style="list-style-type: none"> • Local authorities to agree with schools an approach to identifying key worker and vulnerable children in line with national guidance, and to maintain a regularly updated understanding of this in support of contingency planning. 	
1,2,3,4	Staffing	Sufficient staff are available (via supply lists or additional capacity across system) to support implementation of contingency plans.	<ul style="list-style-type: none"> • LAs and schools to factor in potential contingency requirements when making use of additional central funding for staffing, in line with guidance on workforce planning in Reducing Risks guidance. 	
1, 2, 3, 4	School transport	Requirements for mitigations on school transport in different scenarios are fully understood and can be implemented to required timescales by operators. School transport arrangements support partial attendance where required. Agreements in place with operators on approach to be taken in event of partial attendance.	<ul style="list-style-type: none"> • Local authorities to continue joint planning with school transport operators to ensure readiness for these issues. 	

Annex D – Asymptomatic Testing – Encouraging Uptake and Recording

We know that local authorities and schools are already working hard to increase the number of people taking part in the testing programme, and are very grateful for all you are doing. To assist you we have been collecting feedback through direct engagement with local authorities and young people to better understand barriers to participating in testing.

We understand that schools vary significantly and that what works well in one school may not be suitable for others. However, there are some principles that have been applied successfully across a wide variety of schools. These include: regular clear communication, proactive follow up with pupils and parents, clear leadership, regular monitoring of uptake/feedback, and support and creativity to make things easier for staff, pupils and parents.

Below are examples of approaches that have worked well for schools, staff and pupils to deliver testing and drive up participation that you may find helpful.

If your school has other examples of initiatives that have worked to increase participation in testing, we are keen to hear from you. Please get in touch with us via [schools covid testing@gov.scot](mailto:schoolscovidtesting@gov.scot).

What worked well in increasing participation:

Strong leadership with senior leadership teams clearly and regularly conveying the importance of testing and reporting to staff, parents and pupils to ensure it remains a high priority. Schools have reported finding it helpful to work closely with strategic partners, such as local authority and local Public Health teams.

Regular messaging with joint health/education messaging to staff, pupils and parents about the importance of testing and recording all results. We understand many pupils and parents do not read letters or emails fully, so short, plain-English messages that are easy to understand and to translate into other languages should be used.

Proactive follow-up with parents/pupils who have not opted in (via consent forms), or who are not picking up test kits regularly, to explain the importance of testing and seeking to understand why they are not doing so. Consider sending twice weekly reminders encouraging students to test and report their results.

Direct communication with pupils especially where parental consent has been received but the young person has not collected kits. A [full toolkit of assets is available](#), offering a range of promotional material and helpful ideas. There is lots of useful information on [YoungScot | What To Expect From a COVID-19 Test](#), including a [video from Dr Punam Krishan](#). A [step by step video guide](#) is also available for the new nose-only, ACON Flowflex self-tests.

Simplify the consent process for pupils and parents. We understand that the use of electronic consent forms has been favoured by schools, parents and pupils. Guidance is available on Objective Connect for setting up your own GLOW form.

Proactive distribution of test kits in schools rather than simply relying on pupils and staff to collect kits from an office when they want them. One school reported making periodic announcements about the “LFD shop” being open, another handed test kits out in classes. Some teachers and support staff have been asking at the start of class or in registration if the pupils have done their tests.

Related guidance/links

- [Coronavirus Act 2020](#)
- [Equality Act 2010](#)
- [Education \(Scotland\) Act 1980](#)
- Health Protection Scotland [COVID-19 workforce education information and resources](#)
- Health Protection Scotland [information and guidance for social or community care and residential facilities](#)
- Health Protection Scotland [non-healthcare settings guidance](#)
- Health Protection Scotland [procedures for outbreak management](#)
- Scottish Government [Coronavirus \(COVID-19\): framework for decision making](#)
- Scottish Government [guidance for residential children's houses, residential schools and secure care facilities on staffing, social distancing and self-isolation](#)
- Scottish Government [guidance for the Early Learning and Childcare \(ELC\) sector](#)
- Scottish Government [COVID-19 guidance for colleges](#)
- Scottish Government [guidance for childminders](#)
- Scottish Government [guidance on "Out of school care"](#)
- Scottish Government [guidance for youth work and the Community Learning and Development Sector](#)
- Scottish Government [guidance on organised outdoor sport for children and young people](#)
- [Scottish Government guidance on individual risk assessment for staff in the workplace.](#)
- Scottish Government [initial summary of key scientific and public health advice](#)
- Scottish Government [Test and Protect advice for employers](#)
- Scottish Government [guidance on promoting attendance and managing absence](#)
- Scottish Government [guidance on support for continuity of learning](#)
- Scottish Government [Curriculum for Excellence in the Recovery Phase](#)
- Scottish Government [scientific advice from the COVID-19 Advisory Sub-Group on Education and Children's Issues regarding the requirements for the safe travel of children and young people](#)
- Scottish Government [scientific advice from the COVID-19 Advisory Sub-Group on Education and Children's Issues regarding physical distancing in schools](#)
- Scottish Government [scientific advice from the COVID-19 Advisory Sub-Group on Education and Children's Issues - advisory note on face coverings in schools](#)
- Scottish Government [scientific advice from the COVID-19 Advisory Sub-Group on Education and Children's Issues - advisory note on school trips which include an overnight stay](#)
- Scottish Government [scientific advice from the COVID-19 Advisory Sub-Group on Education and Children's Issues - advisory note on physical education, music and drama in schools](#)
- Scottish Government [scientific advice from the COVID-19 Advisory Sub-Group on Education and Children's Issues – advisory note on phased return to in-person learning in schools and ELC settings - next steps](#)
- Scottish Government [scientific advice from the COVID-19 Advisory Sub-Group on Education and Children's Issues – advice on mitigations to minimise transmission during phased return to in-person learning](#)
- Scottish Government [scientific advice from the COVID-19 Advisory Sub-Group on Education and Children's Issues – advice on phased return to in-person learning in schools and early learning and childcare \(ELC\) settings](#)

- Scottish Government [scientific advice from the COVID-19 Advisory Sub-Group on Education and Children's Issues regarding face coverings, physical distancing and related matters](#)
- Scottish Government guidance for the safe use of [places of worship](#)
- Scottish Government [guidance for people with underlying health conditions](#)
- Scottish Government guidance for children [unable to attend school due to ill health](#)
- Scottish Government [guidance on unregulated children's services](#)
- GTC Scotland/SCDE/ADES/SPMG Covid-19 Guidance: [Student Teacher Professional Placements in Scotland](#)
- GTC Scotland [Teacher Wellbeing Resources](#)
- [National Transport Guidance portal](#)
- [www.travelinescotland.com](#)
- [Outdoor Learning Directory](#)
- [Going Out There framework](#)
- [Scottish Advisory Panel on Outdoor Education](#)
- [Assist FM Catering guidance](#)
- [Assist FM Cleaning guidance](#)
- Health and Safety Executive [guidance on COVID-19 risk assessments](#)
- Health and Safety Executive [PPE at work](#)
- [Health and Safety Executive coronavirus information](#)
- [Sustrans guidance on school streets](#)
- [School Food and Drink Nutritional Standards](#)
- [Guidance from Food Standards Scotland \(FSS\)](#)
- National Parent Forum Scotland [guidance for parents on the return to school](#)
- SSERC [guidance on carrying out practical work in Sciences and Technologies](#)
- [National Trauma Training framework and plan](#)
- [Parent Club's Coronavirus pages](#)
- [National Parent Forum](#)
- [National Improvement Hub](#)
- National Improvement Hub - [Physical Education guidelines](#)
- [Education Scotland's "Scotland Learns"](#)
- [Parentzone Scotland](#)
- [General advice on good principles and methods for learner participation](#)
- [Young Scot](#)
- [Scottish Youth Parliament](#)
- [YouthLink Scotland](#)
- [Children's Parliament](#)
- [Children in Scotland](#)
- [Child Poverty Action Group in Scotland's survey report](#)
- [Care Inspectorate coronavirus information](#)
- [UK Boarding Schools Association COVID-19 guidance](#)
- [Scottish Council of Independent Schools](#)
- [Independent Schools Council](#)
- [NHS Inform](#)
- [guidance about the latest self-isolation and quarantine requirements](#)
- [COVID-19: guidance for first responders](#)
- [Coronavirus \(COVID-19\): school aged childcare services - gov.scot \(www.gov.scot\)](#)