

Information note regarding Public Health Risk Assessments for Special Schools and Classes

- In line with recommendations from the National Public Health Emergency Team, it has been agreed that from September 27th 2021, automatic contact tracing of asymptomatic close contacts in children aged over 3 months and less than 13 years, in Early Learning and Care (ELC) and School Age Childcare (SAC) facilities, primary education and social and sporting groups is no longer recommended.
- Cases and outbreaks in special educational needs settings (special schools and special classes), and respite care will still come through to public health for advice for a **public health risk assessment**.
- **The purpose of this public risk assessment is to identify the appropriate next steps in the best interests of all of the children in these settings. This is in recognition that within these settings there is a higher probability that there are children with medical vulnerabilities and children who may have greater difficulties with infection prevention and control measures. However, the clear principle from a public health perspective is that well children should continue to attend school or childcare wherever possible.**
- Public health specialists will undertake a public health risk assessment of the specific setting and the variety of factors which impact on the risk of infection and it is public health doctors who will make the decision on next steps – such steps will be communicated to school and parents concerned. This may likely be limited to advice as to how to best protect others within that unique setting, and will not necessarily lead to exclusions.
- It is accepted and understood that not all children in special schools and special classes have medical vulnerabilities and, subject to any other factors in the risk assessment which may show a heightened risk of Covid-19 infections, it is intended that the processes which are being followed in non-special education settings regarding the management of close contacts will apply.

- Where the public health risk assessment identifies risk, it may be the case that some children will be identified as close contacts and will be required to restrict their movements.
- In these circumstances children will only be required to restrict their movements for **five days** and will be offered one COVID 19 test. This is to balance the observation period required for children for signs of infection, with testing at the most relevant time, whilst not prolonging restricted movements and the harms to children from these restrictions.
- In line with this, any child who is currently restricting their movements, can return to their school or other settings from Monday 27th, once they have completed 5 days of restricted movements since their last exposure to the case, as long as they have no new symptoms of concern.
- There is an understanding that for some children attending these settings, requiring such tests is very challenging and distressing for children and their families and testing will not be able to take place. This will not affect or extend the period of time for their restrictions. As long as no new acute symptoms of concern have developed, they can return after their 5 days observation.
- Schools and parents will also be reminded that many children with SEN have chronic underlying conditions which mirror some of the symptoms of Covid-19. In these circumstances, where those symptoms are known and an ongoing health feature for a child, this should not preclude the attendance of the child at school. Parents and schools should focus on **new and acute symptoms** of Covid-19 in such children and in the circumstances where this arises should keep the child at home from school.
- The clear and express purpose of the continuation of the public health risk assessment in the cases of special schools and classes or respite care etc is to support these settings when there is a positive Covid-19 case and where there is a greater likelihood that children may have underlying health conditions and where there is usually closer engagement with the children. Any decision to require children in these settings to restrict their movements will be undertaken by public health specialists and will not be a matter for decision by a school.