

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 7.3

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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	Shifting the emphasis of the guidance from “reopening schools” to “reducing risks in schools”. 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.
V5.1	24/03/2021	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. A revised version of this guidance was published on 24 March.
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	Update following review and further advice from advisory sub-group that the majority of mitigations should continue in place until at least the October break.
V6.2	30/09/21	Minor update following advice from the advisory sub-group regarding school visitors
V6.3	22/11/21	Minor revisions to ensure the guidance remains up to date. Key changes resulting from this are updated guidance on: <ul style="list-style-type: none"> • dental checks; • revised guidance for pregnant staff • young people with Additional Support Needs • school transport and taxis • updated school uniform guidance • updated guidance on international trips • updated text on Personal Protective Equipment (PPE)

V7.0	17/12/21	<p>Updates to reflect change to the balance of risks following the emergence of the Omicron variant. Changes include:</p> <ul style="list-style-type: none"> • new context regarding risks associated with Omicron (para 18) • strengthened approach to minimising contacts (paras 25-27 + relevant section of Annex A) • tightened restrictions on school visitors (paras 28-35) • updated text on ventilation and heating (paras 36-45 + relevant section of Annex A) • updated text on asymptomatic testing (paras 46-52 + relevant section of Annex A) • strengthened approach to self-isolation for household contacts (para 53 + Annex B) • details on school staff eligibility for exemption from self-isolation under the Critical National Infrastructure (paras 84-94) • update to guidance on school visits and trips in order to reflect the 'in school' mitigations (paras 100-102) • guidance on ongoing support for particular groups (vulnerable children and young people, children of key workers etc.) in the event of local school closures (Annex A, para 191) • Minor edits elsewhere to update material in Annex A • Updated material in annexes C, D & E
V7.1	20/12/21	Clarification re not all adults being high risk contacts
V7.2	05/01/22	<p>Updates to:</p> <ul style="list-style-type: none"> • Self-isolation sections to reflect amended approach from 6 Jan, in light of latest evidence and booster programme (paras 54 to 94) • Vaccination section to reflect latest JCVI advice (paras 115 to 120) • Outbreak management (minor update) to reflect requirement for ongoing local prioritisation by HPTs (paras 185 and 186)
V7.3	07/01/22	<p>Further updates to:</p> <ul style="list-style-type: none"> • Self-isolation sections to align with wording in updated NHS guidance (paras 54, 55, 58, 59, 86, 154, 156, Annex B, Annex E) • Critical National Infrastructure exemption, clarifying applicability to individuals who were asked to self-isolate as close contact before 6 January 2022 (para 89)

OVERVIEW

Summary

1. This version of the guidance supersedes those in place during the 2021/22 academic year to date, and reflects the change in the balance of risks following the emergence of the Omicron variant. It sets out that local authorities and schools should continue to apply the mitigations that are currently in place, as well as reintroducing some measures that had previously been relaxed.
2. The Advisory Sub-group on Education and Children's Issues ('the sub-group') as well as senior clinicians have provided advice on these changes based upon the latest clinical and public health assessment of the situation. Following that advice, Ministers decided that strengthening mitigations at this stage is important and necessary as part of a society-wide drive to minimise transmission.
3. All children, young people and staff should continue to implement and strictly observe these mitigations.
4. This guidance was updated on 5 January 2022 to reflect further changes to self-isolation policy that will take effect from 6 January 2022.
5. Key changes to previous iterations of the guidance that have been introduced from 17 December 2021 are:
 - A strengthened approach to minimising contacts, primarily through the reintroduction of groupings where practicable indoors (paras 26-28)
 - Tightened restrictions on school visitors, including a return to parent councils and other activities being precluded from operating on the school estate (para 29-36)
 - Updated guidance on the required approach to ventilation and CO2 monitoring, including clarification of some key points based on user feedback (paras 37-46)
 - Updated text on asymptomatic testing, specifically the processes to be followed when distributing test kits (paras 47-53)
 - A revised approach to self-isolation for high risk contacts from 6 January 2022, taking account of the latest expert advice and progress with the booster programme (paras 54 to 94)
 - An update to guidance on school visits and trips in order to reflect the above 'in school' mitigations (paras 95-97)
 - Updated information on vaccination eligibility following JCVI advice (paras 115 to 120)
 - A requirement that schools and local authorities continue to provide essential in-person support for particular groups (including vulnerable children and young people) in the event of temporary school closures at a local level (Annex A, para 193)
 - Minor updates across the annexes to bring material up to date
6. Local authorities and schools should implement these changes as soon as is practicable from the start of the January term in line with local circumstances. In addition, as advised by the sub-group, attention should be paid to maximum compliance with all current measures (such as appropriate physical distancing, one-way systems, asymptomatic testing, and the correct use of face-coverings) to help to reduce transmission.

7. The table below summarises the current approach for key mitigations:

Mitigation	Status
Risk assessment	Retain
Encouragement of vaccination	Retain (note updated eligibility following JCVI advice)
Environmental cleaning	Retain
Hand and respiratory hygiene	Retain
PPE in specific circumstances	Retain
Face coverings in communal areas	Retain
Face coverings in secondary classrooms	Retain
Physical distancing for adults	Retain
One-way systems	Retain
Staggered 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	Retain
Support for pregnant staff	Retain
2x weekly at-home asymptomatic testing	Retain
Outbreak management	Retain
Self-isolation, contact tracing and testing for adults 18+	Update in line with latest advice
Self-isolation, contact tracing and testing for U18s	Update in line with latest advice
Minimise contacts	Proportionate reintroduction
Ventilation	Strengthen
Restrictions on school visitors	Proportionate reintroduction
Restrictions on Drama, Music, PE and Dance	Not required
School Transport	Retain
Limits on school trips	Proportionate reintroduction
Readiness and assurance	Retain
Residential accommodation	Retain

8. In the event of a significant outbreak, schools may be expected and supported by their local health protection teams (HPTs) to introduce further mitigations (as HPT advise) for a temporary basis and while that outbreak is managed. Where that is the case, local HPTs will support schools in that process and help ensure that any temporary mitigations are necessary, sufficient and proportionate dependent upon local circumstances.
9. **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.
10. Mitigations will continue to be kept under constant review, and if data and evidence suggest that the approach to any specific mitigations should be updated then advice will be provided to that effect.

Risk assessment

11. It is a legal requirement that local authorities and headteachers ensure that risk assessments are conducted and regularly reviewed and updated (including at points when the guidance is updated). In implementing this guidance, it is imperative that schools and local authorities continue to take a balanced approach, and take every appropriate step to ensure the safety and wellbeing of children, young people and staff in schools. Full guidance on the risk assessment process is in **Annex A**.

Purpose of this guidance

12. 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.
13. 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.
14. 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.
15. This guidance should also be used by grant-aided schools and independent schools to support their recovery efforts.
16. Recognising its specific context, [separate guidance](#) for the Early Learning and Childcare (ELC) and childcare sector has been developed.

Key context

17. The Scottish Government published its [Strategic Framework update](#) and [Review of Physical Distancing](#) on Tuesday 22nd June 2021, and updated it on 16 November 2021. This includes important context for schools.
18. 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'.
19. More recently, the emergence of the Omicron variant has changed the previous balance of risks. Omicron is a variant of the SARS-CoV-2 virus that was designated a Variant of Concern by the WHO on 26th November. It is transmitting rapidly within Scotland and there is strong evidence that community transmission is widespread. It is now the dominant variant within Scotland, with

the potential to cause high case numbers. The Scottish Government's [evidence paper](#) published on the 10th December 2021 provides further information.

20. In considering arrangements for schools, this guidance has drawn on expert advice from the sub-group. In developing that advice, the sub-group took account of relevant evidence and the potential impact of proposed mitigations in schools. In reaching their conclusions, they continue to consider long covid, the impact on staff safety and wellbeing, the wider impact on children and families and the potential for disrupted learning in future. All minutes and advice notes from the sub-group are routinely published and are available on the Advisory Sub-Group's [web page](#).
21. This guidance has also benefited from stakeholder input via the COVID-19 Education Recovery Group (CERG) and other key fora. It has taken careful account of the evolving risk environment in schools and wider communities, and seeks to balance the range of harms arising from COVID-19 (both pre-existing and as understood with relation to the Omicron variant).
22. The unique features of the school environment have been carefully considered and built into this guidance. These include the fact that, in line with current JCVI advice, the vaccination of young people only began in August (and, at present, continues to only apply universally for those aged 12+). 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, vaccination rates among 12-18 year olds are now significantly higher than they were at the start of the academic year.
23. The Scottish Government is committed to promoting and protecting equality in the implementation of all Government policy and in upholding the principles of the UN Convention on the Rights of the Child and Getting it right for every child in relation to any government actions or guidance that impacts on the lives of children and young people. Both [Children's Rights and Wellbeing Impact Assessments](#) (CRWIA) and broader [impact assessments](#) are kept updated as guidance develops.
24. Local authorities and schools will continue to offer support to the mental health and wellbeing of staff and pupils. 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.

CHANGES TO PREVIOUS GUIDANCE

25. This section sets out the changes that are being introduced by this revised guidance. Local authorities and schools should ensure that all staff and pupils are aware of these updates and, where modifications to mitigations are required, these changes have been implemented. Further detail on each is provided in Annex A where required.

Minimise contacts / Groupings

26. Minimising contacts through the use of groupings should be reintroduced in indoor spaces where practicable. This provides benefits due to reducing possible vectors of transmission. The size of such groupings might differ depending upon local circumstances and the need to minimise education disruption – for example a grouping might refer to a whole class in primary school, and a whole year group or the senior phase in secondary school. In line with the subsidiarity principle, headteachers / LAs are empowered to make decisions about the best approach for their individual school or setting.
27. As part of a strengthened approach to minimising contacts, schools should continue to avoid assemblies and other types of large group gatherings. Where it is necessary to bring groups together, alternative mitigating actions should be put in place, such as physical distancing, ventilation, face coverings, meeting outside and limiting the time spent together. As with the existing policy, preliminary examinations remain permitted provided they are held in accordance with this guidance.
28. The sub-group recognised both that there are significant operational difficulties in requiring groupings on school transport, and the wider context regarding arrangements for public transport. On that basis, maintenance of any groupings used within schools is not required within transport arrangements.

School visitors

29. In recognition of the positive impact on the wellbeing of children and young people, supply staff and other professional visitors can continue to visit schools. This includes visiting teachers, psychologists, nurses, social workers, youth workers, outdoor learning specialists, Higher Education Institution (HEI) tutors, SQA staff and appointees (e.g. visiting assessors and visiting verifiers), Education Scotland staff (including HMIE) and those providing therapeutic support. 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. Such visitors should look to reduce the number of schools visited and to limit their contact time with children and young people. They should also take regular lateral flow tests when asymptomatic. Consideration should be given to the provision of this support by virtual means as appropriate.
30. Parents/carers may attend school premises where this is agreed with the school and is considered necessary to support children and young people. Where it is considered beneficial, parents/carers may also attend school premises for individual parental visits related to the wellbeing, progress and behaviour of children. All such visits should be risk assessed and agreed in advance by schools as being a necessary and proportionate measure.
31. It is imperative that all such visitors to schools should be agreed in advance and arrangements appropriately risk-assessed.
32. In line with SportScotland advice on the [‘Return to sport and physical activity’](#), parents/carers may attend school premises to spectate at outdoor school sports events, providing all activity is consistent with relevant Scottish Government guidance on health, physical distancing, and hygiene. In such circumstances organisers should consider mitigating measures as part of their risk assessment with an emphasis on keeping people safe. Any such measures should be

clearly communicated by the organiser prior to the event which may include, amongst other things, the displaying of notices around the venue to remind the public to follow appropriate guidance.

33. Similarly, and in line with equivalent measures within 'Coronavirus (COVID-19): universities, colleges and community learning and development providers', community-based interventions and community learning and development programmes, including those that involve adults learning within school settings, may also make use of school premises if that is necessary. Again, the focus within any such activity should be on supporting the wellbeing of children and young people. As with the above, such activities should be risk assessed in advance and attendees should comply with all safety requirements that are operational within the school.
34. Parent Councils and Parent Teacher Associations should not meet on school premises, and virtual arrangements should be used instead.
35. 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. Aligned with the sub-group advice, all visitors should also be encouraged to have a negative lateral flow test before entering a school.
36. 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 Health Protection Teams (HPTs) on any requirement to pause or further reduce such movement between schools.

Ventilation and heating

37. Previous guidance on ventilation continues to apply. Some updates for clarity have been added to the main ventilation and heating section in Annex A. In addition, the following strengthened guidance on CO2 monitoring should be followed by local authorities.
38. Local authorities should ensure that all local authority schools and ELC settings 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 regularly for ventilation issues with a view to remedial action being taken where required. It should be noted that large volume or low occupancy spaces, for example games halls, may require alternative assessments, as CO2 may not be a useful indicator of good ventilation in certain circumstances. See: <https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation/identifying-poorly-ventilated-areas.htm>
39. Following their initial comprehensive assessment of all local authority learning, teaching and play spaces, which is now complete, local authorities are working to ensure that appropriate strategies for continuing effective CO2 monitoring are in place, with a particular focus on supporting schools to achieve good ventilation balanced with the requirement for user comfort and warmth. Local authorities have developed strategies to suit their local circumstances and

workforce requirements. Approximately half of all local authorities have to date indicated their intention to move to operating a 1:1 device/space ratio in suitable learning, teaching and play spaces. Other local authorities are currently making use of mobile monitoring strategies.

40. Local Authorities should ensure that an appropriate ratio of monitors to spaces is made available to each school, taking account of local circumstances and workforce requirements. Sufficient monitors should be made available for use to enable ongoing decision-making by staff about balancing ventilation (including by opening of doors and windows) with temperature during the winter months, taking account of changes in weather conditions.
41. Local authorities should re-assess their current arrangements to ensure they have enough devices to allow every learning, teaching and play space to be assessed for a minimum of one full day per week under normal occupancy. Where additional monitors are required to achieve this goal, it is recognised that local authorities will require time to place orders and receive and distribute devices.
42. Local authorities should also ensure that appropriate local reporting arrangements allow areas of persistent concern to continue to be identified and remedial action taken for any spaces that have been identified as showing higher levels of CO₂. More regular monitoring should be considered for any areas of persistent concern until problems have been rectified.
43. 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 systems).
 - Providing further guidance to users (e.g. on regular opening of windows and balancing temperature and ventilation, etc.). During the winter months, there should be a particular focus on supporting staff to make judgements around the extent to which windows and doors need to be opened, in order to help them achieve user comfort.
44. Local authorities and the Scottish Government will continue to work in partnership together to consider the knowledge acquired as a result of these assessments over the winter period, 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. Through this continued partnership working we are already considering longer-term actions to improve ventilation in the school and ELC estate and are working with local authorities and other stakeholders to develop a plan to most effectively gather and share data and user feedback. This will be used to:
 - Support school/ELC operation during the remainder of the 2021/2022 year.
 - Inform COVID guidance updates.
 - Help future planning towards achieving a legacy of the healthiest learning estate ever.
45. Further detail on commitments in respect of day care of children services are set out in separate ELC guidance, with specific arrangements in place to support the PVI sector.
46. Additional funding of £10m has been 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 (minor update Jan 2022)

47. It is vitally 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, whether positive, negative or void](#). Supported by local authority testing leads, schools should make every effort to try and improve uptake and reporting of asymptomatic testing by staff and secondary pupils.
48. Some additional improvements have been made to processes under the testing programme, to ensure that schools can now hand out test kits more proactively to staff and students, and focus efforts on encouraging greater uptake and reporting. These involve:
- reductions in the requirements for schools around keeping test kit logs, which should reduce burdens for school staff; and
 - a move away from the need for written agreement to participate, with acceptance of test kits and completion of the tests at home taken as implied agreement to participate. This brings the programme into line with other testing pathways.

Full guidance on how to implement these new processes has been provided to local authority testing leads for onward communication to schools, and is also available directly to schools via the document sharing platform that supports the programme.

49. Schools should make every effort to distribute test kits proactively and regularly to staff and secondary pupils in line with the updated guidance for the programme, and encourage participants to test and report results regularly, including over holiday periods and in advance of return. Schools should also build into their messaging wider societal guidance on testing every time before staff or secondary pupils mix socially with other households. Proactive distribution of test kits to staff and secondary pupils will be particularly important to support the most recent updates to self-isolation guidance, which involve greater use of LFD test kits for index cases and close contacts. Schools should ensure they order and distribute sufficient kits to support staff and secondary pupils to undertake both regular testing and testing when identified as high risk close contacts (see the updated self-isolation section later in this guidance). Primary schools are requested to make parents/carers aware of the universal testing offer, for use particularly in the event that their primary school-aged children are identified as high risk close contacts.
50. Schools are able to order new, nasal-only test kits to address previous feedback from some participants about the discomfort of throat swabbing, regardless of whether all stocks of previous test kits have been used up. The new types of test kit only take around 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 allows parents to record results for more than one child without having to re-enter data multiple times. Reporting online now takes only a few minutes if participants use their phones.

51. Local authorities can consider making use of resources under the Targeted Community Testing programme in areas where schools have particularly low uptake and reporting, or where schools

indicate there is a high proportion of children and young people who would benefit from some temporary additional support to undertake effective at home testing. The programme is designed to identify and isolate positive cases that may otherwise be missed, by targeting testing and other public health resources at areas where transmission is stubbornly high, rapidly rising, or communities have specific transmission risks. Schools can sometimes be an effective gateway into those communities.

52. A range of guidance and communications toolkits has previously been made available to local authorities and schools via the programme, and these should continue to be used to support efforts to promote uptake and reporting. These include:

- provision of a one-page good practice note (available at **Annex D** and to schools via the testing programme document sharing portal).
- provision of a communications toolkit, designed in partnership with YoungScot, in both digital form and hard copy for secondary schools (materials have been mailed direct to all secondary schools at the start of the summer term).
- template reminder letters to parents, asking that they encourage their children at secondary schools to test and report their results regularly.

53. The testing programme will be kept under regular review and any updates communicated to local authorities and schools at the earliest opportunity. As part of this, the Scottish Government will work with stakeholders in the new term to consider whether there is a need for further enhancements to the asymptomatic testing offer. These could include, for example, optional in-school testing models where individual schools judge that secondary pupils may need additional support to test and report effectively.

Self-isolation policy (including contact tracing and testing) - updated approach to high-risk contacts (from 6 Jan 2022)

54. Based on the latest clinical evidence, revised self-isolation measures will apply to anyone who receives a positive test result or is asked to isolate as a close contact of any SARS-CoV-2 (Covid-19) strain from Thursday 6 January 2022. Anyone who was asked to self-isolate or who received a positive test before this time should follow the guidance they received at the time (including in relation to the CNI exemption scheme where applicable – see later in this guidance for further details). Full guidance on updated self-isolation measures can be found on [NHS Inform](#).

55. **The revised requirements are, in summary:**

Positive Cases (regardless of vaccination status)

- must isolate for 10 days. However, if the person tests negative on day 6 and day 7 LFD tests (taken at least 24 hours apart, with the first test no earlier than day 6) they may leave isolation if they have no fever after their day 7 test.

Fully Vaccinated Adult Contacts (NB: definition of “fully vaccinated adult” is now 3 doses of an MHRA-approved vaccine) AND all contacts who are aged under 18 years and 4 months

- take 7 daily LFD tests and report negative results instead of isolating – no requirement for a PCR test to be released from self-isolation.
- children aged under 5 who are close contacts do not need to self-isolate or take daily LFD tests, but are recommended to take a one-off LFD test before ending isolation.
- If you're a close contact who can end self-isolation, you can help protect others by following [our guidance on how to stay safe and help prevent the spread](#).

Unvaccinated/Partially Vaccinated Adult Contacts (NB: this includes adults with only 0-2 doses)

- must take a PCR test and isolate for 10 days.

Fully vaccinated individuals who have tested positive for SARS-CoV-2 (COVID-19) within 90 days should still participate in appropriate daily LFD testing in line with NHS guidance when they are identified as contacts. Individuals who have tested positive within 90 days should also continue to participate in routine asymptomatic LFD testing, including testing in schools.

If anyone aged 5 or over is identified as a contact but has been advised by a medical professional that they are unable to undertake LFD tests for a medical reason, or are unable to take LFD tests due to disability, this should be discussed with Test and Protect when they contact them.

For the purposes of this guidance, the references to contacts above relate to those falling within the category of high-risk close contacts, as defined below.

56. The previous risk-informed approach within schools will continue to apply. That is that, all potential contacts (whether defined as 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 follow the appropriate steps based on NHS guidance (self-isolation and/or daily LFD testing dependent on age and vaccination status); 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.
57. This approach means that blanket isolation of whole classes will continue to be minimised. 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.

Self-isolation for people with symptoms or testing positive

58. 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 and book a PCR test](#). They must do so even if they have a negative LFD test.

People living in the same household, for example any siblings, may adopt the appropriate approach to self-isolation and/or daily testing while the person with symptoms is awaiting the

outcome of a PCR test result . Eligibility depends on vaccination status or age, and is summarised later in this guidance and at [NHS Inform](#).

If someone has had a positive LFD test result with no symptoms, and then goes on to develop symptoms, they do not need a confirmatory PCR test unless advised by a clinician. They do not need to re-start their isolation period. If they develop any of the main symptoms of coronavirus and are concerned, or their symptoms are worsening, they should contact 111 or speak to their GP. In an emergency they should dial 999. Otherwise they should continue to follow the self-isolation advice for positive cases (summarised below).

59. Any asymptomatic adult or child who tests positive using a Lateral Flow Device (LFD) must self-isolate immediately for 10 days, subject to the latest NHS guidance on LFD testing on days 6 and 7 (see summary below). There is no longer a requirement to book a PCR test to confirm the result unless advised by a clinician, or unless the individual, parent/guardian or carer is planning on applying for the Self-Isolation Support Grant, in which case a confirmatory positive PCR is required. People living in the same household, for example any siblings, must also follow the latest NHS guidance on self-isolation and/or daily testing as close contacts.
60. Any adult or child who tests positive using PCR tests must isolate for 10 days, subject to the latest NHS guidance on LFD testing on days 6 and 7 (see summary below). People living in the same household, for example any siblings, must also follow the latest NHS guidance on self-isolation and daily testing as close contacts.
61. In summary, anyone testing positive on an LFD or PCR test must self-isolate for 10 days regardless of age or vaccination status. However, if the person tests negative on day 6 and day 7 LFD tests (taken at least 24 hours apart, with the first test no earlier than day 6) they may leave isolation if they have no fever after their day 7 test.

Further detail on the approach to self-isolation and testing for those with symptoms, or those who test positive, is available at [NHS Inform](#).

Reporting of positive cases to schools

62. 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.
63. 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

64. Test and Protect will gather details of household and non-household 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.
65. 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 contacts of adults e.g. staff members who test positive

66. If the positive case is aged over 18 and 4 months, 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.
67. 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 contacts and should be named on the online form. The naming of contacts is not dependent on vaccination status or whether the contact was in the household or outside, but the isolation and testing requirement is. This is covered in sections below.
68. 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.
69. 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

70. 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.
71. 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.

72. 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.
73. 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.
74. 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

75. 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).
76. 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).

77. 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)

78. 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.
79. Due to the level of risk involved, this process should not involve detailed contact tracing that is onerous for school teams to undertake.
80. 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.
81. As a general rule, schools should therefore consider targeting the letters towards those staff and parents of pupils they would have considered 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.
82. 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

83. 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 include self-isolation and/or appropriate testing in line with NHS guidance (for high risk contacts, dependent on vaccination status and age) or advice on LFD testing and other mitigations (for low risk contacts).

Actions for high risk contacts

84. 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.
85. 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.
86. All those who are identified as high risk contacts will be advised to adopt the approach that is set out in NHS guidance, dependent on their vaccination status and age. In summary, these are:

Fully Vaccinated Adult Contacts (NB: definition of “fully vaccinated adult” is now 3 doses of an MHRA-approved vaccine) AND all Young People aged under 18 years and 4 months

- take 7 daily LFD tests and report negative results instead of isolating – no requirement for a PCR test to be released from self-isolation.

- children aged under 5 who are close contacts do not need to self-isolate or take daily LFD tests, but are recommended to take a one-off LFD test before ending isolation.
- If any contact develops symptoms at any point during or after the post-contact period, they should isolate and take a PCR test in line with guidance on [NHS inform](#).
- If you're a close contact who can end self-isolation, you can help protect others by following [our guidance on how to stay safe and help prevent the spread](#).

Unvaccinated/Partially Vaccinated Adult Contacts (NB: this includes adults with only 0-2 doses)

- must take a PCR test and isolate for 10 days.

87. Full details, including a step-by-step guide, are available at [NHS Inform](#).

Actions for low risk contacts

88. 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.

Impact of self-isolation on staff absences and potential exemptions

89. The Critical National Infrastructure (CNI) Exemption Scheme is ending from 6 January 2022 and being replaced by population-wide changes to isolation policy. However, there may be a need for people who were isolating before 6 January 2022 to continue to attend work under the guidance of that scheme that was in place at the time:

- people who are already daily testing under the CNI scheme from 5 January or earlier should continue to follow the CNI guidance until the end of their isolation period;
- people who were asked to isolate prior to 6 January but who have not yet been able to return to work under the CNI scheme may engage in daily testing and return to work in line with the rules set out in the CNI guidance, if required.

A separate document setting out the previous CNI guidance as it related to education staff is included in the “supporting documents” for this guidance at the [gov.scot](#) website.

Outbreak management

90. Health Protection 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. This has been updated to make clear that decisions on prioritisation may need to be taken at a local level in the event of capacity constraints.

91. The flowchart at **Annex B** summarises the approach set out above.

Accessing PCR tests

92. 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, and 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.

93. If schools identify any relevant 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. Under the latest self-isolation guidance, fully vaccinated adult close contacts, and those aged under 18 years and 4 months, will no longer be required to take a PCR test but will instead be able to use LFD tests daily for 7 days. Schools should ensure that they have sufficient stocks of LFD test kits to distribute regularly to staff and secondary pupils, for use in regular testing and when identified as high-risk close contacts. Primary schools are encouraged to promote awareness of the universal testing offer to parents/carers, for use in the event that their primary school-aged children are identified as high risk close contacts.

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

Guidance on school visits and trips

95. Domestic school day and residential trips scheduled to take place up to the end of December can be completed, however; local authorities and schools will wish to consider the risk assessment for any trip in detail and all additional mitigations that apply due to the update on guidance relating to schools. Pre-visit testing for staff and pupils is strongly recommended. In line with the wider updates to school safety guidance made on 17 December, any groupings should be maintained for the duration of the trip.

96. Bookings for January 2022 onwards, including those involving overnight stays with no caps on numbers within each dorm/tent can be maintained at the current time, but authorities, schools and venues should ensure that mitigations are in line with the updated in-school guidance. Those organising school trips should ensure that adequate insurance is in place, including financial protection for possible cancellation.

97. The Scottish Government guidance on school will be updated in line with this Safety in Schools guidance and will continue to be kept under review.

OTHER GUIDANCE CHANGES FOR 2021/22 SCHOOL SESSION

98. A number of recent changes have been made to the guidance for the current school session. Information on these is retained below for ease of reference, with small edits to bring the text up-to-date where applicable.

Oral health programmes in education settings (introduced November 2021)

99. The national Childsmile oral health improvement programme and the National Dental Inspection Programme, which were paused as a result of the pandemic, have resumed from autumn 2021. The health protection aspects of the programmes have been reviewed by Public Health Scotland. These programmes help ensure the health and wellbeing needs of children and young people in educational settings. The National Dental Inspection Programme identifies those with dental disease and follows up with a letter to signpost into services. The Childsmile programme delivers toothbrushing and also a targeted fluoride varnish intervention for those most at risk of dental decay.

Guidance for pregnant staff (updated November 2021)

100. [COVID-19 vaccines are recommended in pregnancy](#). Vaccination is the best way to protect against the known risks of COVID-19 in pregnancy for both women and babies, including admission of the woman to intensive care and premature birth of the baby. Further information can be found at: [Combined info sheet and decision aid 20.07.2021 \(rcog.org.uk\)](#)
101. 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.
102. 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.
103. In light of recent data showing that vaccination uptake amongst pregnant women is around 34% have and an increased number of unvaccinated pregnant women with COVID in intensive care, the department of Health and Social Care (DHSC) has revised and updated the [guidance for pregnant employees](#) and their employers. The key changes to this Guidance and their potential impact are summarised below.

What has changed?

104. *Previously the Guidance advised:*

- All pregnant women should undergo a risk assessment in the workplace and continue to work if it is safe to do so.
- Women who are 28 weeks pregnant and over should take a more precautionary approach in light of the increased risk.

105. *The revised Guidance advises:*

- All pregnant women who are vaccinated should undergo a risk assessment in the workplace and continue to work if it is safe to do so.
- Pregnant women who are unvaccinated at any gestation should take a more precautionary approach in light of the increased risk.

106. School staff who are pregnant at any gestation must have a workplace risk assessment with their school/local authority and occupational health team. Having a COVID-19 vaccine does not remove the requirement for schools and local authorities to carry out a risk assessment for pregnant employees. They should only continue to work if the risk assessment advises it is safe to do so. We advise continuing to use the Scottish Government Covid 19 [Guidance](#) on individual occupational risk assessment and tool.

107. However, it is worth noting that the risk assessment tool does not take into account pregnancy or a person's vaccination status, and it should form only part of the individual risk assessment process. Careful attention should be paid to mental health and wellbeing and 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. Schools and local authorities should also continue to factor in workplace risks and control measures that can be put in place to protect staff as well as the local prevalence of the virus.

108. Any risk posed to the member of staff should be removed or managed and if this is not possible, they should be offered suitable alternative work or working arrangements (including working from home). If alternative work cannot be found, advice on suspension and pay can be found in [HSE guidance](#).

109. Women who are pregnant with significant congenital or acquired heart disease continue to be on the Scottish Government's Highest Risk List. Everyone on this list is currently advised to follow the same measures and guidance as the rest of the population, including on-going into the workplace if they can't work from home. Further information is available on the Scottish Government [website](#).

110. **Non vaccinated or not fully vaccinated** women who are pregnant have an increased risk of becoming severely ill and of pre-term birth if they contract COVID. Schools and local authorities should undertake a workforce risk assessment as set out above and, **where appropriate**, consider both how to redeploy these staff and how to maximise the potential for homeworking, **wherever possible**.

111. Where adjustments to the work environment and role are not possible and alternative work cannot be found, staff should be suspended on paid leave. Advice on suspension and pay can be found in [HSE guidance](#).

112. Boards may wish to use previous mitigations and options utilised for those who were on the Highest Risk (previously Shielding) List, depending on individual needs and risks assessed.

Children and young people with Additional Support Needs (updated November 2021)

113. Every child and young person will have different levels of required support. Risk assessments play a key part in considering the individual needs of a child or young person. Risk assessments, which may be integrated into a Child's Plan, should already exist for children and young people with complex additional support needs. These risk assessments should be reviewed and updated as appropriate, reflecting current circumstances. Where they are not in place or they have not been updated they must be undertaken or reviewed swiftly. 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 e.g. 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.

School uniform policies (updated November 2021)

114. Given the need for effective ventilation during the winter months, schools and local authorities should consider the use of less restrictive uniform policies to help ensure that children and young people can stay warm in school buildings. For example, they should be sympathetic to requests to wear additional layers / jackets in cooler temperatures. Staff may also consider what clothing helps them stay comfortable, as their experience may influence the control of heating and ventilation decisions. Local authority CO2 monitoring programmes can also help building users make judgements to achieve an appropriate balance between ventilation and warmth in school buildings, for example by assessing the extent to which window opening is required in specific spaces to maintain levels of CO2 that are consistent with good ventilation. Further guidance on potentially useful strategies to adopt can be found in the main ventilation guidance at Annex A.

Vaccination (updated January 2022)

115. All schools should encourage staff who have not been fully vaccinated 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 \(nhsinform.scot\)](#).

116. The latest JCVI advice on vaccination for children and young people, which the Scottish Government has decided, in agreement with Governments across the UK, to follow, is in summary:

- All adults aged 18+ are now eligible for a booster vaccine, in addition to their first two doses;
- All 16 and 17 year-olds are eligible for two doses of the Pfizer vaccine. They should also be offered a normal booster dose of the Pfizer vaccine no sooner than 3 months after completion of their primary course;
- All 12-15 year olds are eligible for two doses of the Pfizer vaccine. This offer comes in addition to the 12 to 15-year-olds with underlying health conditions who were already eligible for a second dose;
- Children and young people aged 12 to 15 who are in a clinical risk group or who are a household contact of someone who is immunosuppressed should also be offered a

normal booster dose of the Pfizer vaccine no sooner than 3 months after completion of their primary course;

- Children and young people aged 12 to 15 years who are severely immunosuppressed and who have had a third primary dose should also be offered a normal booster dose of the Pfizer vaccine no sooner than 3 months after completion of their primary course. Appointments are not available for this group at the time of writing. More details will be available soon about when these children will be offered a vaccine – these will be published on NHS Inform.
- Children aged 5-11 years in a clinical risk group, or who are household contacts of someone who is immunosuppressed, should be offered two 10 micrograms doses of Pfizer with an interval of 8 weeks.
- Children and young people aged 12 to 17 who have a positive PCR test result must wait a minimum of 12 weeks post the date of the positive test before receiving any vaccine dose, unless a clinician recommends otherwise.

117. In response to rising cases of the new Omicron variant, the Scottish Government announced an acceleration of the vaccination programme with a focus on COVID boosters. The latest information on eligibility and access to appointments and drop-in vaccination is available on [NHS Inform](#).

118. 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 materials for 12-15 year-olds are also available.

119. 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.

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

Physical distancing (updated August 2021)

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

122. 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 contact.

123. 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.

Dedicated school transport (updated September 2021)

124. 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).
125. 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.
126. As physical distancing restrictions on public transport have been removed, measures to increase capacity on public transport for school pupils, e.g. dedicated zones, will not be necessary.
127. Existing arrangements for cleaning, hygiene and ventilation on school transport should continue and they remain important mitigations alongside the wearing of face coverings.
128. Subsequent Clarification of mitigations required where physical distancing is not possible in private hire vehicles was added in November 2021. Detail covering all of these mitigations is in Annex A.

Drama, Music, PE and Dance (updated August 2021)

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

People in the highest risk group (previously those on the shielding list) (updated December 2021 with minor edits)

131. 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/shielding-advice-and-support) 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.
132. The Chief Medical Officer's advice is that people at highest risk can continue to follow the same advice as the rest of the population in the context of the baseline measures that remain in place. We do not know a lot about the new Omicron variant yet. However, what we do know with certainty is that following the usual protective measures, including having vaccinations and boosters, will help to reduce its spread. We know these measures are effective and we are

continuing to encourage everyone to follow them to protect us all. A recent study by the World Health Organization shows that the vaccination programme has saved more than 27,000 lives in Scotland. 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.

133. Over 95% of people at highest risk are now fully vaccinated and 96% have received their first dose. Only a very small number of people cannot receive the vaccine due to their condition or treatment. 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. In addition, around 83% of people on the Highest Risk List have received their third dose or booster vaccination. Vaccination figures are updated on the [COVID-19 Daily Dashboard | Tableau Public](#). Due to the new variant, it's more important than ever that everyone who can has their booster vaccination. People with a severely weakened immune system should continue to speak to their clinician to assess their risk.
134. The Chief Medical Officer's advice to everyone on the list is that they can go into work if they cannot work from home and that they can use public transport.
135. It is essential that everyone continues to follow the public health advice and protective measures set out in this guidance. Strict adherence to mitigations is strongly encouraged for staff and pupils at highest risk. Mitigations which remain in place for now 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.
136. 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.
137. 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.
138. 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 \(www.gov.scot\)](#).
139. 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](#) or the free Citizens Advice Helpline on 0800 028 1456, (Monday to Friday, office hours)
- the Advisory, Conciliation and Arbitration Service (ACAS).

140. There is guidance for employers and employees on making the workplace safer for people at highest risk at [Coronavirus \(COVID-19\): shielding advice and support - gov.scot \(www.gov.scot\)](#). This includes employer responsibilities to carry out regular workplace risk assessments, individual risk assessments, and additional steps people can take to keep themselves safer.

Children and young people in the highest risk group

141. The Chief Medical Officer's advice, 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

142. 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 required.

143. 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.

144. 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.

Outbreak Management

145. 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 contacts will be identified through them too. Local Health Protection Teams may need to prioritise the settings they engage with in the event of very high case numbers and local capacity constraints.

Readiness and assurance

146. 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

147. 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

148. Updated supplementary guidance for residential boarding/hostel accommodation is set out at **Annex E**. This reflects the latest international travel restrictions and clinical advice on managing specific risks in residential accommodation, and particularly managing boarding pupils' return to school in January 2022..

KEY MITIGATIONS IN OPERATION

1. This Annex provides the detailed guidance on current mitigations. This annex largely replicates previous versions of the Reducing Risks guidance, with material updated / removed as appropriate and any modifications set out earlier in this guidance reflected in full.

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 provision of 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 balanced 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 [Public Health 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 [Public Health 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 updated in December 2021 to take account of the latest expert advice and guidance from HSE ([Ventilation and air conditioning during the coronavirus \(COVID-19\) pandemic](#)). HSE has also reviewed and provided input to this updated guidance.
39. In its advice published on 3 March, the Advisory Sub-group recommended that greater emphasis should be placed on ventilation, by keeping windows open as much as possible (weather permitting during winter), and doors open when feasible and safe to do so.
40. 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](#).
41. This section of the guidance was reviewed throughout December 2021. Some updates have been made to improve clarity and to take account of stakeholder feedback. However, the core scientific advice from SAGE EMG underpinning this guidance remains consistent.
42. 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.
43. 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.
44. 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.
45. 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 may increase the need to improve thermal comfort by partially closing windows. The increased speed may, however, provide some compensation in terms of maintaining overall ventilation rates.
46. 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 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.

47. Relevant local authority teams will 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.
48. 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.
49. 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.
50. 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. Research is ongoing into the effect of temperature on virus behaviour and Scottish Government guidance will continue to be guided by scientific advice as it becomes available.

Natural ventilation and temperature

51. 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.
52. 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.
53. 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. This will require local adjustments to balance temperature and ventilation.

54. 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.
55. Potential approaches to increase natural ventilation while balancing temperature, 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). This may be particularly appropriate during the winter period to balance ventilation and thermal comfort.
 - flexible uniform/staff dress policies to help ensure that children, young people and staff can stay warm if/when windows or doors require to be opened.
 - maintaining appropriate heating strategies.
56. Local authority CO₂ monitoring programmes can support decision-making around the best strategies to adopt in specific spaces, for example by assessing the extent to which window opening is required to maintain levels of CO₂ that are consistent with good ventilation.

Mechanical ventilation

57. 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 as this does not introduce fresh air but moves air and therefore potentially virus around the space. 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

58. 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

59. 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 suitable learning, teaching and childcare spaces, being assessed regularly for ventilation issues with a view to remedial action being taken where required.
60. Local authorities have developed strategies to suit their local circumstances and workforce requirements. Approximately half of all local authorities have to date indicated their intention to move to operating a 1:1 device/space ratio in suitable learning, teaching and play spaces. Other local authorities are currently making use of mobile monitoring strategies.
61. Local Authorities should ensure that an appropriate ratio of monitors to spaces is made available to each school, taking account of local circumstances and workforce requirements. Sufficient monitors should be made available for use to enable ongoing decision-making by staff about balancing ventilation (including by opening of doors and windows) with temperature during the winter months, taking account of changes in weather conditions.
62. Local authorities should re-assess their current arrangements to ensure they have enough devices to allow every learning, teaching and play space to be assessed for a minimum of one full day per week under normal occupancy. Where additional monitors are required to achieve this goal, it is recognised that local authorities will require time to place orders and receive and distribute devices.
63. Local authorities should also ensure that appropriate local reporting arrangements allow areas of persistent concern to continue to be identified and remedial action taken for any spaces that have been identified as showing higher levels of CO2. More regular monitoring should be considered for any areas of persistent concern until problems have been rectified.
64. Where CO2 monitoring is not suitable for specific spaces, assessments may be undertaken by other appropriate means, depending on the ventilation systems and other arrangements already in place in school and ELC buildings. For example, large volume, low occupancy halls may be better suited to computer air flow modelling as a means of assessment.
65. 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. When providing this advice, local authorities can have regard to the manufacturer's instructions and HSE advice: <https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation/identifying-poorly-ventilated-areas.htm>.
66. 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.

- 67. 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 regularly used, multi-occupancy areas with CO2 levels consistently at or above 1500ppm should be prioritised for improvement.
- 68. This scientific advice and research also indicates that indoor spaces where there is likely to be an enhanced aerosol generation rate (e.g. 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 recommended), and should also include additional mitigations such as face coverings for audiences and restricting the size of groups and duration of activities.
- 69. 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 (see table below, which sets out general guidelines as to how levels of CO2 can be used as indicators of potential actions required). 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.
- 70. These general guidelines may require local interpretation into classroom-specific guidance to align with the types of monitoring device in use.

CO2 LEVEL BELOW 800 PPM
<input type="checkbox"/> No remedial action required as this indicates a space is likely to be well ventilated
<input type="checkbox"/> Background ventilation should always be maintained
CO2 LEVEL 800 PPM TO 1500 PPM
<input type="checkbox"/> Increase ventilation, e.g. opening windows and doors (check issues such as fire and security)
<input type="checkbox"/> Purge before and after each lesson by opening windows/doors fully
<input type="checkbox"/> Limit occupancy numbers where possible
<input type="checkbox"/> Move high level activities such as dance, music or physical activities to well ventilated spaces
If CO2 level is consistently in this zone:
<input type="checkbox"/> Consider additional ventilation measures e.g. derestrict window openers (with appropriate safety and security precautions such as additional guards, screens or barriers), provide additional fans to increase air flow on calm days, provided the space is already well ventilated. Increase the rate/duration of ventilation delivered by mechanical ventilation systems
<input type="checkbox"/> Adjust timings of mechanical ventilation systems to purge air before and after lessons
CO2 LEVEL ABOVE 1500 PPM
Action required, which could include purge ventilation or reducing room occupancy.
If CO2 level is consistently in this zone:
<input type="checkbox"/> Consider introducing additional natural or mechanical ventilation
<input type="checkbox"/> Consider reducing room occupancy or repurposing room

□ Consider temporary use of air cleaning devices in exceptional circumstances where no other mitigation is achievable while continuing to work to achieve a more sustainable solution to increase ventilation.

71. 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. Local authorities should also aim to apply the lessons learned from the assessment of learning teaching and play spaces into other areas of buildings. This could include staff rooms, offices and other support spaces. There will be a wide variation in type of space and occupancy, and local authorities may seek to prioritise assessment of high occupancy, long duration spaces.
72. 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.

Air Cleaners / HEPA filters

73. Air cleaning devices / HEPA filters may play a role in reducing airborne transmission of aerosols where it is not possible to maintain adequate ventilation. However, the available scientific evidence to date continues to support a primary focus on improving natural or mechanical ventilation, with CO2 monitoring playing a supporting role in identifying areas of concern.
74. Expert advice from groups including SAGE and HSE states that air filtration devices do not provide any ventilation, and should never be used as a substitute for efforts to improve ventilation – other actions should be undertaken to improve ventilation before, exceptionally, considering use of air cleaning devices. It is therefore important to understand that air cleaning devices must not be used as a substitute for natural or mechanical ventilation (including the opening of windows and doors) during cold weather – doing so may increase risks to staff and pupils. Further work is ongoing in relation to HEPA filtration and UV treatment, and the Scottish Government will consider this scientific advice as it becomes available.
75. The [guidance from the Health and Safety Executive on air cleaning devices](#) states: 'These units are not a substitute for ventilation. You should prioritise any areas identified as poorly ventilated for improvement in other ways before you think about using an air cleaning device'.
76. Air cleaning technology is an area of active ongoing research, building on international research and experience, and the Scottish Government is continuing to keep this work under close review and consider its relevance for the school environment
77. Local authorities should consider the HSE guidance on air cleaning devices if they are, exceptionally, considering making use of these as short-term mitigation measures in spaces where adequate ventilation cannot be achieved (for example, where CO2 monitor readings are consistently at or over 1500ppm and cannot be reduced through other mitigation measures).
78. The specification, installation, operation and maintenance of air cleaners/purifiers/filters is a complex topic. There are a wide variety of different machines which may appear similar without the application of specialist knowledge. Operation can be problematic due to noise, and there are potential risks of viral spread associated with maintenance regimes. Local authorities should

consider the use of such devices only in the exceptional circumstances outlined above, and ensure that specialist advice is engaged at all stages.

Implementation

79. 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.
80. Local authorities should also ensure that they put in place clear communications for staff, pupils and parents about the measures that are being taken to ensure adequate ventilation. This can help raise awareness of the importance of these measures, as well as providing reassurance.

Sharing of good practice

81. Local authorities are committed to sharing good practice and expert advice across national networks, including the ADES Resources network and Scottish Heads of Property Services (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 throughout 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.
82. 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

83. 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. There is 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

84. 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.
85. 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, there is 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.
86. 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.
87. 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.
88. 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.
89. 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](#).

90. Secondary schools should consider which of these possible mitigations are achievable in their establishment and look to implement as many as is practicable.
91. 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 [continuity of learning guidance](#).

Minimise contacts / Groupings

92. In line with the scientific advice, in both primary and secondary settings, wherever possible, efforts should be made to keep children and young people within the same groups for the duration of the school day when in indoor spaces. Consistent groups reduce the likelihood of direct transmission and, if necessary (e.g. upon a request from a HPT), allow for quicker identification of those who may need to self-isolate. Due to the different degree of risk within indoor and outdoor settings, and the likelihood of outdoor mixing outwith school hours, such groupings do not need to be maintained while outdoors.
93. Schools should, however, make efforts to keep groups apart from other groups where possible when indoors. In open plan settings with large numbers of children or young people (for example multiple classes in one open plan space) consideration should be given to ensuring clear demarcation and separation between the areas in which different groups learn. Schools should consider how to reduce the movement of groups across different parts of the school estate where possible. In particular, schools should avoid assemblies and other types of large group gatherings.
94. Where it is necessary to bring groups together, alternative mitigating actions should be put in place, such as physical distancing, ventilation, face coverings, meeting outside and 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.
95. The approach taken to configuring groups should be risk-based and adapted to the specific circumstances of the school. The general approach should be to keep groups consistent where practically possible, taking into account the feasibility of doing this while delivering as broad and meaningful a curriculum as is possible during the recovery period, and promoting children, young people and staff's health and wellbeing.
96. Examples that schools should draw on when considering the most appropriate approach for their setting include:

- in primary schools it may be appropriate to have groups organised according to full-class sizes. Where staffing within the school allows it, schools may consider altering class sizes and composition to intensify support for children and create more space;
 - for young people in secondary schools within the BGE, consideration may be given to keeping pupils in the same groupings across the curriculum. Where possible, consideration may be given to teaching whole/half year group blocks in as close to tutor group sections as possible while the guidance on “minimising contacts” is in place; and
 - for those young people in the senior phase where consistent groups cannot reasonably be maintained, schools will wish to consider the most appropriate delivery and timetabling models to keep mixing of young people to the minimum necessary while ensuring a full range of subjects can be offered. One option which has demonstrated success may be working together in a group for extended blocks of time. Another may be for the senior phase to be considered as a group in and of itself, with senior pupils kept away from other age groups where possible. Where staffing within the school allows it, schools may consider altering class sizes and composition to intensify support for young people and create more space. Schools may also wish to consider other ideas such as timetabling in double periods (or more) to minimise contacts if this is practical or achievable in their context.
97. The practical and timetabling challenges of these approaches, particularly in secondary schools, are recognised. The variation in size, context and physical structure across schools is also recognised. If groups cannot reasonably be maintained, or if groups require to be larger in size with some mixing permitted, the application of other risk mitigation measures becomes even more important.
98. 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.
99. Children and young people can continue to 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.
100. School age childcare services are subject to sector specific guidance: [Coronavirus \(COVID-19\): school aged childcare services - gov.scot \(www.gov.scot\)](https://www.gov.scot/topics/education/childcare/covid-19)

Physical distancing and minimising contact for adults

101. 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.
102. 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.

103. 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.
104. 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). The use of PPE should be determined based on individual risk assessments. Where the use of PPE is identified as a risk mitigation measure then the resources needed to implement its use should be made available, training provided where required and the mitigations adopted and consistently applied to reduce the risk identified. 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.
105. 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.
106. 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.
107. 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.
108. 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)

109. Updated guidance is available on this issue in the "Changes to the previous guidance" section.

Drop off and pick up

110. 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.
111. Parents should only enter school buildings where it has been agreed in advance with the school, 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

112. 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.
113. 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

114. For the majority of staff in schools, PPE is not required or necessary. Where it is required or necessary, the following arrangements will apply.
115. 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.
116. 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.
117. Risk assessments should already exist for children and young people with more complex needs, including those who are clinically vulnerable. It is a legal requirement that local authorities and headteachers ensure risk assessments for these children and young people are conducted and regularly monitored, reviewed and updated as a matter of priority in light of changes to provision such as environment and staffing. They should take account of local circumstances, training needs, travel requirements, size, physical layout and ventilation of school buildings, pupil wellbeing and public health and hygiene requirements. It is also recommended that as part of the risk assessment process particular consideration is given to the steps to take where there is a suspected outbreak in a setting.
118. It is important that following risk assessments, appropriate risk mitigation measures are identified and that the resources needed to implement them are made available, and mitigations adopted and consistently applied to reduce the risk identified.
119. 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.

120. 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.
121. During an outbreak PPE use is also assessed by the Health Protection Team, and sometimes enhanced use may be recommended in line with Public Health Scotland guidance for Health Protection Teams. It is important that these additional risk mitigation measures adhered to and that the resources needed to implement them are made available, and mitigations adopted and consistently applied to reduce the risk identified.
122. 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 contact with a positive COVID-19 case as part of their first responder duties. It covers the use of PPE and CPR.
123. 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

124. When PPE is used as above, by staff trained in the use of PPE, then these activities would not be considered 'high risk of transmission' for the purposes of contact tracing between staff and pupils (and vice versa) unless there were breaches in the PPE at the time (e.g. mask not worn) or a high risk event occurred e.g. being directly coughed, vomited or spat upon.

125. If PPE has been adequately used, then the individuals involved would be considered 'low risk' contacts and should receive a 'warn and inform' letter.

126. Low risk of transmission would include: support with 'standard' feeding where PPE is used appropriately with no breaches, support with procedures (including gastrostomy feeding) where PPE is used appropriately with no breaches, support with moving and handling tasks where PPE is used appropriately with no breaches, personal care for any length of time where PPE is used appropriately with no breaches. This includes: toileting and associated cleaning, changing of pads/nappies and hoisting of pupils.

127. High risk of transmission would include: any personal care where PPE is not used or breaches in PPE occurred e.g. mask not worn (if mask removed accidentally for a few seconds and then replaced, this would not be considered a breach as long as not coughed on/spat on in this time), any personal care where PPE is used but a high risk event occurred e.g. being spat on, vomited on or sneezed on, situations where prolonged, close supportive care to pupils is given but PPE is not worn e.g. first aid or reassurance/support with hugs whilst unwell, etc. where no PPE is used.

Face coverings

128. 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.

129. 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.

130. 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.

131. 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.

132. Some individuals are exempt from wearing face coverings. Further information on exemptions can be found in wider [Scottish Government guidance](#).

133. Face coverings should be worn by adults wherever they cannot keep physical distance with other adults and/or children and young people.

134. 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.

135. 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.
136. 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.
137. Local Health Protection Teams, may recommend a further strengthening of the use of face coverings when dealing with local outbreaks.
138. 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.
139. 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.
140. 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.
141. 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.

142. 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.

143. Further general advice on face coverings is available in the [Scottish Government's COVID-19: face coverings guidance](#).

144. 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.

145. 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.

146. 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.

147. It is not recommended that face coverings are used in secure schools.

Testing (asymptomatic, symptomatic and contact testing)

148. 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. Schools should make every effort to distribute test kits proactively to staff and students in line with updated guidance, and to promote regular testing and reporting of results. They should also build into their messaging wider societal guidance on testing every time before staff or secondary pupils mix socially with other households.

149. Proactive distribution of test kits to staff and secondary pupils will be particularly important to support the most recent updates to self-isolation guidance, which involve greater use of LFD test kits for index cases and close contacts. Schools should ensure they order and distribute sufficient kits to support staff and secondary pupils to undertake both regular testing and testing when identified as high risk close contacts (see the updated self-isolation section later in this guidance). Primary schools are requested to make parents/carers aware of the universal testing offer, for use particularly in the event that their primary school-aged children are identified as high risk close contacts.
150. The asymptomatic testing offer is for all school staff and secondary pupils. It is delivered in partnership by the Scottish Government and the UK Health Security Agency. Local authorities and schools should take all appropriate measures to promote awareness and uptake of this offer.
151. 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 Health Security Agency to support school and ELC providers in the delivery of the Schools/ELC Asymptomatic Testing Programme.
152. 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.
153. 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.
154. Confirmatory PCR tests are no longer required following positive LFD tests unless advised by a clinician, or unless the individual, parent/guardian or carer is planning on applying for the Self-Isolation Support Grant, in which case a confirmatory positive PCR is required. Staff and pupils should follow the appropriate self-isolation and testing procedures set out in NHS Guidance following a positive LFD test.
155. 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.
156. Symptomatic staff, student teachers and learners should follow the guidance on self-isolation and testing on NHS Inform.
157. Due to the emergence of the Omicron variant and the potential risk of reinfection, individuals who have tested positive for SARS-CoV-2 (COVID-19) by PCR within 90 days should now still

be encouraged to continue to participate in routine asymptomatic LFD testing including testing in schools.

Staying vigilant and responding to COVID-19 symptoms

158. 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).

159. 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 Test and Protect as a contact of someone COVID-19. Guidance on this is available from [NHS Inform](#), [Parent Club](#) and [gov.scot](#).

160. 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).

161. 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.

162. 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.

163. 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 [Public Health Scotland Guidance for Non-Healthcare Settings](#) for further advice on travel.
164. 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.
165. Advice on cleaning of premises after a person who potentially has COVID-19 has left the school premises can be found in the [Public Health Scotland Guidance for Non-Healthcare Settings](#).
166. Individuals should wash their hands thoroughly for at least 20 seconds after any contact with someone who is unwell (see personal hygiene section).
167. 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).
168. 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.
169. Schools and local authorities should also ensure that children, young people and staff are aware of updated guidance on self-isolation of contacts from 6 January 2022 (as summarised in the "Changes to previous guidance" section of this guidance).
170. 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 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

171. 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](#).
172. 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.
173. 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.
174. 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

175. 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

176. Scotland's community surveillance programme allows us to monitor actively trends in the pandemic, both nationally and more locally.
177. 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.
178. 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.
179. 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

180. Outbreak management in all settings is led by NHS Health Board health protection teams (HPTs).
181. 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).
182. Schools should ensure that they know how to contact their local HPT and their designated person for doing so is often the Head Teacher.
183. 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.

184. Single cases will be identified by Test and Protect and 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.
185. Under normal operating conditions, schools should continue to 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.
186. In the event of very high local case numbers, and where capacity is constrained, HPTs may need to prioritise engagement with the highest risk settings in their area. These may include, for example, care homes (public health advice remains that schools are relatively low-risk settings). In these circumstances, local HPTs will agree with local authorities and schools the way in which clusters and outbreaks should be managed in order to minimise the involvement of HPTs and free up capacity to support the higher risk settings.
187. Where necessary, and subject to the requirement for prioritisation as set out above, 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.
188. 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.

189. 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, or alternative local arrangements where these have been agreed between local authorities and health protection teams.

190. 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.

191. It is for local Health Protection Teams to consider individual risks for any staff or pupils.

192. 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 health protection 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.

193. Where temporary school closures are required – either partial or in full – local authorities should give consideration to how they can continue to provide essential support for particular groups. This should include: i) providing limited in-person provision within the school for vulnerable children and young people, and the children of key workers, ii) continuity of provision of free school meals for eligible children and young people, and iii) the continuation of provision of therapeutic support to children and young people, including through alternative means if beneficial. This applies in the event of individual school building closures as well as any larger scale temporary closures.

Special considerations for certain groups

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

194. Updated guidance for these individuals is included in the “Changes to the previous guidance” section

Children and young people with Additional Support Needs

195. 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 e.g. 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

196. Updated guidance on pregnant women is included in the “Other guidance changes for 2021/22 school session” section of this guidance.

Support for minority ethnic staff

197. 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.

198. 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/>.

199. 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.

200. 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.

201. 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.

202. 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

203. 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.
204. [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.
205. 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 National Dental Inspection Programme) and immunisations, health developmental interventions and health improvement programmes (Childsmile).
206. The ongoing psychological impact of the pandemic 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 continue to experience anxiety with a subsequent impact on their wellbeing.
207. 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.
208. 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

209. 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.
210. 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.
211. 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.
212. 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

213. 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.
214. All reasonable steps should be taken to ensure the safety and wellbeing students and staff, taking into account local circumstances.
215. 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.

216. 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

217. 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

218. 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.
219. 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.
220. 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

221. 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.

Catering

222. [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.
223. 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 organised children's activities](#) 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

224. 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.

225. 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.

226. 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.

227. 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.

228. 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](#).

229. 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

230. 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

231. 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

232. 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

233. 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.

234. 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 \(education.gov.scot\)](#).

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

236. 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](#).

237. 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

238. 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. Equally, there have been instances where schools have needed to close temporarily on operational grounds due to unusually high levels of staff absences. 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

239. 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.

240. 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:

241. 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

242. 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.

243. 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.

244. 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

245. 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

246. 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.

247. 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

248. 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. Where capacity constraints mean it is not practical for distancing to be maintained in a private hire vehicle and it is necessary for the front seat to be used, it is important that other mitigations are observed strictly i.e. the wearing of face coverings and keeping windows open. 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

249. 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

250. 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. There are a number of contingencies for flexible staff resourcing to maintain education continuity in the SNCT circular 20/74. These include relaxation of class size rules in absolute extremis, extending teacher class contact time and relocating of teachers to other schools (<http://www.snct.org.uk/library/2711/SNCT%2020-74.pdf>). Local authorities should ensure that these resources are used appropriately to bring additionality into the system to support young people.

251. 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.

252. 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).

253. There may be additional strain on workforce capacity at this time, for example as a result of fit notes for those in the highest risk groups or increased requirements for self-isolation. The need for additional capacity in the teaching workforce should be considered in order to deal with such impacts.

Workforce capacity

254. 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.

255. 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.

256. 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.

257. If necessary, updated guidance on the management of student teacher professional placements will be provided by the Scottish Council of Deans, GTCS, SPMG and ADES, in advance of placements commencing in the new session.

258. 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

259. 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.

260. 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).

261. The Workforce Support Workstream has agreed and implemented a continuation package of additional workforce support designed to aid school staff manage Covid-19 in establishments. The package is focused on supporting staff mental health wellbeing and includes a 1:1 coaching offer provided by KnowYouMore, supervision spaces for taking care of self and staff from This Is Milk and Barnardo's Scotland, the development of peer to peer coaching opportunities, partnership working with SAMEE to provide coaching and mentoring for educators from minority

ethnic backgrounds and the continued delivery of the Stepping Stones programme for post-probation teachers. Existing offers of professional learning remain in place from Education Scotland and SG funding continues for values based leadership with Columba 1400.

<https://education.gov.scot/improvement/learning-resources/strengthening-support-for-school-staff/>

Communications

262. 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.
263. 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.
264. 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

265. 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.
266. Schools and authorities should continue to consider effective strategies 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 routinely going 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.

267. 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

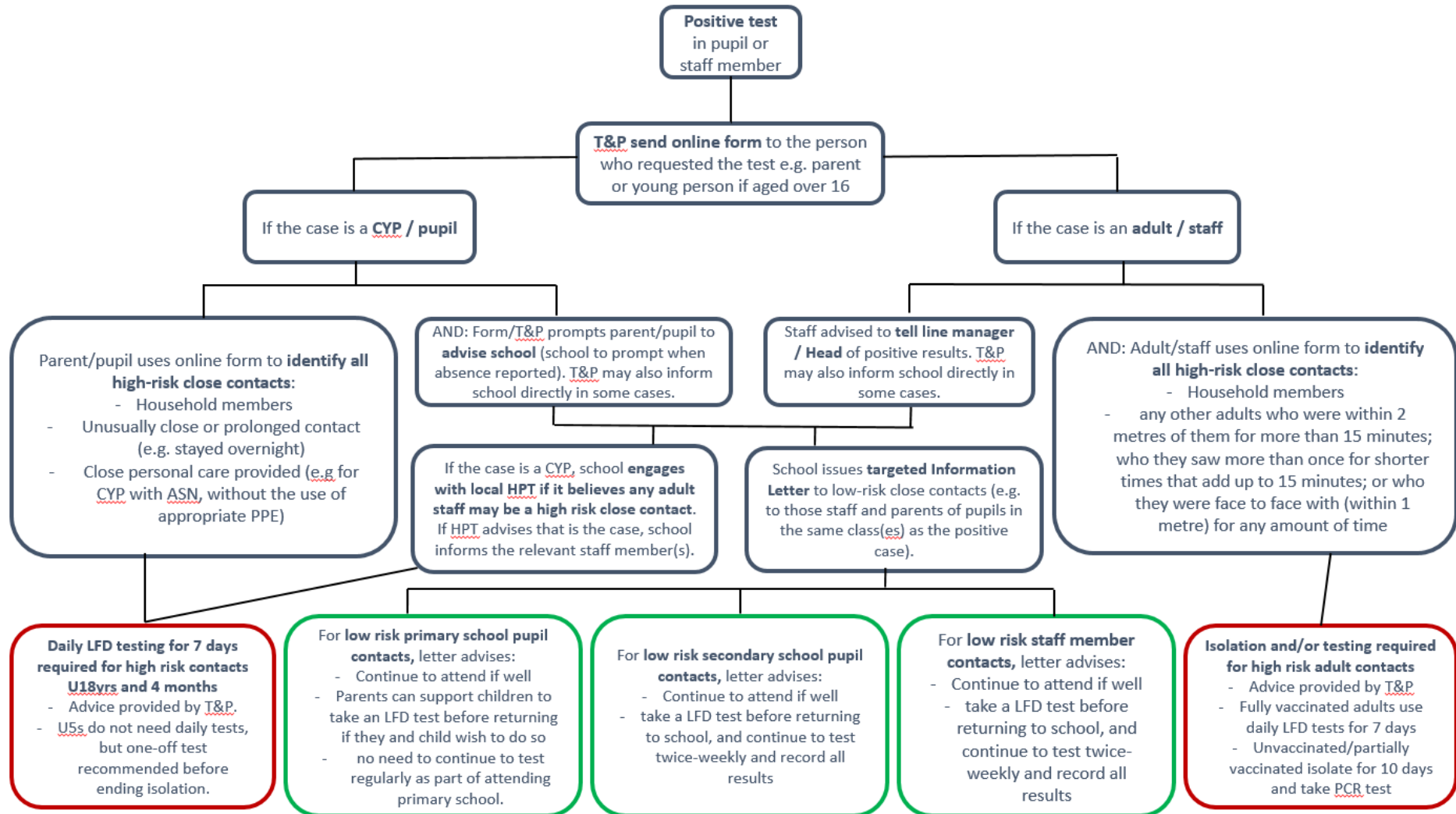
268. Schools and settings will wish to develop arrangements for good quality dialogue and communication with children and young people. A variety of methods can help to gather children and young people's views, questions and issues, and can help to clarify and address difficulties. Examples include Pupil 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.

269. 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

270. 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 (effective from 6 Jan 2022)



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. 	
2, 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	<p>Requirements for mitigations on school transport in different scenarios are fully understood and can be implemented to required timescales by operators.</p> <p>School transport arrangements support partial attendance where required.</p> <p>Agreements in place with operators on approach to be taken in event of partial attendance.</p>	<ul style="list-style-type: none"> Local authorities to continue joint planning with school transport operators to ensure readiness for these issues. 	
2,3, 4	Free school meals	<p>Provision of free school meals will continue to be made available for all eligible children and young people.</p>	<ul style="list-style-type: none"> LAs and schools to have in place contingency arrangements for the ongoing provision of free school meals. As with previous arrangements, local solutions to this issue will be dependent upon local circumstances. 	

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 are not participating, 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.

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. Processes around test kit logs and implied agreement to participate were updated in December 2021 to facilitate more proactive distribution of test kits.

Supplementary guidance for residential boarding and hostel accommodation in educational facilities

This guidance, originally published in March 2021, was developed in consultation with regulatory bodies, schools and their representatives, Public Health Scotland and other partners. **This update is issued in December 2021, in light of amended international travel requirements.**

Establishments may also find the existing Scottish Government [guidance for residential children's houses, residential schools and secure care facilities on staffing, social distancing and self-isolation](#) useful. This guidance is updated regularly. They should also be familiar with guidance on [symptoms of coronavirus](#).

1. Who this is for

This supplementary guidance is for school care accommodation services, provided to allow pupils to attend a public, independent or grant-aided school, that provides residential accommodation. For clarity, this includes: residential, special and secure accommodation and independent boarding school facilities and residence halls provided by local authority secondary schools.

All schools, including residential boarding/hostel accommodation in educational facilities, should have regard to the [Coronavirus \(COVID-19\): Guidance on reducing the risks in schools](#) (updated December 2021) and apply it as appropriate in their specific settings.

2. Return of pupils

Pupils are currently expected to have full-time, in-school learning.

Pupils are expected to comply with all applicable international travel regulations, and schools are expected to support them to do so.

A common travel area (CTA) exists between the UK, the Republic of Ireland, the Channel Islands and the Isle of Man. Specific rules apply for pupils arriving into Scotland from outside the CTA and such pupils will need to comply with the [current travel restrictions](#) for the wider population (e.g. when returning to school after the holidays). Please see the sections on Surveillance, testing and outbreak management, Isolation and International Arrivals and Before Travelling below for more detail.

Continuous reviews of international travel regulations, taking into account the latest evidence about new variants and progress in reducing community transmission levels, take place. New arrangements will be communicated at the earliest opportunity. Schools, however, are strongly advised to be alert to the fast changing situation due to the emergence of the Omicron variant.

3. Risk assessments

Establishments should undertake and update regularly their own specific risk assessment, considering local circumstances, the domestic arrangements of pupils and staff, international travel requirements, pupil wellbeing and public health and hygiene requirements.

The assessment should consider the overall number of pupils, staffing levels, and the capacity of each residential hall or house. This should include arrangements for the provision of meals, the mix of shared dormitories and bathrooms/toilets, individual bedroom facilities, and shared communal facilities, as well as enhanced cleaning schedules, particularly for kitchens and

bathrooms and measures to reduce contact between pupils, staff and visitors. Risk assessments should include contingency provision for symptomatic pupils or staff, those with underlying health conditions, and possibly, catering, external pastoral support, and the use of school and public transport.

Schools should inform the Care Inspectorate of any revisions to term dates, or if young people are required to remain at school over holiday periods, due to risk assessment outcomes.

Further detail on risks assessments for isolation and contingency planning is given in Section 24 below

4. School regulation

As with all independent schools in Scotland, proprietors must ensure that the school they are responsible for does not become objectionable on any of the grounds listed in Section 99(1A) of the Education (Scotland) Act 1980 which includes the obligation to safeguard and promote the welfare of children and young people enrolled in the school.

Additionally, the proprietors of independent boarding schools must comply with the relevant legislation around the registration of their School Care Accommodation Service; such as the Health and Social Care Standards and the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. This includes, but is not limited to, the requirement to maintain an appropriate number of suitably qualified and experienced staff who are properly supervised.

This guidance on managed isolation should be considered alongside these requirements and the main school guidance. Schools are expected to follow these arrangements in full. To support these arrangements, the Care Inspectorate may carry out additional short COVID-19 inspections of services who are supervising managed isolation of boarders. These would use the specially developed key question which was published in the [Quality framework](#) for mainstream boarding schools (p54-67).

5. Wellbeing

Residential schools have a responsibility to ensure the overall wellbeing of children and young people and compliance with practices which reduce the risk of the spread of infectious disease. Establishments should therefore make appropriate arrangements for children and young people whilst adhering to public health guidance and following all other Scottish Government and relevant governing body guidance.

6. Hand hygiene

Boarding facilities should provide appropriate hand hygiene facilities (e.g. hand sanitiser) in common spaces and support and encourage regular hand hygiene at the appropriate times. Bathrooms should be fully supplied with products for handwashing and drying, and subject to enhanced cleaning.

7. Contact between individuals and groups

In planning to support boarding pupils, schools should apply the guidance on contact between individuals and groups as set out in the [main school guidance](#), for example observing appropriate physical distancing between adults and children/young people and other related mitigations.

Boarding schools should take into account that increased mixing of pupils in a residential environment can lead to increased transmission, and a greater risk that more children would need to isolate if there is a positive case, and consider what grouping or bubbles are appropriate in each situation. Schools should continue to risk assess, following the main guidance, considering for example the arrangements for distancing between adults and children and maintain contact with their local Health Protection Team (HPT). Schools should have contingency plans for pupils or groups of pupils that may be required to isolate following a positive case.

Risk assessments should fully consider procedures for when children and young people leave and return to school premises, including hand hygiene.

8. Staying vigilant and responding to COVID-19 symptoms

Daily symptom surveillance (asking the questions) with a low threshold for isolation and testing, if symptomatic, is key.

Residential pupils showing [symptoms of COVID-19](#) (cardinal symptoms of new cough, fever and altered or absent sense of taste or smell) will require to be isolated and tested using a Polymerase Chain Reaction (PCR) test arranged via [NHS Inform](#). Please see [NHS Inform](#) for the most up to date advice on PCR testing, including in circumstances where a positive LFD result has already been obtained.

If a child in a boarding school/residence hall shows symptoms, they should initially self-isolate in their residential setting/household. Most children will benefit from self-isolating in their boarding house so that their usual support can continue. Others will benefit more from self-isolating in their family home if travel can be arranged safely.

Students should not travel to the school if showing symptoms, instead they should isolate and arrange a PCR test via NHS Inform.

9. Surveillance, testing and outbreak management

Schools should follow procedures for testing, Test and Protect and outbreak management set out in the main school guidance.

All schools have access to the asymptomatic LFD testing programme. Boarding schools should encourage all their secondary pupils, and any pupils identified as low risk contacts, to use this programme to test twice weekly.

Due to the emergence of the Omicron variant and the potential risk of reinfection, individuals who have tested positive for SARS-CoV-2 (COVID-19) by PCR within 90 days should be encouraged to continue to participate in routine asymptomatic LFD testing including testing in schools, workplaces and for the general public, as recommended.

It is still however considered that the specific circumstances of a large number of pupils joining a boarding school environment, from a wide range of locations, including international travel for family or leisure reasons, presents a higher degree of risk. This is due to the close contact pupils and staff have and the risks of virus transmission if an individual case occurs. Consideration must therefore be given to mitigations to reduce these risks.

An additional appropriate mitigation would be to consider *all* boarding pupils taking a PCR test on the return to school after holidays. This would provide the most accurate test of whether cases were present at that time. Scottish Government, (via IndependentSchoolsMailbox@gov.scot) can arrange bulk deliveries of batches of PCR tests

upon request. Schools would be responsible for appropriate returns.

Alternatively schools should be able to request the additional PCR tests by ordering home test kits from [NHS Inform](#) and specifying that pupils have been asked to do this by their school and are students in Scotland. Schools and pupils can work through the menus, confirming they do not have symptoms of COVID-19 and are not an essential worker. When asked why they are getting a test, they should select that they have been told to get a test by their place of education and that they are a student in Scotland. They can then proceed to order a home test kit using a mobile phone number and email address. It should be noted that pupils cannot be tested through Test and Protect if they need to prove they don't have COVID-19 as a condition of travel. This must be done privately.

More detailed guidance on conducting PCR tests is included at section 20 below.

On surveillance, the overall reporting on incidence amongst school age children and staff will include data from these settings.

10. Vaccination

Vaccination has the potential to reduce transmission in both symptomatic and asymptomatic infections but does not change the need to continue all current COVID-19 mitigation measures (for both vaccinated and unvaccinated people). Vaccine effectiveness is not absolute. Being fully vaccinated can support a risk assessment approach in determining if some individuals require to self-isolate after having been identified as a contact. E.g. self-isolation requirements for [contacts](#) or [returning travellers](#) may vary in certain circumstances based on setting, vaccine status or age. For Risk Assessment purposes, schools should note that vaccination is not as yet used as a tool in managing outbreaks.

Information on the COVID-19 vaccine and leaflets explaining why the COVID-19 vaccine is being offered and how, when and where it can be received, are available on [NHS inform](#). Vaccination of all staff is strongly recommended, including those who are pregnant, breastfeeding or planning a pregnancy. A [booster COVID-19 vaccine](#) is now advised for everyone aged 18 years and above. Everyone eligible is strongly encouraged to get their booster vaccination.

Schools should note and keep up to date with [vaccination recommendations](#) for the under 18 age group and work with their local health teams to ensure pupils access vaccinations as soon as they are eligible.

It is advisable that for pupils or staff who have a current diagnosis of COVID-19 that vaccination is deferred for four weeks after either the onset of symptoms or the first confirmed positive test in those who are asymptomatic.

11. Pupils travelling to school internationally

All pupils should fully comply with the international travel regulations which apply to them.

The Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Regulations 2021 are subject to frequent update, including, for example, on [7 December 2021](#). These additional restrictions are temporary and kept under frequent review on a four nations basis. Pupils travelling from outside the CTA should follow the testing requirements applicable to their travel, as specified in the most up to date international travel [guidance](#).

Schools should always follow the most up to date International Travel Regulations and associated guidance, including if this changes before the start of term in January 2022.

As at 15 December 2021, for example, if travelling from a non-red list country, pupils:

- aged between 12 and 17 must take a PCR or lateral flow test no more than 2 days before boarding a flight. The adult travelling with the pupil(s) must provide proof that the child's COVID-19 test was negative. Children aged 12 or over travelling on their own will need to carry proof their COVID-19 test was negative.
- aged 11 or over should take one COVID-19 PCR test, on or before day two after arriving in Scotland. If not booked prior to arrival, a person with responsibility for the child can order a day 2 test after arrival in Scotland.
- must isolate at their school (or other designated address) as soon as they arrive in Scotland. They can only stop isolating if they receive a negative test result from their day 2 PCR test.
- For isolation and testing requirements applicable to children under 11, please refer to the most up-to-date international travel regulations.
- any pupils who are 18 or over must follow the [standard rules for travellers to Scotland](#)

12. Red List Travel

A country risk assessment system is in place. The [current acute risk or 'red list' countries](#) are subject to frequent review and update. Any travellers from 'red list' countries are required to travel directly to managed self-isolation accommodation using designated transport and to remain in that accommodation for a minimum 10 day period. A specific exemption is in place to allow boarding school pupils to instead isolate at their boarding accommodation.

If travelling to a boarding school from a red list country, or via a red list country in the 10 days before arriving in Scotland, pupils must undertake the following:

- if aged 12 and over, pupils must take a PCR or lateral flow COVID-19 test no more than 2 days before boarding a flight. An adult travelling with the pupil must provide proof that the pupil's COVID-19 test was negative. Pupils aged 12 or over travelling on their own will need to carry proof their COVID-19 test was negative.
- if aged 11 and over, pupils should also take two COVID-19 PCR tests, on or before day 2 and on or after day 8 after arriving in Scotland. If not booked prior to arrival, a person with responsibility for the child can order [day 2 and 8 testing kits](#) after arrival in Scotland.
- they must isolate at their school for 10 days as soon as they arrive in Scotland.
- do not need to isolate in a managed quarantine facility
- for isolation and testing requirements applicable to children under 11, please refer to the most up-to-date international travel regulations
- any adults travelling with a boarding school pupil to Scotland must follow the [standard rules for travellers to Scotland](#)

Before pupils travel, schools need to have travel plans in place, including arrangements for the collection and transfer of students to the boarding facilities where they will isolate. These need to be fully explained to students and their parents before they travel, including testing requirements, the infection risks and policies that will be in place, and their consent confirmed.

Schools should send boarding school students **from red list countries** the following:

- A copy of the Scottish Government letter confirming that boarding school students are covered by an exception, (further copies of this can be obtained by contacting IndependentSchoolsMailbox@gov.scot); and
- A letter from their school to the boarding school student meeting the requirements as set out in this guidance.

Before travelling from red list countries, boarding school students, or persons with responsibility for them, should:

- Book and pay for the relevant PCR travel test package as per applicable international travel regulations
- Complete a Passenger Locator Form (PLF) before arrival, with details of where they will quarantine (isolate), when they will arrive and the travel test package booking reference number.

Boarding school students from red list countries should be ready to present both of these letters, and either a paper or electronic copy of the Passenger Locator Form (PLF) to Border Force officials on arrival.

Boarding school students can use the booking portal to book their travel test package (this is administered by Corporate Travel Management (CTM)). If arriving directly into Scotland, please book tests using the [Scottish CTM portal](#). If arriving into England and then transiting to Scotland, please book PCR tests using the [English CTM portal](#).

13. Travel to boarding school

A boarding school student requiring to isolate at their boarding accommodation must travel directly to the school accommodation without undue delay.

Transport is expected to meet the following conditions:

- it should be a motor vehicle,
- it should not be public transport and it should be transport that has been pre-arranged by the school at which the student or pupil is due to attend on their arrival in Scotland

In planning pupils' journeys to school, these should be kept as simple as possible, minimising transport changes and, ideally, arriving directly into Scotland. UK Government regulations have been amended so that boarding pupils arriving into any airport in the UK are able to travel onward to their relevant school.

All boarding school students isolating at their boarding school should be met at their port of entry by representatives of their boarding school and be transported directly to their boarding facility to isolate. Schools will be expected to take immediate responsibility for boarding pupils on arrival, transferring them straight into a regulated school environment.

The boarding school representative should ensure they are at the port of entry in good time to pick up the arriving boarding school student(s). If the representative has issues getting to the port of entry on time they should phone and advise Border Force officials at the relevant airport. This includes if there is a change in the school representative responsible for the student's pick up and transport after the school has issued its letter to the student.

The boarding school representative should have proof of identification with them.

When boarding school representatives have arrived at the port of entry and are ready to pick up the pupils who have travelled from a red list country, they should go to the 'Managed Quarantine' collection point in the arrivals hall and, once their identity has been confirmed, the pupil will be brought through to meet them.

The boarding school travel representative who is responsible for transport should ensure:

- Appropriate physical distancing (at least 1 metre) is maintained at all times.

- Children should wear face coverings (unless exempt), with appropriate arrangements for disposal of temporary face coverings or storage of reusable face coverings and handwashing.
- Good hand hygiene is maintained by ensuring a plentiful supply of alcohol hand gel and use at the appropriate times.
- If more than one child is travelling and they are not part of the same family or other grouping, ensure the transport is of a size that will allow at least 1 metre physical distancing, one person per row with mask on, with no-one immediately in front or behind, and ensure there is a seating plan with allocated seating.
- In coaches, three rows of seats should be allowed between students and the driver.
- Good ventilation within the vehicle through open windows or effective air conditioning.
- That transport does not stop at any services (including at request of passenger), unless in an emergency such as fire.
- Where a long journey necessitates toilet breaks, these stops should be pre-arranged with facilities that should be exclusively for the use of the travelling boarding school student(s) for the duration of the stop and can be cleaned afterwards before being used again (schools may want to make arrangements with other schools to use facilities if needed en route).
- The destination school is notified around 20 minutes prior to arrival so they can prepare for the arrival.
- Children disembark in a physically distanced manner and are transferred to the care of school staff.
- If more than one child has travelled, pass the seating plan to the school for test and trace purposes.
- Ensure an appropriate cleaning regime for the school transport, for example, as provided in [Coronavirus \(COVID-19\): guidance on reducing the risks in schools](#)

On arrival at the school, a one-way system should be established along paths that take boarding school students to the household areas where they will isolate. Aim to maintain at least 1 metre physical distancing when escorting pupils to appropriate areas. School staff facilitating arrival should wear a face covering and ensure hand hygiene is performed at the appropriate times. (Aprons and gloves are not routinely required). A clear system should handle the arrival of multiple boarding school students at once and ensure strict physical distancing. Support bubble arrangements, if applicable, should already have been designated and students that are not in the same support bubble should be kept separate from other isolating students, and both groups should be kept separate from other students at all times.

14. Isolation in school boarding facilities

For **pupils who have travelled from red list countries**, isolation is permitted to take place in accommodation that comprises residential facilities organised by the boarding school in Scotland that the pupil is due to attend on their arrival in Scotland. The accommodation should constitute separate accommodation meaning it must be accommodation that is physically self-contained. Similar arrangements are advised for pupils who are isolating under other regulations.

In the interests of pupil wellbeing, the pupils that are isolating should, where possible, be allocated to a support bubble. Parents and pupils should fully understand the arrangements that are proposed and understand the infection risk inherent in any bubble arrangement.

Support bubbles, if used, should be kept as small as possible and of no more than 5 pupils at most, to limit transmission risk, should this occur. Records should be kept of who is in each

bubble, and any planned or unplanned deviation from the agreed bubbles, in order to assist with contact tracing should it be required.

Irrespective of a support bubble arrangement, isolation should, where possible, be undertaken in single rooms with private bathroom facilities. It is permissible, if necessary, for pupils in the same bubble to share a room or bathroom facilities, though single rooms are preferable.

Care should be taken in constructing bubbles, to ensure that areas of origin are drawn as narrowly as possible, for example a bubble of up to 5 may be formed where pupils have travelled from the same area. Any bubbles should look to be of similar age-range as far as possible, although an exception would be appropriate for siblings.

The support bubble (of a maximum of 5 pupils) should have access to a limited common area for social contact. This area should be for the use of a single bubble only. If it is necessary for multiple bubbles to access the same area, this must be managed to avoid any contact between bubbles and with enhanced cleaning of the area, paying particular attention to touch surfaces and equipment, between each bubble accessing the area.

Care should be taken to promote appropriate mitigations and hygiene within the bubble, for example, maintaining at least 1 metre distancing, as much as is practical. Each bubble should occupy part of the school site which is separated from the parts of the site used by other bubbles for isolation purposes and areas used by other staff and students. For example, bubbles may occupy separate buildings or parts of buildings. Movement around the school facility should be strictly minimised, with any care delivery requirements (deliveries of food, toiletries or other supplies) provided in the pupil's room rather than using communal spaces e.g. dining rooms or collection points.

In designating pupils to a support bubble, schools should consider:

- The importance to wellbeing of pupils having in-person support from another pupil(s), and take into account such factors as pupil age and gender;
- Limiting transmission risk by:
 - keeping support bubbles to no more than 5 pupils;
 - grouping together pupils who have already mixed, for example siblings or those who have travelled together; and
 - grouping together pupils who have travelled from or through the same area.

For **pupils from non-red list countries** isolating until they receive a negative Day 2 test, schools must risk assess and establish similar isolation arrangements to be followed by pupils. It may be reasonable for these pupils to have slightly larger support bubbles for pupil wellbeing purposes, but this must be balanced with the risk that the whole bubble will require further isolation periods if any member of it tests positive.

The following sections set out in more detail the guidance for those pupils isolating.

15. Residential facilities used for isolation

Schools should refer to [COVID-19: guidance for non-healthcare settings](#) for appropriate infection prevention and control measures.

Rooms should have individual ventilation systems (e.g. room or window fan coil units that do not recirculate to other parts of the building) or windows that open (safely) and ideally en-suite facilities. Schools should be aware of the [SG ventilation guidance](#) (updated November 2021) on getting fresh air into indoor spaces to help stop the spread of coronavirus.

Care should be taken to ensure that private rooms and common areas have appropriate ventilation that is not introducing risk into or out of the isolation area. Opening windows at regular intervals is ideal.

The school should risk assess and put in place appropriate arrangements to bring meals and other essential commodities, such as toiletries, to the area where isolation is occurring. Students should have their meals in their rooms or in bubbles if the isolation area is suitable but must not leave the facility to collect meals or sit in a shared dining facility. Social contact should be risk assessed, which might permit an occasional meal to be taken as a group within the bubble if felt beneficial for mental health.

The school should risk assess and put in place appropriate arrangements for cleaning rooms, changing bedding, handling laundry and disposing of waste (see further detail below).

Where there are no en-suite facilities, designate toilet and showering facilities to specific isolating individuals or a specific support bubble and increase cleaning frequency within these. If any shared facilities are used by different bubbles, enhanced cleaning will be required. Ensure a system is in place to make sure cleaning is taking place in between different bubbles that are accessing the toilet and showering facilities, and that non-isolating pupils are not accessing the same toilet and showering facilities.

If pupil rooms do not have en-suite facilities or a hand wash sink in rooms then ensure alcohol based hand rub provided for pupils to use before and after meals etc., and before or after leaving their room for any reason.

All boarding school students should have their own individual towels, both for drying after bathing or showering and for hand hygiene purposes.

16. Supervising and supporting boarding school students during isolation

Schools should ensure that pupils isolating are in a regulated school environment and under full time supervision by staff, especially when away from their isolation accommodation, for example, for exercise or fresh air.

Schools should provide appropriate information to boarding school students about how they need to behave while in isolation and how they will access services and can contact staff when help is required.

Schools should:

- Ensure boarding school students follow the guidance on how to isolate when they arrive in Scotland.
- Ensure boarding school students are supervised such that there is no opportunity to leave their accommodation, except where carefully supervised to ensure no contact with other individuals, apart from others isolating as part of the same bubble and staff responsible for their supervision and care for the required period.
- Put in place arrangements for the oversight of boarding school students in isolation that protect the safety and welfare of all students and staff, minimising the school staff who interact with the boarding school students within reason and using COVID-19 precautions (including at least 1 metre distancing, face coverings, symptom vigilance and hand hygiene) and following [NHS Inform guidance](#) for people who are self-isolating.

- The mental wellbeing of pupils remains a priority. Where contact is required to support wellbeing this should be undertaken with as much care as possible to the infection prevention measures identified in this guidance.
- Provide boarding school students with clear rules (based on this guidance) as to what is expected and acceptable during their isolation period including a clear statement of the area that the boarding school students are allowed to occupy (e.g. an area including their room and toilet/bathroom facilities that are for their use only).
- Provide boarding school students with as much information as will be helpful for them to understand the practicalities of being in isolation such as arrangements for meals, room cleaning, disposing of rubbish, laundry, process for requesting and enjoying outdoor exercise and emergency procedures. Rules and information should be provided verbally and in writing.
- Alcohol-based hand rub for each boarding school student, with advice on how and when to use this and the risk of ingestion and flammability.
- Have procedures in place, agreed in advance with parents, setting out what it will do in the case of an emergency.

17. Laundry and waste disposal

The school should put in place appropriate arrangements for the collection and treatment of laundry and waste from each isolating individual/bubble. This should prevent unnecessary contact between staff and members of the bubble.

- Staff should wear appropriate personal protective equipment (PPE) (face coverings, aprons and gloves etc.) when handling laundry from isolating boarding school students. Laundry should be treated as infectious and double bagged, should be tagged with the care area and date, and stored in a designated, safe lockable area while awaiting laundering. It must be washed on a hot wash at 60°C.
- Laundry belonging to the isolating pupils should be handled and managed separately from laundry belonging to all other pupils in the school.
- Unless the pupil becomes positive for COVID-19, all consumable waste items that have been in contact with isolating boarding school students, including used tissues, can be disposed of according to normal arrangements.

If a pupil is positive for COVID-19, all waste items should be put in a plastic rubbish bag, double bagged and tied. This should be disposed of with normal household rubbish after a wait of 72 hours.¹

18. Staff personal protective equipment (PPE)

Staff should wear a face covering and apply physical distancing at all times including in the isolation accommodation when the pupil is not present and in areas only accessed by other staff members. Staff need not wear other PPE unless they are providing care for a symptomatic or confirmed positive COVID-19 student (or another infectious disease is suspected or known). If caring for a symptomatic student (within 1 to 2 metres), staff should wear a fluid resistant surgical mask, eye protection, if there is a risk of droplet or splash, apron and gloves. These items are single use and must be disposed of after the care task being provided is complete. Staff must never go between students in PPE or wear PPE (other than a face covering) when moving around the school setting. Donning and doffing training/[instruction](#) should be provided to staff.

¹ See [HPS Guidance for non-healthcare settings](#)

19. Exercise and fresh air

All isolating boarding school students may leave the place in which they are isolating for exercise only under supervision, which should be by the same staff members caring for that bubble or individual. This must be within the school grounds. Regular opportunities for exercise and fresh air are recommended, and pupils in the same support bubble can access this together. Individuals from different bubbles must not mix even if outside and physically distanced. School staff should ensure that boarding school students remain in close proximity of their accommodation. Students should wear face coverings unless exempt.

It is acceptable for the exercise to be sport related if it is in the school grounds and in close proximity to the isolation accommodation, it has been risk assessed, pupils continue to wear masks/observe at least 1 metre distance and any games equipment used can be cleaned effectively after use.

20. PCR tests for boarding school students

As set out in sections 11 and 12 above, pupils must follow relevant international travel regulations and advice in terms of PCR testing requirements. For example, boarding school students from red list countries who are isolating arrive on Day 0, and PCR testing must take place on or before day 2 and on or after day 8. Schools are responsible for ensuring this statutory process takes place.

A PCR test is also strongly advised for all pupils on return to boarding accommodation, irrespective of international travel guidance, to help manage COVID-19 risk at the beginning of term, as set out in section 9 above.

School staff should ensure PCR test kits are stored appropriately (ensuring storage is at an appropriate temperature: 5°C to 22°C). Schools should have a plan setting out which boarding school student will receive test kits on which day.

When required, school staff should collect test kits from storage and deliver them to boarding school students within their 'household' accommodation. After students have completed the test, school staff should collect the test kit and put it into a box which should be closed and sealed for transport. They should not handle the test kit further before collection when they should be passed to the courier.

Boarding school students should normally complete the test themselves, following the instructions. School staff should familiarise themselves with test-kit instructions so that they can provide appropriate support for boarding school students where necessary. Where the pupil is aged under 16, the mobile phone number entered on the test needs to be for a staff member who is authorised to speak on behalf of the pupil and answer questions in relation to contact tracing, as a parent would in the case of a child aged under 16 outside of the boarding school environment. The pupil and/or their parent's consent should be secured for this.

PCR test results will be sent by SMS to the mobile phone number used and any positive results will result in follow up contact by NHS Test and Protect.

If schools face delays in receiving test results, they may wish to consider and risk assess bespoke but secure alternative testing arrangements, such as driving pupils to a local test centre to access an additional PCR test and more rapid result. Any pupils and staff travelling together would be likely to be considered close contacts and require to isolate if any in the group tested positive. In considering alternatives such as this, schools should seek advice from the Scottish Council for Independent Schools or Scottish Government (IndependentSchoolsMailbox@gov.scot).

21. Visitors to boarding school students in isolation

Boarding school students in isolation should not receive visitors, except in exceptional circumstances. If it is necessary for social workers, other children's social care staff, medical staff or other professionals to engage with the pupil, they should consider in the first instance if this can be done so remotely. Where face to face care/consultation is required by any onsite nursing or medical staff, efforts should be made to see the pupil in their room and avoid the need for the pupil to leave their accommodation or enter the medical room.

22. Leaving isolation under exceptional circumstances

Boarding school students must not leave the place where they are isolating until their isolation has ended (see below). The International Travel Regulations set out the [limited grounds](#) in which exceptions can be made to isolation required under those regulations.

23. Ending Isolation

Once isolation is over, boarding school students are no longer required to meet the restrictions set out in this guidance. However, schools should continue to manage all boarding school students in line with the [Coronavirus \(COVID-19\): guidance on reducing the risks in schools](#).

Any members of a bubble that have isolated together should remain in isolation until all members have served the 10 days isolation, leaving isolation on Day 11.

If any member of a bubble tests positive during that time, the boarding school should contact the local HPT for further advice on how to risk assess this potential cluster.

If the result of a boarding school student's Day 8 PCR test is inconclusive, a repeat test is advised for them, but they can be released if after 14 days no positive PCR or COVID-19 symptoms have arisen. Management of the rest of the bubble should be determined with input from the local HPT who can help interpret what to do when non-standard results are received or when multiple / sequential positive results are received for the same bubble.

24. Risk assessments for isolation and contingency plans

Schools will need to undertake their own risk assessments about how to isolate boarding school students as safely as possible, taking particular account of the numbers of students isolating at any one time and contingency arrangements for inconclusive or positive test results for individuals and bubbles. Seeking support from local HPTs when such issues arise is key to good cluster management. Particularly at the beginning of terms, careful planning will be required if high numbers of pupils require to isolate and to manage the risk of isolation periods being extended. To manage this risk, consideration should be given to staggering return dates and isolation periods, the possibility of postponing other pupils' return at short notice and identifying additional accommodation that could be used if required.

Schools should have regard to guidance on isolation for those showing symptoms of COVID-19 in planning for the isolation of arriving boarding school students. For example, fire safety risk assessments should be updated to consider the need for physical distancing on drill evacuations (not relevant in real life circumstances) but this must not affect fire safety guidance, and risk assessments in completing emergency repairs and maintenance should consider the need for physical distancing.

Schools should set out clear contingency plans for pupils and staff becoming symptomatic/ testing positive, including the risk that this could affect multiple bubbles and significantly extend

isolation periods. Planning should include the option to extend use of isolation accommodation if necessary, for example, by identifying alternative accommodation for other pupils who were due to move into it, or, if unavoidable, identifying alternative accommodation to move isolating pupils to. A decision to move isolating pupils should only be taken after full risk assessment, ensuring that the alternative accommodation can meet all the requirements of this guidance, that the movement of pupils and staff is conducted as safely as possible minimising any risk of infection transmission, and that the vacated accommodation receives enhanced cleaning prior to other staff or pupils using it.

25. School staff

Where possible, residential settings should operate a consistent staff rota to minimise the risk of transmission and keep the number of staff having contact with each individual or bubble to a minimum. The rota should avoid individual staff having contact with multiple isolating bubbles, and should clearly designate staff during the isolation period as either looking after students in isolation or looking after non-isolating students and avoid any shared duties, for example, general school staff providing back up for staff supporting an isolation bubble.

If staff are having contact with more than one bubble then following all the mitigations is essential in order to minimise all routes of transmission (at least 1 metre distancing, face coverings, hand hygiene before and after contact with students in the bubble). The school should have contingency plans in place for staff members testing positive (alerted by regular testing) or being required to isolate in the event of being identified as a contact.

Contact with pupils by school management or pastoral staff should be fully risk assessed to minimise risk of transmission, for example, by ensuring that this contact is remote or during outdoor exercise periods, during the periods of self-isolation, except where necessary to support individual pupils' wellbeing.

Staff, whether non-resident, visiting, or partially or fully resident at the school, should follow careful infection control measures during and after visits, in the same way as any self-isolating household would if they had unavoidable visitors. As always, they will need to pay particular attention to careful infection prevention and control, including physical distancing, hand and respiratory hygiene. Staff are encouraged to ensure they are vaccinated and take up their booster dose when eligible, and to take part in the twice weekly asymptomatic testing programme.

Schools should follow the procedures for staff testing, Test and Protect, and outbreak management as set out in this guide. Any staff member who develops symptoms of coronavirus (COVID-19), tests positive for COVID-19 through an asymptomatic test or has someone in their household who has developed symptoms, should cease working immediately, self-isolate and follow NHS Inform guidance on testing and isolation.

You should refer to [Winter 21/22 Respiratory Infections in Health and Care Settings Infection Prevention and Control \(IPC\) Addendum](#) for guidance in relation to all engagement with students in isolation. This includes arrangements where a child or young person showing symptoms of coronavirus (COVID-19) requires staff contact for personal care.

26. Case and Outbreak Management

Any suspected cases (symptomatic or with a positive test result), including those within a bubble, should immediately be isolated, and stay in isolation until the end of their isolation period or a negative PCR result. Follow the latest NHS Inform guidance on self-isolation and testing, including the ability for close contacts to undertake daily LFD testing, dependent on age and vaccination status.

Schools should have a contingency plan in place for this occurring in a specific setting, with a designated single room(s), toilet and non-shared facilities for the individual(s) affected. If the individual is already in a single en-suite room, it may not be necessary to move them, but this should be risk assessed depending on the specific circumstances and options. There should be a cleaning plan for the area in which the suspected/confirmed case has been and cleaning of any shared facilities within the bubble.

Where a positive result is returned for any individual, [contact tracing](#) is necessary. They will be contacted by an NHS contact tracer to identify their contacts, either through digital routes or by direct phone call. Contact tracing will most likely be via a digital2 form (Co3) which the person who submitted the test will be asked to fill in. Pupils should name all of their contacts.

Staff supervising isolation should be available to assist pupils with contact tracing. Tracers will not only be tracing individuals, but also settings (such as school, transport, public venues, other households) where the index case (i.e. pupil) has spent significant time during the infectious period (from 48 hours prior to the onset of symptoms, or positive test if asymptomatic; and for 10 days from date of onset of symptoms, or positive test if asymptomatic) should be recorded.

Tracers will need to be informed of any history of travel which should be recorded from the 14 days before symptom onset (or date of test, if asymptomatic).

The pupil should be told that there may need to be a discussion with others in identified settings to identify any contacts and to ensure appropriate measures are taken.

Contact tracing may require communication between PHS, local HPTs and other local partners (including local authorities and local health services) if it is necessary to reduce further onward transmission, reinforce adherence to COVID-19 control measures and minimise the dissemination of inaccurate information and media handling.

Contacts who live elsewhere in the UK should be passed to the relevant national public health agency or to [PHS](#) for follow-up. Details of any identified contacts who live outside the UK should be passed to PHS, who will liaise with the relevant public health authority or national focal point.

Household, intimate and overnight contacts will be highlighted as high risk of transmission, others as low. More detail on how contacts are identified is available from [Public Health Scotland](#). Please see [NHS inform](#) for expected management of any contacts designated as high risk of transmission. Those designated as low risk of transmission should remain vigilant for symptoms.

In addition, two or more confirmed (PCR or LFD positive) cases of COVID-19 that arise within 14 days should be reported to the local HPT, who will lead any further investigation to determine whether this is an outbreak. The HPT will work with the school and any other relevant parties to undertake a risk assessment and put in place a shared plan to reduce any risk of onward transmission. The HPT will also work with contact tracers working through NHS Test and Protect to inform their plan of action. There is no need to report suspected cases, i.e. those with symptoms only but no positive test, or a single case.

Cases should follow the latest [NHS Inform](#) guidance on self-isolation.

2 Further explanation on how the online tracing form works and to view embedded video <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/test-and-protect/coronavirus-covid-19-contact-tracing>

If a case who tested positive has recovered, and then develops cardinal symptoms again out with the original self-isolation period, they should re-isolate and have a PCR test again, in line with NHS guidance.

27. Education

Where schools wish to commence the education of any isolating students, this may only be done where it would be consistent with the student maintaining their isolation (i.e. through remote learning).

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 organised children's activities](#)
- 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 \(www.gov.scot\)](#)