Self-isolation and contact tracing
Information sheet for school and registered childcare settings
15 September 2021

When people test positive for COVID-19, or develop the symptoms of COVID-19, others who have been in close contact with them are asked to take certain actions to limit the potential for spread of the virus. These people are generally referred to as "contacts".

From 9 August 2021, the approach to self-isolation and contact tracing for contacts aged under 18, and for close contacts who are fully vaccinated adults, was updated. These changes were made to better reflect our understanding of the risks of infection and transmission, taking into account high levels of vaccination amongst adults and the evidence we have about infection and transmission in children and young people aged under 18.

Why these changes are being made

The health risks that arise when people are in contact with others who test positive have changed significantly, mostly due to vaccination. Vaccine uptake is very high, particularly among individuals who are at greater risk of harm from COVID-19, and the vaccines are highly effective at preventing severe disease (with 96% effectiveness against hospitalisation for the Delta variant – COVID-19 vaccine surveillance report). Children and young people have a very low risk of health harm from COVID-19, and children and young people with asymptomatic infection are at a relatively low risk of transmitting COVID-19 to adults. This means that the risk environment has changed significantly, and our approach to managing COVID-19 is evolving to reflect that.

Self-isolation for people with symptoms or testing positive

There have been no changes to the rules on self-isolation for those with symptoms or who test positive.

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 Inform Guidance. **NB:** People living in the same household, for example any siblings, must also isolate while awaiting the outcome of the PCR test result for the household member who has symptoms.

Any adult or child who tests positive using a Lateral Flow Device (LFD) must self-isolate immediately and book a PCR test within 48 hours to confirm the result. As above, people living in the same household, for example any siblings, must also isolate while awaiting the outcome of the PCR test result. If the PCR test is positive:

- household members under 18 years and 4 months should isolate book a PCR test and;
    - if returned negative, may leave isolation; or
    - if returned positive, should isolate for 10 days.
- household members over 18 years and 4 months should isolate and book a PCR test and continue to isolate for 10 days unless fully vaccinated and the PCR test is negative.
- household member under 5 years do not need to isolate and are not required to take a PCR test. If they do take a PCR test and it is positive they do need to isolate for 10 days

Any adult or child who tests positive using PCR tests (including following a positive LFD test) must isolate for 10 days in line with NHS Guidance.

There are no changes to self-isolation rules if you have had a positive test or if you have symptoms of COVID-19.

Identifying contacts – overview

Test and Protect and schools/settings work together to identify potential contacts of people who have tested positive and who attend schools/settings, and provide proportionate advice on the action that should be taken.

The way this happens depends on whether the contacts are judged to be high risk or low risk. The public health judgement about these things is based on a range of factors, including vaccination rates, evidence about transmission, the nature of the contact and factors such as the low risk of direct health harms to children.

In summary, all potential contacts (whether high or low risk) will be identified and provided with advice in the following ways:

- Test and Protect will, through the contact tracing system, identify individual contacts where there is a higher risk of transmission and notify them that they should self-isolate and take a PCR test; and
- other low risk contacts will be identified by schools (or other settings like clubs) when they receive information about relevant positive cases, and will send information letters that advise these low risk contacts to take certain actions. These actions do not require self-isolation, but

include important advice on symptom vigilance, LFD testing, hand hygeine and social distancing.

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

Reporting of positive cases to schools

To support this system, it is important that staff, parents and pupils who test positive inform schools about their results as soon as possible. People who test positive will be prompted to do this by the Test and Protect online form that is sent to them with their positive test results. Schools have also been asked to request parents and staff to inform them of any positive test results as soon as possible.

Identifying high risk contacts

Test and Protect will gather details of high risk contacts through an online form that is provided to positive cases simultaneously when results are received and, dependent on the priority of the case, via a follow-up phone call.

It is important that people receiving this form complete it as soon as possible. Parents can support children and young people to do so.

The form sets out clearly which contacts Test and Protect regards as high risk contacts, who should be entered into the form. This will differ depending on whether the person who has tested positive is an adult or under 18. It may also differ depending on where and how the contact took place. In general, the following will be classed as high risk contacts:

Positive case	High risk contacts

Adult	• Household members
	• Any other adults:
	  ○ Within 2 metres of them for more than 15 minutes
	  ○ Who they saw for shorter periods of time that add up to 15 minutes
	  ○ Who they were face to face with (within 1 metre) for any period of time

Under 18	• Anyone they live with • Anyone they have had an overnight stay with • Anyone outside the home they have had unusually close or prolonged contact with (e.g. intimate personal care without the use of PPE)

Because not all children and young people will be able to identify an adult member of staff with whom they have had unusually close or prolonged contact, when schools are informed of a positive case amongst one of their pupils, they may also identify any adult staff who may be high risk

contacts and discuss this with their local health protection team to ensure that appropriate advice is given.

Identifying low risk contacts

In addition to the high risk contacts outlined above, as soon as schools are informed of a positive case they are asked to 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.

As a general rule, schools are asked to consider targeting the letters towards those who are most likely to have been in low risk contact with a positive case, 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.

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

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

Actions for high risk contacts

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 and a maintain 2 m distance from others.

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. The NHS Inform tool can provide specific public health advice reflecting the person's age, vaccination status etc.

Actions for low risk contacts

The actions that all other (low risk) contacts should take are set out in the information letters that schools will send when there is a positive case. In summary, low risk contacts 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.

Does this mean the definition of "close contacts" has changed?

No – the definition of close contacts remains the same. However, what has changed for close contacts under 18 is the threshold for intervention, based on our understanding of the risks of infection and transmission in different scenarios and involving different people over the past year. Throughout the pandemic, contact tracing has evolved in relation to levels of risk in particular settings or to particular groups of people. High vaccination rates have had an important influence on judgements around risk as we move beyond Level 0.

For example, previously, higher risk settings have been triaged to receive telephone contact tracing, with lower risk contacts receiving SMS and being asked to fill out an online l contact tracing form. This approach to risk-based interventions is reflected in the approach to contact tracing in schools set out above. A similar approach is also being delivered in other UK nations. Our approach to contact tracing will continue to evolve based on the evidence we gather about infection and transmission, including adjustments to reflect any higher or lower risk settings identified.

What this means for the risks of infection and transmission in schools

The changes above reflect the significant changes in the public health impact of COVID achieved through high vaccination coverage. They also reflect what evidence from Public Health Scotland and other expert sources tells us about the risks of infection and transmission amongst children and young people and staff in schools and registered childcare settings, versus the educational harms that resulted from requiring large numbers of children and young people to self-isolate under the previous approach. As with all public health interventions, the approach to contact tracing and self-isolation must be proportionate to the risks both of transmission and wider harms.

Vaccination

As noted above, vaccination has significantly changed the risk environment in wider society and in schools and registered childcare settings, and vaccination rates are expected to increase further in the coming weeks. The vaccines are highly effective at preventing severe disease. Amongst school

staff, it is estimated that around 94% of teachers have taken up the offer of a first dose of vaccination, and 91% of wider education staff. PHS estimated that, by 11 September 2021, 100% of teachers who have taken up their first dose should have been offered their second dose. This means that 100% of teachers who have taken up their first dose should have developed a second dose response by 25 September 2021, equating to 94% of the total teacher population in Scotland. Similarly, the vast majority of wider education staff who have taken up their first dose should also have developed their second dose response by this date. Projections indicate a timeline of near-complete vaccination of over 18 year olds by late September.

Infection and transmission in school/childcare setting outbreaks

Children and young people as a group have relatively low risk of direct COVID-19 harm, but are at particularly high risk of wider – and long-term – social, educational, economic and wellbeing harms. In advance of schools finishing before the summer holidays, on Friday 11 June, under the previous approach to self-isolation there were approximately 18,371 children and young people absent from school because they were in isolation. This is increased by approximately 10,000 pupils by the end of the Summer Term. This meant that for every child not in school due to Covid sickness, approximately 28 additional pupils were self-isolating. Although transmission can occur in school settings, recently published analysis from across schools and early years settings in England found that in almost two thirds (64%) of COVID cases in schools there were no secondary cases among the contacts. Where transmission may have occurred, outbreaks were small with the median number of secondary cases being one, and the large majority of outbreaks being less than 5 cases. The study provided further evidence that cases in children and young people follow patterns in communities, which will be further reduced by higher vaccination coverage. Recent analysis by PHS provided similar findings, with c.95% of pupil contacts who were asked to self-isolate not going on to become a positive case themselves within 14 days of contact, during the last school year. Children and young people with asymptomatic infection are at a relatively low risk of transmitting COVID-19 to adults, and symptom vigilance remains a key mitigation measure.

Mitigations in schools and registered childcare settings

We recognise that these are significant changes and that some staff and pupils may be anxious about the move to a more risk-assessed approach. Measures such as physical distancing, face coverings, one-way systems, etc., many of which have been removed in wider society, will be retained in schools and registered childcare settings for a further period and kept under review. This cautious approach reflects the unique features of the school environment, and will allow time to monitor the impacts of the changes to self-isolation and contact tracing and adjust where necessary,

as well as ensuring higher proportions of staff and secondary pupils have time to become fully vaccinated.