

## **ADVICE FROM THE COVID-19 ADVISORY SUB-GROUP ON EDUCATION AND CHILDREN'S ISSUES**

### **Phased return to in-person learning in schools and ELC settings: next steps**

3 March 2021

The advisory sub-group published advice on 3 February<sup>1</sup> on a phased return to in-person learning. The first phase began on 22 February with the return of children in early learning and childcare settings, pupils in primaries 1 to 3, and some senior phase learners to allow for essential practical work.

The First Minister announced a revised strategic framework<sup>2</sup> on 23 February, with an indicative date of 15 March for the next phase of easing. The immediate priority remains the continued safe return of children to school, and the sub-group has been asked to produce updated advice to inform the planning assumptions for this next phase.

In order to continue to control the epidemic, suppress transmission of the virus and protect the NHS, the sub-group strongly advises a cautious, staged approach to the easing of restrictions with sufficient time to assess the impacts of each phase, and flexibility in the system to respond to data and developments. The sub-group is very supportive of a 'data not dates' approach, and advises that steps taken in the short-term should set the path to achieving the longer-term aim of suppressing the virus to the lowest possible level and ensuring face-to-face learning and teaching for all pupils in a sustained way. To this end, final decision-making checkpoints are required as close to each proposed change as is practicable.

The advice that follows is subject to continued reductions in prevalence and community transmission of the virus, no significant changes in the evidence, and reassurance that appropriate infection prevention and control mitigations are in place both within schools and ELC settings, and in the wider community.

### **Staff safety and wellbeing**

A number of surveillance studies have now reported, looking at occupational risks of COVID-19 infection, hospitalisation and death. Public Health Scotland's Education Surveillance Programme<sup>3</sup> has been monitoring these risks in Scotland since the reopening of schools in August. Trends in the school population largely reflect those of the community at large and teachers were found to be at lower risk of having severe COVID-19 than the adult population more generally. There was also no

---

<sup>1</sup> [Coronavirus \(COVID-19\): 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 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/advice-on-phased-return-to-in-person-learning-in-schools-and-early-learning-and-childcare-elc-settings/pages/1-1-introduction.aspx)

<sup>2</sup> [Coronavirus \(COVID-19\): Strategic Framework update - February 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-strategic-framework-update-february-2021/pages/1-1-introduction.aspx)

<sup>3</sup> [Surveillance of COVID-19 in education: key findings for schools, pupils and staff - News - Public Health Scotland](https://www.gov.scot/news/surveillance-of-covid-19-in-education-key-findings-for-schools-pupils-and-staff)

evidence that school staff had more coronavirus antibodies compared to published estimates for the general population.

The Office of National Statistics, publishing results from the second round of the Schools Infection Survey in England<sup>4</sup> (data from December 2020, as the B.1.1.7 variant was beginning to spread) also found that there was no statistical evidence of a difference between school staff testing positive for coronavirus antibodies compared with the wider working-age population in the same local authorities. In general terms, this report corroborates other findings that there is no evidence of any difference between school staff and the wider workforce in terms of risk of infection from COVID-19.

Staff safety and wellbeing is enhanced by the application of appropriate mitigations within the school environment, commensurate with the level of risk in that environment. In this regard, the sub-group considered whether the wearing of type IIR face coverings should be advised for secondary school staff. In light of the absence of evidence that school staff are more likely to become infected or become seriously ill, and recognition that schools are relatively low risk environments as long as mitigations are applied and community transmission suppressed, the sub-group advises that standard face coverings, rather than type IIR, remain appropriate for secondary staff. This is in line with the current World Health Organisation (WHO) checklist.<sup>5</sup>

## **Impact of school closures on children and young people**

As progress is made in controlling the epidemic, expanding vaccination and thereby reducing the direct risks associated with COVID-19, attention to the wider impacts on children and young people is becoming ever more urgent and important.<sup>6</sup>

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. Some of these will be difficult to reverse.<sup>7</sup>

UK and international research shows a general worsening of mental wellbeing (especially anxiety, loneliness and depression), particularly for young people with pre-existing mental health problems, those living in poverty, and other disadvantaged groups such as care experienced children, LGBTQ+, and BME young people.<sup>8 9</sup>

---

<sup>4</sup> [COVID-19 Schools Infection Survey Round 2, England - Office for National Statistics](#)

<sup>5</sup> [Checklist to support schools re-opening and preparation for COVID-19 resurgences or similar public health crises \(who.int\)](#)

<sup>6</sup> [Reopening schools during the COVID-19 pandemic: governments must balance the uncertainty and risks of reopening schools against the clear harms associated with prolonged closure | Archives of Disease in Childhood \(bmj.com\)](#)

<sup>7</sup> [Evidence summary: COVID-19 - children, young people and education settings - GOV.UK \(www.gov.uk\)](#)

<sup>8</sup> [Lockdown Lowdown](#)

<sup>9</sup> [School closure and management practices during coronavirus outbreaks including COVID-19: a rapid systematic review - The Lancet Child & Adolescent Health](#)

The Scottish Government's equity audit<sup>10</sup> of the impact of COVID-19 and school building closures on children from socio-economically disadvantaged backgrounds in Scotland identified that both the mental and physical health and wellbeing of pupils had been impacted negatively. Children in the early years of primary, or those starting secondary, were most likely to have seen a negative impact on their progress, with literacy more often cited as being affected negatively than numeracy. During and after school building closure, schools reported food insecurity as an emerging issue.

The sub-group is clear that when there is evidence that the virus is suppressed to sufficiently low levels, and subject to the application of (and compliance with) wider mitigations, it is urgent and imperative to find a sustained and fair way by which to address these wider harms and to tackle the growing inequalities associated with school closures. Similarly, Public Health Scotland and the Directors of Public Health in Scotland published a joint statement on 15 February welcoming the Scottish Government's ongoing commitment to returning children and young people to childcare and education as soon as possible.<sup>11</sup>

## **Community transmission**

The sub-group has consistently advised that the main driver of decisions about the safety of in-person schooling is the population prevalence of the virus and the level of community transmission taking place. Recent days' data provide early encouraging signs of a further reduction in case rates, even as the B.1.1.7 variant becomes increasingly dominant in Scotland. Daily test positivity has been under 5% for 9 days (as at 3 March 2021), and the 7-day rolling number of new cases has fallen substantially since early January, and more recently has fallen consistently since 25 February 2021. COVID-19 NHS admissions and occupancy of ICU beds also continue to fall. R remains between 0.7 and 0.9 in Scotland. Vaccination continues apace.

There is no evidence that schools and ELC settings drive transmission of the virus<sup>12</sup>, although it is accepted that there will be some cases detected in these settings which may spread to contacts. Experience from the autumn term has led to quick and effective local responses in these circumstances. The sub-group remains satisfied that local responses will ensure that settings close if required as a result of any outbreaks, and that a national approach to phased return is the way to ensure greater consistency of offer and support for the largest number of children and young people. The sub-group did, however, note the local variation in COVID-19 case rates and will want to return to the question of the implications of this in the context of the Scottish Government's strategic framework and any proposed return to levels.

The main area of concern when returning to in-person learning is not an increase in transmission within schools or ELC settings, it is the wider impact on R resulting from

---

<sup>10</sup> [Coronavirus \(COVID-19\): impact of school building closures - equity audit - gov.scot \(www.gov.scot\)](https://www.gov.scot/Topics/health-inequality/equity-audit)

<sup>11</sup> [Supporting and protecting the health of children and young people through the safe return to school - News - Public Health Scotland](https://www.gov.scot/Topics/health-inequality/equity-audit)

<sup>12</sup> [Risk of spread of new SARS-CoV-2 variants of concern in the EU/EEA - first update \(europa.eu\)](https://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&plugin=1)

changes in behaviour, such as parents returning to work or mixing as a consequence of school return.<sup>13</sup> A focus on schools and children's wellbeing as a priority, means that reinforcing compliance with other restrictions, and maintaining a cautious line in other areas of re-opening, are critical to maintaining progress and avoiding a return to exponential growth.

## Advice

It is too soon to say anything about the impact that the Phase 1 return (from 22 February) will have on case numbers and transmission. The sub-group has previously advised that three weeks' data are required to adequately assess the effects of any change in restrictions. This remains the case. Therefore, planning assumptions should proceed subject to a final decision checkpoint as close to the indicative date of 15 March as is feasible. It remains important to monitor the impact of the phases very carefully as any change could push the R number back above 1. This would not be an acceptable public health risk.

Having considered the options proposed, should a Phase 2 return take place from 15 March the sub-group's advice would be for this to include pupils in primaries 4 to 7 on a full-time basis, and a mixture of limited part-time return and remote learning for all secondary age pupils. This advice reflects the need to support the wider health and wellbeing of all pupils, while maintaining the continuity of learning and teaching, including the quality of remote learning for secondary age pupils.

Ongoing progress in reducing incidence, prevalence and test positivity; rapid roll-out of vaccination; and continued reinforcement of the need for caution and compliance with non-pharmaceutical interventions such as physical distancing, hand and respiratory hygiene, face coverings and zero-tolerance to symptoms, remain crucial.

At the checkpoint, the sub-group advises that the following principles should be applied to underpin the decision:

- A commitment to retaining R below 1
- Plans for phase 2 should be postponed if there is evidence of significant community transmission or a sustained increase in cases in the lead-in to the checkpoint; action should also be taken post-hoc on the basis of lag data on concern
- If rates plateau, consider the level in relation to the SG Strategic Framework and the WHO position that indicates a country has the epidemic under control
- An ongoing commitment to an approach that addresses and minimises inequalities.

---

<sup>13</sup> [Estimating the impact of reopening schools on the reproduction number of SARS-CoV-2 in England, using weekly contact survey data | CMMID Repository](#)

## Mitigations

The sub-group published updated advice on 12 February<sup>14</sup> on the mitigations required to ensure a safe return to in-person learning for staff and pupils. That advice remains relevant and has been strengthened in one area to require face coverings to be worn throughout the day by all secondary aged pupils (not just senior phase). It is summarised as follows:

- 2 metre physical distancing should continue to be applied within school buildings, between secondary-aged pupils, between pupils and staff, and between staff.
- Face coverings<sup>15</sup> should continue to be worn throughout the day by secondary age pupils and staff.
- Greater emphasis should be placed on ventilation, by keeping windows open as much as possible, and doors open when feasible and safe to do so. The World Health Organisation (WHO) has published a roadmap to improve and ensure good indoor ventilation in the context of COVID-19.<sup>16</sup>
- Continued emphasis on hand and respiratory hygiene, and on thorough daily cleaning of the school environment will be required.
- Clear communication about the importance of wider compliance with restrictions (including around and beyond the school estate), and about the criticality of being alert to symptoms and being tested and isolating as per guidance.

The sub-group noted and welcomed that lateral flow device (LFD) testing will be in place for all staff and senior phase young people as part of the phased return. There may be value in extending this approach to all secondary age pupils, in some circumstances, for example in areas of higher prevalence.

The sub-group advises no change to the current mitigations as they apply to ELC and primary school settings, but emphasises the importance of implementation support and clear communication (as above). The sub-group advises that school-aged childcare provision may recommence at the same time as schools move to phase 2, as long as the appropriate public health mitigations are in place.

Schools, ELC settings and Local Authorities/Boards of Governors should place very high priority on reinforcing the mitigations designed to reduce the risk for staff and pupils.

## School transport

At the moment, 2 metre physical distancing is in place on school transport for secondary pupils only, and this is in contrast to the position for public transport which requires 1 metre distancing. While the sub-group remains convinced of the benefit

---

<sup>14</sup> [Coronavirus \(COVID19\): Advisory Sub-Group on Education and Children's Issues – advice on mitigations to minimise transmission during phased return to in-person learning - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-advice-education-childrens-issues-12-february-2021/pages/2-10-mitigations-to-minimise-transmission-during-phased-return-to-in-person-learning-12-february-2021.aspx)

<sup>15</sup> [Coronavirus \(COVID-19\): public use of face coverings - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-advice-public-use-face-coverings-12-february-2021/pages/2-10-mitigations-to-minimise-transmission-during-phased-return-to-in-person-learning-12-february-2021.aspx)

<sup>16</sup> [Roadmap to improve and ensure good indoor ventilation in the context of COVID-19 \(who.int\)](https://www.who.int/publications/m/item/roadmap-to-improve-and-ensure-good-indoor-ventilation-in-the-context-of-covid-19)

of regarding school transport as part of the school day, with a consistent message about 2 metre distancing, school transport has not been cited as a significant source of transmission and local authorities and transport operators have taken considerable steps to put in place mitigations to reduce the risk of infection to passengers and drivers. For that reason, the sub-group concluded that some relaxation could be supported as long as the importance of ventilation on buses was emphasised, alongside the need for regular effective cleaning. For that reason, local authorities and operators may wish to consider practical ways to ensure that windows remain open for the duration of a journey by bus or taxi.

Face coverings should be worn on school transport (as on public transport) and an approach whereby pupils sit on staggered seating (i.e. not next to each other, but alternating window-aisle-window etc. row by row) would be sufficient mitigation. Car sharing should continue to be discouraged.

## **Outdoor learning**

The sub-group considered the scope for an enhanced wellbeing and outdoor learning package for secondary aged pupils, to support their readiness to return to in-school learning and to provide experiences to support wellbeing. Given continued consistent evidence that risks of transmission outdoors are low<sup>17</sup>, and the benefits of outdoor activity are well recognised, the sub-group was very supportive of an increased emphasis on as much outdoor activity as possible as we progress through the phases of return and into sustained recovery.

In order to facilitate the increased emphasis on outdoor activity for wider wellbeing purposes, the sub-group is content that physical distancing should be maintained where possible, but that the requirement for strict 2 metre distancing could be relaxed when young people are outdoors for the purpose of outdoor activities and learning.

---

<sup>17</sup> [Indoor transmission of SARS-CoV-2 | medRxiv](#)