



Testing in Secondary Schools and Colleges

Frequently Asked Questions

Aims of Asymptomatic Testing in Secondary Schools and Colleges

What are the objectives of the Government's asymptomatic testing strategy in education settings?

As many as one in three people who contract the virus show no symptoms (they are asymptomatic), so could be spreading the disease unknowingly. Asymptomatic testing will help to identify positive cases more quickly and break the chains of transmission. Those who test positive will self-isolate, helping to reduce transmission of the virus.

Alongside asymptomatic testing, secondary schools and colleges should also continue to put in place a range of protective measures to minimise the risk of infection spread, and twice weekly testing for staff and pupils will also increase their confidence in the workplace. No test is perfect, but the speed and convenience of antigen LFD tests supports detection of the virus in asymptomatic individuals who would not otherwise be tested.

All existing protective measures set out in [guidance](#) (e.g. social distancing, handwashing, face coverings where needed, bubbles) remain important and the need for these is not lessened. A negative antigen LFD result should not be read as a means to relax or ignore social distancing or other virus prevention measures intended to reduce transmission – antigen LFD is an additional tool that contributes to reducing risk.

The asymptomatic testing programme does not replace the Government's current testing policy for those with symptoms. If you have symptoms, you should continue to book a test via <https://www.nhs.uk/conditions/coronavirus-covid-19/> or by calling 119 in England and Wales, or 0300 303 2713 in Scotland and Northern Ireland.

Which schools and colleges are in scope?

The following types of secondary schools and colleges are in scope:

- local authority maintained secondary schools and academies (include
- ng special schools, pupil referral units and alternative provision)
- all through schools deemed secondary
- independent schools (including independent special schools and independent alternative provision)



- hospital schools
- FE colleges (general further education colleges, sixth form colleges, special post-16 institutions). This also includes 19+ students attending college.

What is the Government's plan for pupils and students' return to secondary schools and FE colleges from March 8th during the national lockdown?

Rapid testing using antigen LFD's will support the return to education by helping to identify people who are infectious but do not have any coronavirus (COVID-19) symptoms. In secondary schools and colleges, home test kits will be available for all staff for regular testing.

During the week commencing 8 March, pupils and students will be offered asymptomatic testing on site in secondary schools. For pupils and students, they will need to be tested 3 times at an on-site Asymptomatic Testing Site (ATS), upon their return to school or college. This will give pupils and students the opportunity to get used to swabbing in a supervised environment first. They will then be provided with home test kits for regular twice weekly testing. Testing remains voluntary but strongly encouraged, where schools have low participation with testing they may have to revert to asymptomatic test sites rather than home testing for students.

A pupil/student's first test at an on-site (ATS) should be as soon as possible after they arrive at school or college and they will be allowed to resume face to face learning if they test negative after that first test. If they test positive, they will need to go home and self-isolate in line with government guidance. Their second test should be 3 to 5 days later and the third test, 3 to 5 days later again.

Pupils and students not undergoing testing should attend school/college in line with their school/college's phased return arrangements. Vulnerable children and children of critical workers in secondary schools should continue to attend school throughout, unless they receive a positive test result.

Testing should begin when pupils and students return but it can be phased to manage the numbers passing through the test site at any one time. Schools and colleges have the flexibility to consider how best to deliver testing on a phased basis, depending on their circumstances and local arrangements, but they should prioritise children of critical workers, vulnerable pupils and students and in schools, year groups 10 – 13.

Schools and colleges should retain minimal testing capacity on site so they can offer testing to pupils and students who are unable or unwilling to test themselves at home. We will provide further information about funding available to support this.

When should all students and pupils return to face to face learning?

From 8 March, all pupils should attend school. During the week commencing 8 March, pupils and students will be offered asymptomatic testing on site in secondary



schools and colleges. Pupils and students who consent to testing should return to face-to-face education following their first negative test result. Pupils and students not undergoing testing should attend school and college in line with the institution's phased return arrangements. Vulnerable children and children of critical workers should continue to attend school or college throughout, unless they receive a positive test result (and so should isolate in line with government guidance).

I have pupils in from 22 February. When should I start testing them?

If you have pupils or students in school or college from 22 February such as vulnerable children or children of critical workers, then you can begin testing them before the rest of your pupils/students return to help to manage the flow of pupils/students through your on-site ATS. You will need to continue testing them on-site (ATS) until your test at home kits arrive for your pupils. These are scheduled to arrive w/c 8 March.

Why are Independent Training Providers (ITPs) and Adult Community Learning Providers not receiving testing kits at the same time as schools and colleges?

ITPs and ACLPs will have access to home testing from the end of March, which will allow all staff and students to be tested for Covid-19. We are developing a demand-led model to allow these providers to order the right amount of home test kits for their students and staff. This bespoke solution will take a few weeks to implement.

For providers who are not currently testing their staff a number of local authorities are offering asymptomatic testing to workers who cannot work from home. A list of local authorities who are rolling out community testing is available [here](#).

Special Needs and Alternative Provision settings

We recognise specialist settings will have additional considerations to take into account when delivering asymptomatic testing and additional guidance will be published and circulated. We recognise that self-swabbing may cause significant concerns for some children and young people with SEND. Testing is voluntary and no child or young person will be tested unless informed consent has been given by the appropriate person.

More detailed guidance can be found here: -

<https://www.gov.uk/government/publications/guidance-for-full-opening-special-schools-and-other-specialist-settings/mass-asymptomatic-testing-in-specialist-settings>

Which staff are in scope for testing?



Schools and colleges should offer testing to all staff who are school and college based, including teaching and non-teaching staff members, such as support staff, clinical practitioners and therapists. Non-permanent members of staff should also be offered testing, such as trainee teachers on placement in school and supply workforce. Some staff, for example those employed through the NHS in specialist settings, may have separate arrangements for regular testing.

Is participation in testing compulsory?

Testing is voluntary but staff, pupils and students are strongly encouraged to participate as testing regularly helps to reduce the spread in school and college settings through asymptomatic transmission.

Antigen Lateral Flow Devices (LFDs)

Why are you using antigen lateral flow tests instead of PCR tests?

Antigen LFD tests produce results much quicker than PCR tests. With antigen lateral flow tests, a result is available after 30 minutes rather than 1-2 days as is the case with PCR tests. The rapid turnaround has a significant impact on transmission reduction that might occur in the time gap.

Are the antigen LFD tests accurate?

Antigen lateral flow tests have been widely and successfully used to detect COVID-19 in asymptomatic individuals and are approved by the Medicines and Healthcare products Regulatory Agency (MHRA). Using antigen LFD tests is crucial in the fight against the virus.

Extensive clinical evaluation has been carried out on the antigen lateral flow tests. Evaluations from Public Health England and the University of Oxford show these tests are accurate and sensitive enough to be used in the community for screening and surveillance purposes.

Antigen LFD tests identify individuals who are likely to be infectious. These individuals tend to spread the virus to many people and so identifying by LFD remains important.

It is important to remember that these tests are an additional layer of health protection measure in addition to face coverings, social distancing etc.

On-site Asymptomatic Testing Sites (ATS)

Who will be doing the asymptomatic testing on site in schools and colleges?



In most cases staff, pupils and students will self-swab to provide a test sample. There are a number of related roles in the testing process, which are set out in [published guidance](#).

Schools and colleges will be responsible for establishing their testing workforce which could be made up of existing staff, agency staff or volunteers. Schools and colleges are responsible for ensuring that volunteers and other test support staff have passed the NHS Test and Trace training assessments before testing begins.

It is also the responsibility of the school or college to ensure all staff and volunteers on their site meet the appropriate safeguarding requirements, including DBS in accordance with the existing DfE guidance.

What further workforce support may be available to my school or college?

As well as accessing workforce funding, there are other options available to schools and colleges to support their testing workforce:

Commercial routes for hiring external, temporary staff can be accessed via a range of existing frameworks. More detail on each of these frameworks is available in the [‘How Do I Buy Guide’](#), published on the schools' resources Google Drive.

Volunteers can offer additional capacity on rapid testing sites. School and college leaders might recruit volunteers that are either already available to them, such as parent volunteers or school governors. The Department has provided a full range of voluntary support offers, which are available for schools and colleges to access. Should you require more information about these voluntary support offers, please contact the DfE helpline.

Additional capacity for assisted swabbing is available in exceptional circumstances. This capacity is to support children and young people with health needs, which prevent them from self-swabbing, and in instances where school/college staff are not available to deliver assisted swabbing (for example, due to staff absences). This support can be accessed via the DfE Helpline.

Who will recruit the additional workforce?

Schools and colleges will be responsible for establishing their testing workforce which could be made up of existing staff, agency staff or volunteers. Schools and colleges are responsible for ensuring that volunteers and other test support staff have passed the NHS Test and Trace assessments before testing begins.

It is also the responsibility of the schools or college to ensure all staff and volunteers on their site meet the appropriate safeguarding requirements, including DBS in accordance with the existing DfE guidance.

The Department will provide funding for schools, colleges and specialist settings, for



reasonable workforce costs incurred in on-site testing. There is also an updated [Workforce Planning Tool](#) which illustrates the workforce requirements and associated funding for testing for eligible institutions across the spring term, in line with departmental testing expectations. We will provide further guidance regarding arrangements for summer term in due course.

Will volunteers require a DBS check?

Schools and colleges must comply with their legal duties regarding pre-appointment checks when utilising agency staff, contractors, and volunteers to support testing. Usually, if you are involved in the testing procedure, or if you are at any time with children unsupervised, then you will require a DBS check. If you are volunteering but not assisting with swabbing (for instance, if you are already trained to provide support for a child who cannot self-administer), and you will not be unsupervised with children/ young people at any time, then you will not need a DBS check.

It is essential that agency staff, contractors and volunteers are appropriately supported and given appropriate roles. The school or college should minimise the mixing of volunteers, agency staff and contractors across groups, and they should remain 2 metres from pupils and staff where possible.

Will insurance companies who work with schools and colleges, including the Risk Protection Arrangement (RPA) scheme, cover all the activities related to the asymptomatic testing programme?

The RPA will indemnify members if a claim is brought by a third party (including pupils) or employees. It will cover death, injury, or damage to third-party property, due to the school or colleges undertaking the asymptomatic tests.

It would be advisable that schools and colleges that are not members of the RPA, should contact their individual commercial insurance provider, for definitive clarification on cover.

RPA cover is subject to the usual RPA Membership Rules and its terms, conditions, and limitations. It will include defence costs and any damages/compensation that the Member is legally liable to pay to the claimant. The RPA will not provide an indemnity to any other party (e.g., the machine manufacturer) if the other party incurs a legal liability.

It is a requirement that risk assessments are undertaken, recorded, and adhered to. In the event of loss or damage to any equipment that is owned by or the Member's responsibility (e.g., through a lease or hire agreement) used in the provision of the testing, the RPA will provide an indemnity to the Member for the cost of repair or replacement. The cover is subject to the usual RPA Membership Rules (including all limitations, conditions, and exclusions).



How much time does a school or college require to plan the test area, set up the area, and undertake staff training?

Secondary schools and colleges can find detailed information on the number of staff and estimated time and space needed for each asymptomatic testing site, and training needs in the following [Schools Colleges How To Guide](#)

What happens if a parent is unable to collect a child who has tested positive?

In non-residential schools, if a pupil displays coronavirus (COVID-19) symptoms, or has a positive test, while at their school they should avoid using public transport and, wherever possible, be collected by a member of their family or household.

In exceptional circumstances, if parents or carers cannot arrange to have their child collected, if age-appropriate and safe to do so the child should walk, cycle or scoot home following a positive test result. If this is not possible, alternative arrangements may need to be organised by the school. The local authority may be able to help source a suitable vehicle which would provide appropriate protection for the driver, who must be made aware that the individual has tested positive or is displaying symptoms.

If a pupil is awaiting collection:

- they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age and needs of the pupil, with appropriate adult supervision if required
- a window should be opened for fresh air ventilation if it is safe to do so
- if it is not possible to isolate them, move them to an area which is at least 2 metres away from other people
- if they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible - the bathroom must be cleaned and disinfected using standard cleaning products before being used by anyone else
- personal protective equipment (PPE) must be worn by staff caring for the pupil while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs) - more information on PPE use can be found in the [safe working in education, childcare and children's social care settings guidance](#)

Home testing

When should staff, pupils and students do the testing? Mornings vs evening? Is weekend testing allowed?



Staff, pupils and students should test twice weekly before coming into school/college, ideally in the morning. If they cannot take the test in the morning, they should take it as soon as possible before coming into school/college.

How will staff, pupils and students know what do to with the home test kits?

Detailed information how to self-swab and process the tests is in the Instructions for Use and there is an [NHS video demonstrating how to carry out a test](#) . In addition, a detailed [How to Guide for home testing](#), is available

Can students and pupils do the test themselves?

When testing at home, students aged 18 and over should self-test and report the result, with assistance if needed. Pupils and students aged 12-17 should self-test and report with adult supervision. The adult may conduct the test if necessary. Secondary school pupils aged 11 should be tested/swabbed by an adult.

How will test results get recorded when schools and colleges move to home testing?

When testing at home, the school will not automatically find out if staff, pupils or students have taken a test. Staff, pupils or students (or the parent) are required to report the test result via the NHS Online reporting system for both negative, void and positive test results. They should also report positive, negative and void results to the school/college. If the result is positive, the individual should isolate and the school/college should help with contact tracing. They will also need to arrange a lab-based polymerase chain reaction (PCR) test to confirm the result if the test was done at home.

Those with a negative antigen LFD test result can continue to attend school/college and use protective measures.

What record keeping does the school or college need to do?

Schools and colleges are required to keep a test kit log, where they record which individual has taken which kits home. This is required in the unlikely event of an incident requiring investigation or batch recall. This log will also help record that staff have received the new instructions for use. This must be separate from the results register for data protection reasons. A template is provided on the document sharing platform.

Schools and colleges are also encouraged to keep a record of staff, pupil and



student tests results. This will help with contact tracing, since schools/colleges cannot view staff results otherwise. A template record is provided on the document sharing platform.

The individual is also required to record and share their result (whether positive, negative or void) with NHS Test and Trace.

Why do I need to share information on antigen LFD test results both with NHS Test & Trace and my school?

It is a requirement to share results with NHS Test & Trace so that contact tracing (particularly outside the school environment can take place) and clinical evaluation of the testing programme can continue. Staff, pupils/students should share results with their school so that if positive, immediate contact tracing can take place in school. Void and negative results are useful information for their school both to monitor stocks of kits and to identify any issues that might need escalating to DfE or NHS Test & Trace.

Our pupils can only test on-site. What should we do?

Settings should work with pupils/students and their families to agree the most appropriate way of them accessing testing. Even if it is appropriate for the majority of pupils/students to test at home we recommend settings retain a small on-site ATS so that they can offer testing to pupils/students unable or unwilling to test at home. After the initial tests on return, you should be able to scale back the number of bays you require to reflect the number of students you believe are unable to test themselves at home. In some settings the asymptomatic test site may need to maintain more capacity if a large number of pupils/students cannot take advantage of the home testing offer. We have built in funding so that, should they choose to, SEND settings can maintain a full scale on-site ATS at their school.

Can my family get tested too?

No, this asymptomatic antigen LFD testing is for staff, pupils and students in schools/colleges. The tests will be handed to staff, pupils and students for personal use and should not be used for anyone else. If family members experience COVID-19 symptoms, they must follow standard Government guidance, including self-isolating immediately and booking a test through the [NHS Coronavirus \(COVID 19\) service](#) or by calling 119 (England and Wales).

Should someone who has been vaccinated take an antigen LFD test?

Yes, we do not yet know whether vaccines prevent individuals transmitting the virus. If school/college staff have been vaccinated, they should continue to follow the



steps set out in the guidance. The vaccine does not interfere with the antigen LFD or PCR tests.

Consent

Do you need consent to process the personal data required for testing?

Secondary schools and colleges will need to satisfy themselves that they have a lawful basis for processing personal data, which need not necessarily be consent. Schools and colleges must provide staff, pupils and parents with a privacy notice explaining what personal data is required to participate in the programme. The Department has provided template privacy notices for school and colleges to adapt where appropriate.

Who requires parental consent?

Pupils under 16 years old require a parent/guardian to consent to their being tested on-site. The Department has provided template consent forms using the consent form, which can be found on the Document Sharing Platform. Pupils and students aged 16 or older may consent themselves using the consent form. Young people with SEND aged 16-25 years old do not need parent/guardian consent, provided that they are able to make the decision for themselves. However, the setting will need to decide whether the pupil can reasonably provide informed consent on their own behalf and may need to consider undertaking a Mental Capacity Assessment if appropriate. Looked after children may already have consent arrangements in place, covered by their local authority. If not, the child's social worker may consent (or seek consent from those with parental responsibility), using the consent form.

What happens if a school cannot get the consent to test a child who is in school?

Testing on site requires active consent from the person being tested, or, if they are under 16, their parent or legal guardian. Any staff member, student, or pupil who does not take part in testing will still be able to attend school or college unless they develop symptoms or have been in close contact with anyone with a positive result.

Can staff who have opted out join the testing programme at any point?

Yes. The school/nursery should share the privacy notice and relevant materials with that member of staff when they choose to participate.



Test process

What happens if a pupil, student, or staff member's antigen lateral flow test result is positive?

Individuals who return a positive antigen LFD test result must self-isolate immediately in line with [NHS Test and Trace guidance](#). They should also inform their school or college of the positive result and must order a confirmatory PCR test if they are testing at home (confirmatory PCR tests are not needed if the test was conducted through an on-site ATS).

Should I still take part in the asymptomatic testing programme if I have recently tested positive for COVID-19?

If you have tested positive by PCR for COVID-19, you will probably have developed some immunity to the disease. However, it cannot be guaranteed that everyone will develop immunity, or how long it will last. It is possible for PCR tests to remain positive for some time after COVID-19 infection.

Anyone who has previously received a positive COVID-19 PCR test result should not be re-tested within 90 days of that test, unless they develop any new symptoms of COVID-19.

If, however, you do have an antigen LFD test within 90 days of a previous positive COVID-19 PCR test, for example as part of a workplace or community testing programme, and the result of this test is positive, you and your household should self-isolate and follow the steps in this guidance again.

If it is more than 90 days since you tested positive by PCR for COVID-19, and you have new symptoms of COVID-19, or a positive antigen LFD or PCR test, follow the steps in this guidance again.

SEND

How will asymptomatic testing be administered in a SEND context and will there be any additional support or resources for special schools or those with a high number of SEND pupils and students?

The Department for Education has provided [guidance on delivering asymptomatic testing in specialist settings](#).

What consideration is given to administering the test for SEND pupils and students or those with co-ordination issues who physically will not be able to manage this due to poor fine motor skills? Will the Test assistant be able to do



the test for them?

Special schools and specialist colleges have a range of staff to meet pupils and students' health needs. These staff already have undertaken various training to support health needs and could provide support taking swabs for those who cannot self-administer. Support for pupils who are unable to self-swab may be available. Support would be for children and young people whose physical and health needs prevent them from administering their own test, and where parents and/or existing school staff cannot assist.

What about students with SEND who will not be able to manage a self-swab who are in a mainstream school?

Support for pupils who are unable to self-swab may be available if there are no suitable staff to administer tests. Support would be for children and young people whose physical and health needs prevent them from administering their own test, and parents or existing school staff cannot assist.

In some cases, the individual may wish to have a trusted adult from the setting to supervise the self-swab of the test. The setting may also wish to consider whether it would agree in exceptional circumstances to a parent coming into the setting to support their child to self-swab or to swab their child, or whether it would be more appropriate for the individual to be tested at home. This might be a reasonable adjustment for the testing of a child or young person with a disability, for example.

Miscellaneous Questions

Do test results get affected by brushing teeth, drinking water?

Avoid eating or drinking half an hour before the test. A small amount of water is acceptable. There is unlikely to be an adverse impact of brushing teeth prior to testing but it might be prudent to wait a while before testing.

Are the swabs latex free?

The manufacturer has confirmed that Innova swabs are latex free.

Does the LFD test contain any harmful substances and are there any precautions for dealing with spillages?

Extraction solution which comes with the LFD test kit contains the following components: Na_2HPO_4 (disodium hydrogen phosphate), NaH_2PO_4 (sodium phosphate monobasic), NaCl (Sodium Chloride). These components do not



have any hazard labels associated with them, and the manufacturer states that there are no hazards anticipated if individuals follow the instructions for use.

Any spillages should be wiped with a paper towel and if the solution included the throat and nose sample, the area should be appropriately disinfected using household disinfectant.

Do the LFD tests contain animal products or have they been tested on animals?

All of the antibodies are necessarily generated from animal cells. While we do not test any of these products on animals, nor are animals harmed in the development process, the antibodies used for the test reaction are derived using an animal cell in the laboratory. The T line for a positive test is derived by reaction between the sample as it flows to the membrane (thin paper like material inside the device) which is coated with these antibodies. It is therefore highly unlikely for there to be any direct contact between the person being tested and the animal material itself. However, we want to make sure that the people undertaking the test make an informed choice about this.

Are the LFD tests vegan?

The monoclonal antibody technology present in our lateral flow devices are generated from animal cells. During development, at no time have any component parts been tested on animals.



Are the LFD tests halal?

No animal products have been used in the production of the swabs. The swab is the only material with which the individual will come into direct contact. The individual using the test will not come into direct contact with any materials made from animal products.

The thin paper like material inside the LFD is coated with antibodies from animal cells. No direct contact will be made between the person and this material. The monoclonal antibody technology present in our lateral flow devices are generated from animal cells. This is in common with other tests of this kind, including commercially available pregnancy tests.

Is the LFD test safe for those that are pregnant?

Yes, the tests are safe to use by those who are pregnant.