

# The Good Shepherd Centre

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



Updated: 9<sup>th</sup> August 2021

**This document should be read in conjunction with the most recent GSC COVID 19 Policy**

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## Overview

This guidance takes effect from 9th August. It sets out that:

- GSC will continue to apply the mitigations that were in place at the end of last term, with the exception of some modifications as set out in this guidance. This approach to retaining mitigations is expected to remain in place for a period of up to 6 weeks (until the end of September), following which further advice will be provided.
- the modifications that should be made to mitigations relate to:
  - an updated wider policy on self-isolation, contact tracing and testing for U18 close contacts, which results in the ability to remove contact groupings; and
  - further minor adjustments to the previous mitigations to ensure consistency with measures in place in wider society. These modifications should be made as soon as possible after the return to school, and in any case within 4 weeks of return

Mitigations will be kept under constant review, and if data and evidence suggest that any specific mitigations can be removed at an earlier stage advice will be provided to that effect.

## Key context (including revised strategic framework)

The Scottish Government published its Strategic Framework update and Review of Physical Distancing on Tuesday 22nd June 2021. This includes important context for the return to school at GSC.

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'.

All areas of Scotland moved to Level 0 on 19 July. As announced on Tuesday 3rd August, Scotland will move beyond Level 0 from 9th August. This means that by the time schools begin to return from w/c 9th August, we expect an easing of restrictions in wider society.

In considering arrangements for school from August, this guidance has drawn on expert advice from the Advisory Sub-Group on Education and Children's Issues. In developing that advice, the Advisory Sub-Group took account of relevant evidence and the potential impact of proposed mitigations in schools. In reaching their conclusions, they specifically considered Long Covid, the impact on staff safety and wellbeing, the wider impact on children and families and the potential for disrupted learning in future.

The position with regard to vaccination of school staff, and the consequent change in the risk profile of the school environment, has been an important consideration in developing this guidance. For example, it is estimated that around 85% of teachers who have taken up the offer of a first dose of vaccination will have been offered both doses of the vaccine and therefore should have developed a second dose response by 16th August (79% of the teacher population in Scotland), and this will increase to 90% by 23rd August (85% of the teacher population). Further, of those who have only received one dose, the vast majority will be under 40 and are likely to have received the Pfizer or Moderna vaccination (which have relatively high rates of protection against hospitalisation and severe illness in comparison to a single dose of the AstraZeneca vaccination). This timeline of near-complete vaccination of over 18 year olds by late September also indicates widespread protection of adults in other settings, including universities and colleges, training providers etc.

The unique features of the school environment have been carefully considered. These include the fact that, in line with current JCVI advice, only a minority of children and young people will be vaccinated by the time Scottish schools return. This means that large numbers of unvaccinated children and young people will come together in a way that is unlikely to happen in other parts of society. However, the adult population required to mix with this unvaccinated population in schools will have high and increasing levels of protection from vaccination. In addition, evidence continues to indicate that children and young people are at lower risk of infection and transmission than the adult population.

Further careful consideration has been given to the harms that have arisen from those mitigations recommended to date which are disruptive to education, particularly including self-isolation requirements (the latter of which are primarily aimed at protecting more vulnerable adults).

Avoiding, wherever possible, the sort of disruption we have seen to senior phase pupils' certification processes during the past two years will be of particular importance from the point of view of fairness to young people.

The updates to mitigations set out in this guidance take account of these, and other, factors, and seek to balance the range of harms arising from COVID-19 in the school environment.

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.



## Retention of previous mitigations

With the exception of the changes set out in the following section, all mitigations that were in place at the end of the previous term should be retained. This position is expected to be maintained for up to 6 weeks (until the end of September), to allow the impact of a modified policy on self-isolation for under 18 close contacts to be monitored.

Schools have previously been advised to plan to begin the new term in August with the current mitigations in place. An important driver of this approach was the logistical challenges of removing and then reinstating mitigations, which can divert staff resources and prevent them from focusing on supporting children and young people's education.

GSC will take no action to remove the mitigations we currently have in place, unless otherwise advised.

Following the initial period of operation (of up to 6 weeks) it is expected that updated guidance will be provided, to support GSC to move to a set of baseline mitigations in line with wider society, subject to data and evidence supporting this move.

Mitigations will be kept under constant review, and if data and evidence suggest that any specific mitigations can be removed at an earlier stage advice will be provided to that effect. Particular attention will be paid to whether there is an ongoing requirement for face coverings in classrooms.





## Changes to previous guidance

This section sets out the key changes to mitigations and measures previously in place. GSC will ensure that all staff and pupils are aware of these updates and, where modifications to mitigations are required, these changes will be implemented as soon as possible after they return, and in any case within 4 weeks.

Modifications to mitigations in line with this guidance will be appropriately reflected in updated risk assessments.

## Vaccination (new)

GSC will encourage staff who have not received both doses of the vaccine to seek vaccination as soon as possible, following the recommended gap between doses.

In its advice published on 19 July, the JCVI recommended against routine universal vaccination of children and young people under 18 years of age. As evidence shows that COVID-19 rarely causes severe disease in children without underlying health conditions, the JCVI's view is that the minimal health benefits of offering universal COVID-19 vaccination to children do not outweigh the potential risks.

The JCVI did however recommend vaccinating three key groups of children and young people under 18 years of age:

- Children aged 12 to 15 years of age with severe neuro-disabilities, Down's Syndrome, underlying conditions resulting in immunosuppression, and those with profound and multiple learning disabilities, severe learning disabilities or who are on the learning disability register are considered at increased risk for serious COVID-19 disease.
- Children and young people aged 12 years and over who are household contacts of persons (adults or children) who are immunosuppressed should be offered COVID-19 vaccination on the understanding that the main benefits from vaccination are related to the potential for indirect protection of their household contact who is immunosuppressed.
- Young people aged 16 to 17 years of age who are at higher risk of serious COVID-19, as currently set out in the Green Book (COVID-19: the green book, chapter 14a - GOV.UK ([www.gov.uk](http://www.gov.uk))), should continue to be offered COVID-19 vaccination in line with the current programme approach.

The Scottish Government has decided, in agreement with Governments across the UK, to follow this JCVI advice on deployment of vaccination of those aged under 18 as set out above. Self-isolation policy (including contact tracing and testing) (updated – FROM 9 AUGUST)

From 9th August 2021, there will be important updates to self-isolation policy in wider society that will impact on the school environment. The key points from the updated policy are set out here.

This section of the guidance will be kept under review in the period immediately following publication, and may be updated to ensure alignment with final NHS Test and Protect guidance published at the time the new policy is implemented.



## People with symptoms or testing positive

Staff, children or young people who develop the symptoms of COVID-19 (high temperature, new continuous cough or a loss or change to sense of smell or taste), or who test positive using PCR tests or Lateral Flow Device (LFD), must self-isolate immediately in line with NHS Guidance.

Staff, children and young people are strongly encouraged to inform their schools of any positive tests when reporting absences.

## Adults (18+) who are close contacts

NHS guidance on self-isolation of adult (18+) staff who are identified by Test and Protect as close contacts of positive cases should be followed. From 9th August, this is expected to state that any adults who are fully vaccinated and who are identified as close contacts of positive cases should:

- Self-isolate immediately and book a PCR test. They should continue to self-isolate while awaiting their results;
- If the test is positive, they should continue to self-isolate in line with NHS guidance. This states that they should remain at home and should not go to work, school, public areas or use public transport. They should not go out to buy food or other essentials;
- If they need support, and cannot get this from friends or family, the National Assistance Helpline is there to help and can be reached on 0800 111 4000;
- If the test is negative and the close contact remains without symptoms, they may end self-isolation and resume their daily lives, even if they have ongoing contact with the index case (e.g. a household member).
- Close contacts should remain vigilant and if symptoms newly develop at any time, they must follow NHS guidance, self-isolate immediately and book a PCR test.

From 9th August, people who are aged between 18 years and 18 years and 4 months, and who are not yet vaccinated or who have only had a single dose of the vaccine, should follow the guidance above for fully vaccinated adults.

From 9th August, people older than 18 years and 4 months, who are not yet vaccinated or who have only had a single dose of the vaccine, should:

- Self-isolate immediately for 10 days from symptom onset in the symptomatic person and book a PCR test;
- If the test is positive, they should continue to self-isolate in line with NHS guidance.
- If the test is negative, still continue to self-isolate in line with NHS guidance. This is because a test cannot indicate whether someone is incubating the disease, and therefore may go on to develop it after a test is taken.

Adult staff who are fully vaccinated should ensure they continue to test twice weekly using LFDs, which can be accessed via their schools.



If a close contact has had a positive PCR test in the last 90 days, they do not need to do another PCR test to be exempt from self-isolation, provided they are fully vaccinated and remain asymptomatic.

### Children and young people U18 (0-17 years old) who are close contacts

NHS guidance on self-isolation of children and young people aged U18 (0-17) will be updated from 9th August. The previous blanket requirement for close contacts aged 0-17 years old to self-isolate for 10 days will be removed from that date. This decision has been taken after careful consideration of the data and evidence around the risks of infection and transmission in this age group, and the evolving risk environment in schools and wider society. It has been informed by the advice of the Advisory Sub-Group on Education and Children's issues, and the expert views of senior clinicians. The Scottish Government expects that this updated policy, while applicable in settings wider than just the school environment, will contribute significantly to educational continuity for children and young people.

To support risk mitigation around this change of policy, the same testing arrangements as for fully vaccinated adults will apply.

From 9th August, U18s who are identified by Test and Protect as close contacts of positive cases should:

- self-isolate immediately and book a PCR test. They should continue to self-isolate while awaiting their results;
- if the test is positive, they should continue to self-isolate in line with NHS guidance. This states that they should remain at home and should not go to work, school, public areas or use public transport. They should not go out to buy food or other essentials;
- if they need support, and cannot get this from friends or family, the National Assistance Helpline is there to help and can be reached on 0800 111 4000;
- if the test is negative, and the child or young person remains without symptoms, they may end self-isolation and resume their daily lives (including returning to school), even if they have ongoing contact with the index case (e.g. a household member).
- Close contacts should remain vigilant and if symptoms newly develop at any time, they must follow NHS guidance and self-isolate immediately.
- If an under 18 close contact has had a positive PCR test in the last 90 days, they do not need to do another PCR test to be exempt from self-isolation provided they remain asymptomatic.

Children and young people in GSC will be encouraged to continue to test twice weekly using LFDs, which can be accessed via the school.



## Contact tracing

From 9th August, the approach to contact tracing of U18s will be adjusted better to reflect the evidence and data re: risks of infection and transmission amongst close contacts in this age cohort, and in the school environment.

From 9th August, only those close contacts aged under 18 who are at the highest risk of being exposed to infection will be directly contact traced by Test and Protect, and asked to self-isolate until they have received a negative PCR test. Test and Protect will focus on identification of household, overnight (sleepover) or clear, prolonged close contacts.

From 9th August, schools and ELC settings will no longer be as extensively involved in supporting contact tracing. GSC may be requested by Test and Protect to support identification of any adult staff or clinically vulnerable U18s who are not fully vaccinated and who have had unusually close or prolonged contact with an index case, so that tailored public health advice can be provided as per the policies described above.

The approach of requiring whole classes or groupings of pupils to self-isolate as close contacts will no longer be followed in normal circumstances. However, to ensure that any potential lower risk contacts in the school environment are provided with public health advice on vigilance for symptoms and other key matters, GSC will send “warn and inform” letters to staff, parents/carers and young people in relevant classes/ houses when they are made aware of a positive case. Those lower-risk potential contacts in GSC will not be advised to self-isolate or seek a PCR test.

Incident Management Teams involved in the handling of outbreaks may still make the decision to engage with schools in the handling of cases.

The “warn and inform” letter that GSC will send to parents/carers and staff in the event of a positive case will advise them of the facts and:

- Make clear there is no requirement to self-isolate unless contacted by Test and Protect and advised otherwise;
- Advise recipients to be particularly vigilant for symptoms and to self-isolate immediately and book a PCR test if they become symptomatic;
- Ask them and their children to follow particularly closely the mitigations in guidance; and
- Strongly encourage staff and secondary pupils to continue testing and recording results regularly as part of the schools asymptomatic testing offer (see below), as well as advising households to take advantage of the universal testing offer.



## Physical distancing (updated)

Physical distancing between adults, and between adults and children and young people, will remain in place in GSC.

To ensure alignment with wider society this requirement has now been updated to physical distancing of at least 1m. As GSC already has 2m physical distancing arrangements that work well and do not limit capacity, we will retain these 2m distancing arrangements for logistical reasons. Retaining 2 metres between adults in GSC, who do not yet meet the criteria for exemption from self-isolation, will also help to reduce the risk that they are identified as a close contact.



**GSC Visitors (Updated)**

Families and other external guests such as external tutors, agency staff and psychologists, nurses, social workers those providing therapeutic support etc, can move between schools and services where necessary. This will continue to be limited to those that are necessary to support children and young people or the running of the school at GSC until otherwise advised. Consideration will be given to the provision of this support by virtual means as appropriate.

Visitors should be expected to comply with the GSC’s arrangements for managing and minimising risk (including physical distancing and use of face coverings). GSC will ensure that all temporary staff are given access to information on the safety arrangements in place.



## School Operations

### Organisation

GSC has implemented a series of additional precautionary mitigation measures that will provide reassurance to pupils, parents and the team around every Young Person.

These measures include:

- Young People will attend school in consistent House groups
- Every Class will have a maximum of 3 pupils
- All pupils should wash their hands or use hand sanitiser on entering the school.
- In classrooms, Young people will be encouraged to sit side by side and face forwards
- We will minimise the time spent congregating as a group – for example round a shared resource
- The school will make use of enhanced hand hygiene – use of hand sanitiser and hand washing
- There will be a 'clean as you go' process in place for staff and pupils, when they move to another classroom
- Whole school assemblies should not take place in order to avoid large gathering of pupils.
- Safe Movement procedures will continue to be in place for moving around the school; although short contact in a corridor has a very low risk.
- We will continue to operate a staggered entry and exit to the school
- It will be important for teachers to consider that Pupils are clear on the arrangements within the school and so this will require to be done in small class groups rather than whole year groups.



## Timetabling

The following timetabling model will be used to maintain physical and social distancing.

The School Day
9:30 am to 10:20 am
10:20 am to 11:10 am
11:10 am to 11:25 am (Break)
11:25 am to 12:20 pm (Period 3)
12:20 pm to 1:15 pm (Period 4)
1:15 pm to 2:00 pm (Lunch)
2:00 pm to 2:55 pm (Period 5)
2:55 pm to 3:50 pm (Period 6)
<b>Young People will be grouped in small house classes of 3 and each classroom will have a maximum occupancy number clearly placed on the door.</b>







Curriculum

Drama, PE and Music (Updated)

While not an update to previous guidance, in line with the move to Level 0 and beyond, children and young people can now engage in all drama, music, PE and dance activity in GSC, indoors and outdoors.

Safety mitigations will continue to apply in relevant settings where these activities are taking place (e.g. good ventilation, enhanced hygiene, etc.).



## Ventilation (updated)

Previous guidance on ventilation continues to apply. In addition, the following strengthened guidance on CO2 monitoring will be explored and adhered to at GSC:

- GSC will seek to have access to CO2 monitoring, via mobile or fixed devices. This is in order to support the assessment of ventilation issues with a view to remedial action being taken where required. This assessment work will be completed by the start of the October break wherever possible, subject to any issues regarding supply of CO2 monitors. These assessments may be undertaken by the use of fixed or mobile CO2 monitoring or by other appropriate means (e.g. computer modelling of the school estate), depending on the ventilation systems and other arrangements already in place in school buildings.
- GSC will seek to ensure the information we gather as a result of these assessments is used to inform actions to improve ventilation in the Centre where required. This may include, for example:
  - o Remedial works where appropriate (e.g. accelerated maintenance to remedy windows that will not open or faulty ventilation).
  - o Providing further guidance to users (e.g. on regular opening of windows, etc.).
- The Scottish Government will continue to work in partnership with GSC to consider the knowledge acquired as a result of these assessments, including in respect of areas of the school estate with priority ventilation issues and the deployment of effective strategies to achieve temperature/ventilation balance, user comfort, etc. This partnership working will help inform joint consideration of longer-term actions to improve ventilation in the Centre

## Asymptomatic testing programme (updated)

GSC will continue to promote the twice-weekly at-home LFD testing actively to our staff and pupils, and those participants are encouraged to record their results.

Some additional steps have been taken to support GSC efforts to promote greater uptake and recording of testing for staff and secondary pupils.

- **Communications:** The Scottish Government has worked in collaboration with Young Scot to develop a direct mailer pack that will be sent to every secondary school in Scotland, with printed materials (posters, stickers, door hangs, etc) that can be used to promote uptake and recording of results. The Scottish Government will also be working with Young Scot to deliver communications via social media channels.
- **Improvements to test kits/UKG website:** Some potential barriers to testing identified by survey evidence were the discomfort of tests and the time it takes to do them and record results. To address this, the following actions are being taken:
  - o After the start of term, once GSC has used up our current stocks of Innova test kits and place orders for additional test kits, we will be provided with a new type of LFD test kit. While very similar to the current tests, the new LFD device involves a nasal-only swab. This is in response to feedback that throat swabbing can be

uncomfortable for some participants. The new types of test kit also take only c.15-20 minutes for results to be returned, reducing the amount of time involved in testing.

- After 6 weeks, once all staff have had the opportunity to be fully vaccinated, and subject to evidence around implementation of the updated self-isolation policy for children and young people, the asymptomatic testing programme will be reviewed. Options may include implementing the programme only in geographical areas where so indicated by community prevalence and based on the advice of the local Director of Public Health/IMT. Decisions on this will be taken on the basis of evidence nearer the time and in line with the wider testing strategy.

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

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.

The Chief Medical Officer has written to everyone on this list in relation to the move to level 0. His advice is that people at highest risk can now follow the same advice as the rest of the population in the context of our cautious approach to easing restrictions. This is because the vaccination programme is working well and, as the number of people who have been vaccinated rises, everyone will benefit from greater protection, even the small number of people who cannot be vaccinated for medical reasons. Evidence continues to emerge about how well the vaccine works for people who are most clinically vulnerable.

Over 93% of people at highest risk have now received both doses of the vaccine and nearly 96% have received their first dose. Due to some health conditions, some people cannot receive the vaccine. If anyone is unsure about their circumstances, they may speak with their clinician. Otherwise, anyone on the highest risk list and their family members who haven't had the vaccine are encouraged to do so as soon as possible.

The Chief Medical Officer's advice to everyone on the list, at level 0 and beyond level 0, is that it is currently safe to go into work if you cannot work from home and that it is safe to use public transport.

It is essential that everyone continues to follow the public health advice and remaining restrictions. Strict adherence to mitigations is strongly encouraged for staff and pupils at highest risk. Mitigations which remain in place for now such as face coverings are not just to give added 16 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.

It continues to be the GSC'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.

Those who are at highest risk will carry out an individual risk assessment. This includes a COVID-Age tool, which GSC uses 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.

Further advice is also available from:

- Occupational Health services
- a Health and Safety representative at GSC
- GSC’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).

There is guidance for employers and employees on making the workplace safe for people at highest risk at Coronavirus (COVID-19): shielding advice and support - gov.scot ([www.gov.scot](http://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 safe.

### Children and young people in the highest risk group

The Chief Medical Officer’s advice at level 0 and beyond level 0, is that children and young people on the highest risk list can follow the same advice as for the rest of the population. This includes attending education.

### Household members of people who are in the highest risk group

All children and young people attending school should comply with the arrangements for the reduction of risks of transmission of the virus within GSC, including hand hygiene and the use of face coverings where appropriate.

Household and family members of people at highest risk can also go to work. GSC has worked tirelessly to ensure that the workplace and duties are as safe as possible. Household members of people that are at highest risk should discuss their concerns with a member of the ELT.

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 from staff at GSC. We encourage all staff who live with someone at highest risk to use the offer of LFD testing, as this will help to find people who don’t have symptoms and would not know they have coronavirus. This can then reduce the risk of passing on coronavirus to a family or household member who is at highest risk.

## Pregnancy

It is now recommended that pregnant women have the vaccine.

GSC will continue to follow our 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.

Normal pregnancy risk assessments will also be undertaken, and careful attention paid to mental health and wellbeing. GSC will 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, staff should speak with their local HR or Health and Safety team, as well as their Trade Union representative.

## Outbreak Management

Arrangements for joint working between GSC, 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 GSC is no longer to contact our HPT to notify them of every single confirmed case in our setting. Single cases will be identified by Test and Protect and close contacts will be identified through them too.

