**School’s asymptomatic testing strategy in Bradford** – Secondary schools, special schools and colleges

Draft position – v6. 25th Jan 2021 (most recent changes in blue font)

*This document was produced by Bradford Council (Education and Public Health teams) in line with national guidance (as of 25th January) and existing local procedures and it will be reviewed regularly as the national strategy is updated. The approved version will be distributed to the headteachers of secondary schools and colleges. A version for primary schools and nurseries is being produced.*

**SUMMARY**

The Council’s position has been carefully considered following discussion with the Councils public health and education departments, elected members within the Council, and schools (via a COVID education group and regular webinars with head teachers). In summary, we currently recommend:

* Routine testing of staff only (twice-weekly where possible). Schools have the option of setting up testing facilities (for staff and pupils) in school using the DfE/NHS ‘how-to’ guide, and/or test staff using LFT home testing if resources allow.
* Contacts of pupils or staff who test positive all need to self-isolate for 10 days as set out in law, regardless of any negative results from LFD testing. Self-isolation of the case and contacts should follow from the positive LFD test. There is no need for a confirmatory PCR test unless the positive result was obtained with self-test at home, in which case a confirmatory PCR will still be needed.
* The Council asks that schools still report all positive LFT COVID test results to the Council using the same reporting arrangements as previously so we can continue to support school’s response.

***Context***

At the end of 2020, the government announced a widespread testing programme in schools with rapid tests (Lateral Flow tests - LFTs) to detect additional asymptomatic cases and reduce transmission. This included regular testing of staff and the introduction of daily contact testing for close contacts in secondary schools. Initial pilots led by PHE and NHS Test and Trace were followed by local pilots in Bradford and other cities.

However, LFTs were not manufactured to exclude infection in asymptomatic contacts, and they did not receive approval from the UK´s medicines regulatory agency (MHRA) for daily testing. At the same time, since December we have seen the emergence of a new viral strain that is more transmissible and has become dominant in the UK.

In light of this changing situation, PHE has released a statement on the 20th January recommending that daily contact testing within schools is paused. Schools should continue to test their staff regularly (twice-weekly where possible) and test pupils twice upon return to school.

This document summarizes the recent policy developments and evidence on lateral flow testing; and states Bradford Council´s position about asymptomatic testing using LFTs within schools. The Council’s position was carefully considered following discussion with public health officials and elected members. We currently recommend the following regarding use of LFTs as a COVID screening tool in Bradford district:

* Routine testing of staff only, twice-weekly where possible. Schools have the option of setting up testing facilities (for staff and pupils) in school using the DfE/NHS ‘how-to’ guide, and/or test staff using LFT home testing, using any LFTs kits licensed for home use.
* Contacts of pupils or staff who test positive all need to self-isolate for 10 days as set out in law, regardless of any negative results from LFD testing. Self-isolation of the case and contacts should follow from the positive LFD test. There is no need for a confirmatory PCR test unless the positive result was obtained with self-test at home, in which case a confirmatory PCR will still be needed.
* Testing of staff and pupils in special schools who have a larger cohort of clinically vulnerable children, and in secondary and further educational setting in areas of continually high COVID incidence areas.

***Policy: National mass testing for schools***

The DfE have communicated with schools that new asymptomatic testing [programmes](https://www.gov.uk/government/publications/coronavirus-covid-19-asymptomatic-testing-in-schools-and-colleges/coronavirus-covid-19-asymptomatic-testing-in-schools-and-colleges?priority-taxon=b350e61d-1db9-4cc2-bb44-fab02882ac25) based on Lateral Flow tests (LFTs) will be rolled out during 2021. These were originally designed for full school opening on 4th January, but schedule has been reviewed due to new national COVID restrictions. Rapid testing has been initially offered to secondary and special schools, colleges and FE settings, and then partially extended to primary schools. This guidance covers secondary schools; a separate guidance for primary schools is being prepared.

1] **Test-to-return:** on-site testing of as many staff and pupils as possible in the first week of the new term, with two LFTs 3-5 days apart. Initially proposed for the week of 4th January so that full education provision could resume by 11th January, subsequently postponed until after February half term.

2] **Weekly testing:** testing of all school staff using either on-site or home LFTs, twice-weekly where possible. Initially rolled out for secondary and special schools from January 4th on an opt-in basis.

3] **Serial testing:** daily testing over a seven-day period for staff or pupils who have been identified as a close contact of a COVID-19 case. Pupils/staff who opt for daily testing would not be required to self-isolate unless they test positive. Regular testing of contacts was piloted as an alternative to self-isolation but PHE has now [recommended](https://www.gov.uk/government/publications/daily-contact-testing-in-schools-statement-from-phe-and-nhs-tt-about-next-steps/position-statement-regarding-daily-contact-testing-in-schools-from-phe-and-nhs-test-and-trace) (as of 20th January) that the rollout of daily contact testing within schools is paused, other than for schools involved in further evaluation, due to emergence of a new variant of the virus with higher transmissibility.

Test kits, PPE and training will be provided by the DHSC and DfE, with a national DfE advice line. Training material have been sent to schools also with the offer of training webinars.

<https://drive.google.com/drive/folders/1yy8gj4XU--t21geSx6NswBESJNrEUMBO>)

The number of tests kits that each school has been estimated based on the number of teachers and students and an assumption on prevalence (commencing 4th January 2021). Schools can order additional test kits and PPE throughout the testing period.

***Evidence: Early evaluation of LFTs***

LFTs have low sensitivity when conducted in community PHE evaluation found that LFTs perform effectively and detect at least 50% of all PCR positive individuals and more than 70% of individuals with higher viral loads in both symptomatic and asymptomatic individuals. However, that also means that up to 50% of the cases might be missed using only a LFT test for diagnosis. This sensitivity will vary depending on the quality of the training and application of the tests.

There is also an issue with the predictive value of test results as LFT can also provide false positives (52% in the Liverpool Mass Testing Pilot).

However, LFTs are a rapid test and do provide value as one of a range of control measures in detecting COVID cases and stopping transmission.

LFTs have been largely untested to date within schools. However, universities used the tests prior to Christmas as a screening tool for students returning home. In University settings (Nov/Dec 2020) there was a low positivity rate for LFTs (0.08%) but the void rate (failed test kits) of completed tests was low at 0.36%. Test sites were stepped up in non-clinical settings using mainly university staff, and no major incidents were reported.

In summary, if someone tests positive with a LFT there is a high probability that this is a true COVID infection and only a small chance of false positive. While if someone tests negative there is still a reasonable chance that the person is in fact infected by COVID (false negative). This is the rationale for the test being adequate for mass screening but not for ruling out infection.

No evaluations of the psychological impacts of repeat testing of asymptomatic groups have been published, but academics have called for careful consideration of testing asymptomatic children because of the high numbers that need to be tested to identify a single case, and the unknown psychological impacts.

***Proposed options for Bradford District***

**We propose that a local response is put in place that supports the delivery of testing in schools, but in a way that enhances the established system that the council’s public health, education departments and head teachers have developed.**

We will introduce an escalated testing programme, starting with encouraging schools to start twice-weekly or weekly home testing for teachers and other school staff, and then pupils as operational capability grows and if schools have capacity to do this. The Government’s position appears to be rapidly moving towards one of supporting home testing using LFTs for key workers, including school staff. This appears a good option and one that is already being used by NHS and other key workers.

There are some schools currently piloting in-school rapid testing for staff and students and we are working with these sites to keep abreast of best operational practice so we can advise schools accordingly. Those schools have been able to manage rapid testing by moving staff from their primary duties because of the reduced opening, but it is clear that this is not sustainable in the medium/long term.

The Council have carefully considered the Government´s strategy alongside current evidence and the local response system in place and have arrived at a position that is different in some respects from the national rapid testing strategy. In particular, we do not support the previous **“serial testing”** component of the national strategy (daily testing of close contacts of confirmed cases, who then remain in school if negative), for the following reasons:

* The Government’s medicines regulatory agency (MHRA) does not approve LFT for daily testing, and PHE has released a statement recommending that daily contact testing within schools is paused. Furthermore, daily testing without self-isolation seems to contradict COVID law around mandatory 10 day self-isolation for contacts.
* The manufacturers of the LFT technology did not design this test to exclude infection in asymptomatic contacts but as a screening tool for asymptomatic people. The sensitivity of LFTs is not sufficient to accurately exclude COVID in a close contact (as 50% of cases may be missed) and there is a risk of increasing COVID transmission from known contacts.
* Parental consent is required for testing pupils, so this will potentially split classes along the lines of test or not-test which may be administratively difficult.

**Therefore, our position is that contacts of children or staff who test positive - either with a LFT or PCR test - all need to self-isolate for 10 days (as set out in law).** A negative LFT test does not provide enough assurance because community sensitivity of LFTs is low, the technology is not designed for test and release of COVID contacts, and negative testing in these scenarios encourage complacency and non-adherence to social distancing.

We also see some potential issues with the “**test-to-return”** component for the following reasons:

* Children should not need to be tested before returning to school (as their parents have the right to opt out, and logistically some schools may not be ready with testing centres).
* Children should not be travelling into schools just to test (i.e., if not at school already) as this introduces unnecessary risk of social mixing and disruption for families.
* We will support schools to prioritise CYPs education and emotional welfare, and home learning (and LFT should not interfere with learning and well-being of CYP). So, for the first weeks of term, we would advise schools to do this.

We currently recommend the following as priority areas for use of LFTs as a COVID **screening tool** in Bradford district:

1. **Routine testing of staff** (twice-weekly where possible)using LFTs now licensed for home use. These key workers are more risk than CYP from COVID, and this testing approach will directly support sustainable staffing levels in schools. Secondary schools have been prioritised nationally, as per DfE guidance, but there is no reason why primary schools should not also use home testing if kits are made available.
2. **Testing of staff and pupils in special schools** who have a larger cohort of clinically vulnerable children.
3. **Testing in high incidence areas:** secondary and further educational setting in areas of continually high COVID incidence areas (staff and pupils).

The LA will look at whether increasing mobile testing units or teams to visit school in outbreak situations or high prevalence areas (using LFT or PCR tests) is viable and can provide added value to reducing infection rates.

***Operational considerations***

This section outlines the principles and logistic need for schools that opt for implementing the LFD testing process for staff and pupils. As each school is unique in terms of staff, resources and physical layout, this advice is general and will need to be adapted for each individual setting.

**General Principles**

The principles for a safe and effective roll out to maximise staff and pupil welfare and education are:

* It is the Council’s position that a local response is put in place that supports the delivery of testing in schools, but in a way that enhances the established system that the Council’s health, education departments and school leaders have developed. This involves continuing with the stepped levels of response and support for schools managing from single cases to suspected outbreaks.
* Schools and settings can begin weekly rapid testing of staff when they have:
  + Received their allocation of testing equipment.
  + Accessed all appropriate training materials published by the DfE.
  + Ensured appropriate consent has been received (as this is voluntary, individuals may choose not to take part in testing).
  + Identified a suitable space to act as the testing centre, if they opt for in-school testing.
  + Have a Quality Management Plan (covering procedures in pages 34/35 of the "how to" guide) and/or updated COVID a risk assessment covering LFTs in place.
* Children should not need to be tested before returning to school; parents have the right to opt out and logistically schools may not be able to support the testing of large numbers without significant disruption to education and staff roles.
* **Schools should report all positive LFT COVID test results to the Council using the same reporting arrangements as previously so we can continue to support school’s response.**
* Schools should access all materials provided by the DfE, particularly the “How to Guide: Rapid Testing in Schools and Colleges” (the “green one”), which should be seen as the Standard Operating Procedure (SOP). It provides all the information required to train staff and run testing safely and successfully.

**Logistics of testing**

* Ensure a member of staff is identified as the lead for testing. They should access all the DfE documents:
  + How to Guide (the “green one”)
  + Training Guide (the “purple one”)
  + Schools and Colleges handbook (the “blue one”)
* Identify the staff to be involved, allocate their roles and ensure they access the appropriate training materials/webinars. Train back up staff. Record this information.
* Develop the SOP for your setting, including consideration of social distancing before, during and after testing.
* Ensure Team Leaders are registered with the DfE and “Lite Registration” is completed for those to be tested. See “Digital Handbook” from the DfE.
* Ensure consent is gained. (The pilot school used the template document from the DfE and adapted it to a Google doc which could be emailed to staff).
* Identify a suitable space to use, preferably a well ventilated space with two exits. (Again the “How to guide” has information on the requirements for the room, suggested layouts and equipment required).
* Allow the trained staff to have a practice run. This enables them to become familiar with their roles and spot any potential difficulties. It also gives personal experience of what the testing feels like so that they may give advice to those they test later.
* Ensure a suitable risk assessment is in place.
* Plan a timetable for staff testing on a weekly rota.
* All results should be recorded appropriately.
* For those schools who opt for home testing: each LFT kit supplied by DfE contain two dropper bottles of test solution, along with 25 sets of individual test materials. This could be split into individual staff packs of a bottle of test solution plus 12 test kits of swab, plastic vials and indicators, which can then be distributed as personal kits to all staff working in school on the rota, after they each receive training in school about how to use the kits effectively and safely.
* We would recommend that LFT twice weekly testing is done first on the **Monday morning** because:
  + The test is better taken on the morning of the workday to ensure less of a chance of someone becoming infectious in school.
* We are currently reviewing home testing for secondary school staff (as a secondary is piloting this approach), in light of the Governments recommendation for home testing in primary schools.
* Ensure that any positive cases using the LFD are isolated for 10 days and continue to be reported to the Council contact centre using the number 01274 431000 (Option1).

**SUMMARY**

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