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**Event**            **COVID-19 Omicron Variant: Management of confirmed, and suspected cases of Omicron in educational settings**

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**NIERP Level**   **COVID-19**

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### **For Sharing with Directors of Public Health**

A national Incident Management team (IMT) was stood up on 25 November 2021 with an aim to slow the spread of variant Omicron (B.1.1.529). Additional policy measures to slow the spread of Omicron have taken effect from 30 November. These include the following measures within educational settings, which are also outlined in updated setting [operational guidance documents](#):

- All close contacts of confirmed or suspected Omicron cases in educational settings will be required to isolate for 10 days, irrespective of age or vaccination status as per the national guidance.
- Additional actions for education settings may be advised by a local incident management team. This may include wider targeted PCR testing for case finding.
- Face coverings are recommended for all staff, students (aged 11 or older on 31 August 2021), and visitors in communal areas of secondary schools, out-of-school settings, Further Education Colleges and Higher Education Institutions.
- Face coverings are recommended for staff and visitors in communal areas of primary schools and early years settings.

The [Contingency Framework](#) sets out the ongoing principles of managing outbreaks of coronavirus in education and childcare settings, including responding to variants of concern and is periodically updated to reflect the latest developments. The contingency framework will be updated imminently to reflect the new measures announced in the operational guidance for educational settings, which are in addition to the updates earlier in November.

This is an emerging situation, and a precautionary approach is advised. Any updates to guidance will be communicated.

### **Management of confirmed, highly probable and probable Omicron cases in educational settings**

Case definitions have been agreed. These are regularly updated and included in IMT SitReps.

In the first instance, all confirmed or highly probable cases will be managed by the local UKHSA HPT and usually involve a local Incident Management Team (IMT).

In line with the rest of the population, all close contacts (identified by NHS Test and Trace or through the Health Protection Team (HPT) or Local Authority (LA) of confirmed or suspected Omicron cases in educational settings will be required to isolate for 10 days. Being in an education or childcare setting with someone who has tested positive for COVID-19 will not necessarily mean that person is identified as a close contact. The 10-day isolation period will commence from the last point of contact with the confirmed or suspected case. Where recommended by the HPT or relevant IMT, wider targeted testing (eg whole year group or some or all educational staff) using PCR based testing may be performed as part of a settings based Targeted Case Finding (TCF) approach. Isolation will not currently be required while awaiting results for the wider groups. This may also be recommended in primary schools and early years settings following agreement by the local IMT.

At this stage, there are no changes to the contact tracing process in educational settings. Further actions for educational settings may be advised by a local Incident Management Team (IMT).

There are a variety of approaches to targeted case finding in educational settings. Annex A covers some options for local IMTs to consider during the planning of any required activity.

### **Possible cases and their contacts**

Contacts of possible cases will be followed up by National Operations to advise on requirement to isolate.

This will be kept under regular review by UKHSA.

### **Additional advice in Educational Settings**

#### *Face coverings*

From Tuesday 30 November 2021:

- face coverings are recommended for all staff, students (aged 11 or older on 31 August 2021) and visitors in the communal areas of secondary schools, out-of-school settings, Further Education Colleges and Higher Education Institutions.
- face coverings are recommended for all staff and visitors in the communal areas of primary schools and early years settings.
- Face coverings should continue to be worn by students (aged 11 or older on 31 August 2021) on public and dedicated school and college transport.

### *Testing*

All educational and childcare settings should continue to promote twice weekly LFD testing for eligible groups (secondary aged students, Higher Education students and all staff in other settings) and use increased testing (for example daily LFD testing for close contacts) where recommended by a Director of Public Health or health protection team to manage an outbreak or in areas of high prevalence.

All secondary schools have been asked to prepare to test their pupils once on-site when schools return in January 2022. Higher Education and Further Education students and staff will test either the evening or morning before returning after the Christmas holiday and then continue testing in line with Government guidelines. Further details are available on the DfE document sharing [platform](#).

### *Vaccination*

All eligible staff and students aged 12 and over should be encouraged to take up the offer of the vaccine.

### *International travel*

Schools, out of school settings and colleges will want to consider whether to go ahead with planned international educational visits at this time, recognising the risk of disruption to education resulting from the need to isolate and test on arrival back into the UK.

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## **Implications for UKHSA Regions**

Impact on HPTs in follow up of cases in educational settings

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## **Implications for UKHSA sites and services**

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## **Recommendations to UKHSA Regions**

Recommendations on management of cases in educational setting outlined above.

Please share with Local Authority Public Health Teams.

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## **Recommendations to UKHSA sites and services**

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## **Implications and recommendations for local authorities**

Impact from follow up of and managing cases in educational settings  
Recommendations on management of cases in educational setting outlined above

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## **References/ Sources of information**

[Actions for schools during the coronavirus outbreak - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/actions-for-schools-during-the-coronavirus-outbreak)

[Contingency framework: education and childcare settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/contingency-framework-education-and-childcare-settings)

Variants Manual

<https://pheccloud.sharepoint.com/sites/PlacesAndRegions/VAM%20Manual/Forms/AllItems.aspx>

## Omicron in Education Settings, Wider Cohort Testing – Operational Options ‘Handrail’

The below methods of testing represent deliverable options for testing where an IMT has identified that Targeted Case Finding of a wider cohort in an educational setting is required in response to a confirmed or suspected Omicron case. Depending on circumstances, some may be more effective than others at testing the highest proportion of the cohort in question over the time frame desired. The following wider principles apply:

1. PCR capacity is limited.
2. Samples from this testing will be sent to a lab that uses S gene target assay. Those samples with SGTF are prioritised for Whole Genomic Sequencing (WGS) where the sample is suitable.
3. These methods also seek to maximise the traceability of tests and reduce the likelihood of unmatched cases. For this work LAs should not use PCR kits that may be left over from other activity as they lack the appropriate traceability.
4. These methods should be considered as options only and do not represent testing policy in these settings. Where specific requirements mean none of the methods can satisfactorily achieve the desired public health effect then the IMT should consider other delivery methods.

### Possible Testing Methods

1. **Via Mobile Testing Unit (MTU)** MTU testing is the strongly preferred method of testing delivery. MTU testing provides the lowest risk of unmatched tests occurring and prevents unnecessary tests being dispatched thus greater value for money. This remains true even for small cohorts that would not utilise the full capacity of the MTU. Requests to test using methods other than MTU should include robust justification as to why some form of MTU based testing is not deliverable. MTUs can be onsite the following day following authorisation. They can be deployed with significant flexibility and some possible options are:
  - a. **Via setting based MTU.** An MTU is dispatched to an education setting and established onsite. Pupils are asked to take tests at the MTU throughout the day and are scheduled in small groups to minimise education disruption but maximise throughput. Depending on the nature of the setting, specific parental consent prior to this activity may be required. Each MTU can test c. 72 people per day (less if operating during school hours only) and therefore for larger cohorts multiple MTUs could be considered where the school can accommodate them on site.
  - b. **Via assisted onsite testing from MTU.** An MTU is used to drop PCR test kits at the setting. These kits are used by staff from either the setting or externally if available to assist, onsite, the self-testing of individuals. Kits are then returned to the MTU on the same day. This method may allow a higher throughput faster than MTU testing above. It may also be deliverable at settings that are not suitable for the establishment of an MTU. This method however requires sufficient staffing to support the testing. It should only be considered where the setting in question has sufficient staff to support, or

where external staff are available. Depending on the nature of the setting, specific parental consent prior to this activity may be required.

c. **Via MTU deployed in proximity to setting.** An MTU is dispatched to a convenient site close to the school. Parents are encouraged to take pupils to test (usually outside of school hours). It is deliverable where settings are not suitable for the establishment of an MTU on site. It also allows any cohorts that are self-isolating to test using this facility. However, with larger cohorts it is likely to create peaks of demand at the start and end of the school day. Although if weekend testing is required it is likely to provide a more uniform testing capability.

**2. At home via setting provided PCR test kits.** This method can only be supported in small numbers and may be removed at a later stage pending assessment of effectiveness. Home channel PCR test kits are dispatched to an education setting. The kits are distributed by the setting to the cohort to be taken home for testing

**3. Via another local Test Site.** Depending on the geography and cohorts involved in the response, there may be times when the cohort can be encouraged to test at an already established testing site (either fixed or mobile). However, as specific routing of tests is required to maximise SGTF and WGS data then the selection of the site is key as it is likely that all tests from such sites will need to be routed in this way. This method is therefore only suitable where the proportion of target tests is likely to represent a high proportion of the overall throughput. This may be the case, for example, if TCF in multiple settings is required and all cohorts are encouraged to test at a particular site.