

**FROM THE OFFICE OF THE MINISTER**



All School Principals

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Dear Principal

### **Revised Arrangements for the Identification of Close Contacts in Schools**

Many school leaders have had a challenging time since schools reopened for the new term, with the volume of reported cases and the associated contact tracing which schools have done to support the work of the Public Health Agency (PHA).

I want to take this opportunity to thank you for all of your efforts, and inform you of a revised PHA operational procedure for contact tracing in schools, which will come into effect on Friday 10 September. This will address the pressures in schools identified by PHA in recent days.

The Executive agreed in August 2021 to change the guidance on the isolation of close contacts, so that fully vaccinated adults no longer need to self-isolate following close contact, and are instead advised to seek a PCR test. At the same time it was agreed that children who are identified as close contacts should isolate until they receive a negative PCR test, after which they can leave isolation and return to school. It is also advised that a second PCR test be taken on day 8 after close contact.

This was reflected in revised PHA guidance and communicated to schools. When schools returned following the summer break, they were asked to continue to identify close school contacts of confirmed COVID cases in their school. Schools had carried out this work with PHA in the last school year. This is no longer in line with contact tracing services in England, Scotland and Wales, where the schools are now only asked to provide assistance in very limited circumstances.

Since schools returned for the new school year the high community prevalence of COVID-19 has led to large numbers of COVID cases being reported to schools, with very large numbers of children being identified as school close contacts. This has caused disruption in schools, with large numbers of children missing school, pressure

on school leaders and a high volume of calls to PHA leading to delays in response within the current operating model.

Clearly this position is not tenable, and I have engaged closely with the Minister of Health since schools returned to examine how we could act to ease burdens on schools, and importantly keep as many pupils as possible in school safely. PHA are making operational changes which will have positive impacts on both the numbers of children being asked to self-isolate, and the burdens on school leaders.

**The revised approach will:**

- **Replace the current school-led process to identify close contacts of COVID cases with a more targeted PHA led approach, easing the significant burdens on school leaders.**
- **PHA contact tracing service will be identifying and asking the very closest contacts, for example very close friends, to isolate and get a test. Other contacts in school, such as those in the same class or who sit near the case, will not routinely be asked to isolate and book a test.**
- **School leaders will no longer be required to respond to every case by identifying contacts. PHA will undertake the work and will only contact the school Principal for assistance in limited circumstances.**
- **A “warn and inform” letter will be made available which schools may wish to use to inform parents of cases in the school and to remind everyone of the steps we should all be taking to reduce the risk of COVID transmission in school and beyond.**
- **Parents will be asked to inform the school if their child tests positive which could be part of normal school absence reporting.**
- **Detailed PHA guidance for schools will be prepared to support the revised approach.**

PHA will monitor the number of cases in schools and will continue to have arrangements to respond to and support schools with large clusters and outbreaks. This proposed approach is in line with the approach being taken to schools in England, Scotland and Wales.

Schools should continue to focus on the range of mitigations they have in place to reduce the risk of COVID transmission including:

- a. Cleaning, ventilation, face coverings, consistent groups and regular asymptomatic testing using lateral flow devices;
- b. Vaccination is available to all staff and some students.

A separate arrangement for special schools will be implemented which takes account of the particular needs and vulnerabilities of those settings. While the overall burden will still be reduced, PHA risk assessments may mean that special school principals are contacted more frequently about cases than mainstream colleagues.

I wish to pay tribute to the school leaders who have worked so hard supported by the PHA over the course of the pandemic to assist with contact tracing. The time is now right, in line with the easing of restrictions in society more widely, to adopt this new approach, and apply contact tracing measures in schools as they are applied in other

settings such as workplaces or restaurants, with skilled, dedicated PHA contact tracers conducting the exercise.

## **Rationale for Change**

I appreciate the changes set out may seem to be a move away from what you are familiar with, and I have sought detailed information from Health colleagues as to why we are now able to make these amendments to the processes, and assure you that the safety of school staff and pupils remains at the core of our guidance. I hope the detail in this letter is helpful, and shows how we are moving forward carefully and in line with the latest public health advice.

The high community prevalence of COVID in Northern Ireland has led to a large number of cases being reported by schools and an extremely large number of children being identified as close contacts and asked to isolate and book a PCR test. This has resulted in major disruption to children's education.

It is acknowledged that the COVID pandemic – in particular school closures and COVID related absences – have been very damaging to the wellbeing of children, including their mental health, as well as to their education. Children from more disadvantaged backgrounds have been particularly negatively impacted.

The procedures used in earlier stages of the pandemic resulted in relatively large numbers of children being identified as close contacts and asked to isolate. The difference between this wave of the pandemic and previous is that we now reached 90% of the adult population with the vaccine.

Concerns have been raised about long-COVID in children. While work is ongoing to explore long COVID in children, emerging large scale studies indicate that this risk is very low in children and similar to that associated with other respiratory viruses in children.

We now have evidence which shows that the vast majority of those identified as school close contacts and sent home to isolate during the 2020/21 school year did not go on to develop COVID.

The English daily contact testing study published during the summer was carried out in post primary schools during the summer term in 2021 when Delta was becoming dominant. It found that across all the schools taking part, 1.6% of those identified as close contacts went on to become confirmed cases within 14 days.

A report covering the whole 2020/21 school year published by Public Health Scotland on 1<sup>st</sup> September 2021 reported that 7.9% of close contacts in primary school and 2.3% of close contacts in post primary schools went on to become cases.

The proportion of close contacts who went on to become cases was highest in the third term when Delta had emerged and there was routine testing of close contacts. However the vast majority of school close contacts (89.5% in primary school and 96.5% in post primary schools) did not become cases.

Data on close contacts collected by the PHA during spring term 2021 shows similar patterns. Analysis of over 18,500 school close contacts who were asked to isolate

showed that the vast majority did not go on to become cases. Analysis is being completed but is very similar to the findings in Scotland.

PHA analysis of these 18,500 close contacts showed that children from the most disadvantaged areas were more than twice as likely to have to isolate compared to children from the most affluent areas, further exacerbating inequalities.

A study carried out in Scotland and published in the British Medical Journal on 2<sup>nd</sup> September 2021 found that compared with adults of working age who are otherwise similar, teachers and their household members were not at increased risk of hospital admission with COVID-19. This is in keeping with findings from studies published by the Office for National Statistics. All school staff have now had the opportunity to have two vaccines.

## **Conclusion**

Having examined the evidence, it is appropriate to now make the changes to the operational delivery of contact tracing in schools. We have taken advice from the Chief Medical Officer, and he, along with Education and Health officials have briefed education practitioners and education trade unions on the new processes.

The negative effects of large scale self-isolation of the school population has to be recognised. Our schools have a range of mitigations in place and are safe places for children and staff. The vaccination programme has now reached 90% of the population and restrictions have been eased across society. The planned changes outlined in this paper will significantly reduce disruption for pupils, parents and schools. The self-isolation rules agreed by the Executive on 12 August 2021 will not change as a result of these operational amendments.

PHA will issue revised advice to schools on Thursday 9 September, and schools and parents will receive communications on the changes and their rationale from DE. PHA have confirmed they are ready to deliver this new approach from Friday 10 September.

Schools and parents should be reassured that these arrangements will both allow schools to focus their energies on teaching and learning and will see PHA adopt a contact management process which should see fewer pupils being asked to isolate and test, keeping more children in school, which Education and Health professionals agree is the best place for them to be, for educational and wider health and wellbeing benefits.

Yours sincerely



**Michelle McIlveen MLA**  
**Minister of Education**