

## Contact tracing in schools – Questions and Answers

The COVID-19 pandemic has been very damaging to the wellbeing of children, as well as to their education.

As we progress through the pandemic response, we must continue to strike a balance between safeguarding children's education and wellbeing, and measures to contain COVID-19.

Having examined the evidence, the Chief Medical Officer is confident that now is the right time to introduce a more targeted approach to the identification of close contacts of COVID-19 cases in schools.

The purpose of these Questions and Answers is to address any concerns parents may have around these changes.

### Table of Contents

- [What should I do if my child has symptoms of COVID-19?](#)
- [What do I do if my child tests positive for COVID-19?](#)
- [What if my child tests negative for COVID-19?](#)
- [What do I do if my child's friend tests positive?](#)
- [What is a 'close contact'?](#)
- [What will now happen if there is a case of COVID-19 in a school?](#)
- [Why has the approach to schools changed?](#)
- [Do you have evidence that this new approach is safe, even with the Delta variant now dominant?](#)
- [How will you get close contact information from parents and children?](#)
- [Will you inform the school of positive cases?](#)
- [Do you have sufficient capacity to undertake identification of close contacts in schools?](#)
- [What are the arrangements for Special Schools and those with special needs in mainstream schools?](#)
- [Are there any increased risks to school staff?](#)
- [Will some positive cases slip through the net with this more targeted approach identification of close contacts in schools?](#)
- [Why are you taking a different approach to identification of close contacts in nursery schools?](#)
- [Will the close contact definition apply for all school-aged children now even outside of school settings?](#)
- [What about those who have previously been identified as close contacts who wouldn't now fit the definition?](#)

[Back to top](#)

## **What should I do if my child has symptoms of COVID-19?**

The symptoms of COVID-19 are:

- a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature); OR
- a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual); OR
- a loss of or change in sense of smell or taste.

If your child has any of these symptoms it is very important that they do NOT attend school and should also [self-isolate](#) at home. You should arrange for them to [get tested](#) as soon as possible. They should continue to isolate until the result of the test is available.

[Back to top](#)

## **What do I do if my child tests positive for COVID-19?**

If your child tests positive for COVID-19, they should self-isolate for 10 days and not attend school during this time. The Public Health Agency Contact Tracing Service (PHA CTS) will be in touch to determine who your child's close contacts are, and will ask for contact details for them so they can be advised appropriately.

[Back to top](#)

## **What if my child tests negative for COVID-19?**

If your child tests negative for COVID-19 they can return to school as normal, provided they feel well enough to do so.

[Back to top](#)

## **What do I do if my child's friend tests positive?**

If you do not hear from the PHA CTS, then there is no requirement for you or your child to self-isolate. The PHA CTS will identify all [close contacts](#), and follow them up directly. If your child has been identified as a close contact, then the PHA CTS will make contact with you or your child and provide advice. However, if your child develops symptoms, then they must self-isolate and not attend school, until they have had a negative test.

[Back to top](#)

## **What is a 'close contact'?**

Within a school setting, your child would only be identified as a contact if they have had prolonged close contact with the case (someone who tests positive for COVID-19). This could mean a child in the same household or someone who has stayed overnight. It will also include intimate contact for example, kissing and where a child has received help with personal care in a school. It does not include all children in the same class or all those who sit next to each other, because the risk of COVID spreading in the school setting is much lower than in a household.

[Back to top](#)

## **What will now happen if there is a case of COVID-19 in a school?**

Whole classes ('bubbles') will no longer be asked to self-isolate if someone in a school tests positive for COVID-19.

There will be no requirement for you or your child to self-isolate unless your child develops symptoms or you are contacted by the PHA CTS.

All close contacts of the case who need to take specific actions will be identified, contacted and advised by the PHA CTS to follow the latest guidance on self-isolation and testing. Usually the following will not need to isolate:

- adults who are fully vaccinated, where 14 days has passed since the second vaccination, who do not have symptoms and who do not develop symptoms and who have not tested positive; and
- children and young people aged under 18 who do not have symptoms and who do not develop symptoms and who have not tested positive.

[Back to top](#)

## **Why has the approach to schools changed?**

Children have missed a large amount of school in the past year. There is a growing body of evidence documenting the damaging impact this has had on the health and wellbeing of children and young people. School is incredibly important for the health and wellbeing of children as well as for their educational attainment.

We now have evidence which shows that the vast majority of those identified as school close contacts and sent home to isolate during the 2020/21 school year did not go on to develop COVID-19.

Additionally, the vaccination programme has now reached 90% of adults and approaching 88% are fully vaccinated. The vaccine is highly effective at preventing serious illness and hospitalisation.

At this stage in the pandemic the best place for children is in school. Our schools are safe. Closures and isolation of children have primarily been to help control community transmission to protect the adult population.

[Back to top](#)

## **Do you have evidence that this new approach is safe, even with the Delta variant now dominant?**

Yes. A study published in England during the summer found that, across all the post primary schools taking part, only 1.6% of those identified as close contacts went on to become confirmed cases within 14 days. This study was carried out in schools during the summer term in 2021 when the Delta variant was becoming dominant.

A report covering the whole 2020/21 school year published by Public Health Scotland on September 1 2021 reported that only 7.9% of close contacts in primary school and 2.3% of close contacts in post-primary schools went on to become cases.

The proportion of close contacts that went on to become cases was highest in the third term when the Delta variant had emerged and there was routine testing of close contacts. However the vast

majority of school close contacts (89.5% in primary school and 96.5% in post primary schools) did not become cases.

[Back to top](#)

### **How will you get close contact information from parents and children?**

Parents can help by familiarising themselves with the process - if your child tests positive for COVID-19 you should expect to be contacted by the PHA CTS, recognise our number **(028 9536 8888)** by adding it to your phone's contacts, and please answer when we do call. We are confident we will be able to get sufficient information from cases in the vast majority of cases.

There may be occasions when we will need to contact school principals for further information such as names and contact details. However, these will be kept to a minimum and will be much less than the requirements placed on schools at present. PHA CTS has a protocol for when to contact schools based on the risk assessment of each case. PHA CTS will also ask questions about close contact with staff – for example if a child receives support from a special needs or classroom assistant – similarly contact will have to be made in those circumstances.

As with of any new measure, implementation of these new arrangements will be kept under review and will be refined and enhanced if necessary.

[Back to top](#)

### **Will you inform the school of positive cases?**

No. the PHA CTS will advise that parents should inform the school if their child tests positive for COVID-19.

Under the new arrangements, identification of close contacts is now the responsibility of PHA CTS and, even upon receipt of such information from parents, schools/principals do not need to take any action.

Where parents do inform schools, PHA have made available to schools a 'warn and inform' letter that schools may wish to use to inform parents of cases in the school and to remind everyone of the steps we should all be taking to reduce the risk of COVID-19 transmission in school and beyond.

PHA will continue to keep positive cases number at all schools under review and will provide public health advice and assistance where necessary.

[Back to top](#)

### **Do you have sufficient capacity to undertake identification of close contacts in schools?**

Yes. The previous arrangements involved a degree of duplication between contact tracing and the PHA schools team. This will no longer be the case and cases and contacts will be contacted and informed in a timely manner.

Under the new arrangements, schools will have access to the Education Authority helpline for assistance in the first instance. A call back from PHA can be requested and will be made in a timely manner should public advice and assistance be required. This process will ensure that calls are handled most appropriately and will ensure timely advice for those that need it most.

[Back to top](#)

### **What are the arrangements for Special Schools and those with special needs in mainstream schools?**

Special Schools and mainstream schools with students with special needs should also contact the Education Authority helpline for assistance in the first instance. The Education Authority will fast track enquiries to the PHA from special schools, should public advice and assistance be required.

[Back to top](#)

### **Are there any increased risks to school staff?**

Schools continue to be safe environments and have a wide range of mitigations in place designed to minimise transmission risk and which make our schools safe for children and staff.

All school staff have now had the opportunity to have two vaccines.

A study carried out in Scotland and published in the British Medical Journal on September 2 2021 found that compared with adults of working age who are otherwise similar, teachers and their household members were not at increased risk of hospital admission with COVID-19. This is in keeping with findings from studies published by the Office for National Statistics.

[Back to top](#)

### **Will some positive cases slip through the net with this more targeted approach identification of close contacts in schools?**

It is inevitable that there will continue to be cases of COVID-19 in schools and this reflects transmission in the wider community.

Schools continue to be safe environments and have a wide range of mitigations in place designed to minimise transmission risk and which make our schools safe for children and staff.

It is important that everyone continues to follow all of the existing measures in place which continue to keep schools a safe place for our children. These include additional cleaning and hand hygiene, ventilation, the use of face coverings and regular asymptomatic testing. All school staff have now had the opportunity to be fully vaccinated.

We must all continue to be vigilant for symptoms of COVID-19. Anyone who develops symptoms should isolate and book a test in the usual way.

Further details can be found [here](#).

[Back to top](#)

### **Why are you taking a different approach to identification of close contacts in nursery schools?**

Nursery schools have younger children in them compared to schools, and have a greater degree of mixing and interaction between the children. This requires a different approach to risk assessment and support.

[Back to top](#)

### **Will the close contact definition apply for all school-aged children now even outside of school settings?**

No. The standard close contact definitions will apply that apply to the general population. These definitions are solely for use within the school setting.

[Back to top](#)

**What about those who have previously been identified as close contacts who wouldn't now fit the definition?**

Those who were previously identified as close contacts should follow the advice they were given at the time. There is no capacity in the system at this time to revisit these close contacts, due to the large number of cases notified each day.