

# Safer reopening of schools in January 2022

An emergency Independent SAGE statement

Hundreds of thousands of children have missed some school this term due to contracting Covid. Each case carries risks to their health and wellbeing and disrupts their education. With the country facing a “tidal wave” of Omicron (on top of continuing high Delta cases), we believe the government need to use the time between now and the New Year to prepare schools for a safer reopening, in particular fully funding and supplying schools with ventilation and/or air filtration devices to ensure that the airborne virus does not hang in the air infecting children and school staff.

Whilst children generally have a milder illness than adults, ONS death certificate data shows that 37 children under the age of 15, and another 41 young people between age 15 and 19 have died from Covid-19 up to 3 December; more than 6000 6-17 year olds have been hospitalised since the start of the pandemic, and around 77,000 children are suffering from prolonged symptoms of fatigue and cognitive difficulties which is affecting their schooling. We still don't know the long term effects of Long Covid on children.

In December 2020 the government failed to plan ahead, resulting in the chaotic opening of schools for one day in January. We cannot afford to keep making the same mistakes. In order to avoid a repetition of last year's problems, we are recommending:

- *The rollout of vaccination to all 5-11 year olds* and acceleration of roll out of second doses to teenagers. We are aware that the Joint Committee on Vaccination and Immunisation (JCVI) has only recommended vaccinations for younger children at clinical risk, and those living with someone who is immunocompromised, but it is our view that we need to extend Covid-19 vaccines to all 5-11 year olds. The Medicines and Healthcare Products Regulatory Agency (MHRA) announced on 22 December that PfizerNBioTech vaccine is safe and effective for all 5-11 year olds, with no new safety concerns identified. The sooner younger children can be offered the protection of safe and proven vaccines, the better it will be for health and educational outcomes.
- *Ventilation, air filtration devices and carbon dioxide monitors need to be funded and installed in all schools.* The Department for Education (DfE) have said that they have delivered 300,000 CO2 monitors to schools, early years settings, and colleges. But there is reported ad hoc and chaotic delivery of these monitors. We recommend that DfE send clear guidance on how and where to install, and how to use CO2 monitors. CO2 monitors only monitor air flow; they do not provide clean air. We also recommend that the government wholly fund the cost of air purifiers for schools - rather than expecting schools to incur this cost.
- *Face masks in classrooms and communal areas in secondary schools and older primary school children:* as vaccinations have not yet been approved for all children aged 5-11, we are recommending that face coverings be worn in classrooms and communal areas/corridors for pupils in Year 5 , 6 and Year 7 and above, as well as by school staff and adult visitors.
- *Isolation with supported remote learning for all household contacts* until they show a negative PCR test. However, close contacts of positive cases in the same household should isolate for the full required period. Contact tracing should be returned to schools, with support from NHS Test and Trace.

- *Limiting transmission in schools by reinstating smaller bubbles* (to minimise educational disruption) and social distancing measures
- *Onsite testing when children return to school* is important but it should continue all the way up to February half term. Schools should receive extra help to administer the tests. Pooled tests using saliva samples have been successfully trialled and used in many countries (e.g. US and Germany) and could provide better and less burdensome identification of outbreaks.
- *Staggering school start times* – having children arriving at the same time and mixing tested with untested children is likely to facilitate transmission of all Covid-19 variants. Staggered starts and ends of the day should be considered for all pupils to minimise transmission in and around schools and in the community.
- *The risks to clinically extremely vulnerable (CEV) children, young people and their families must be taken into account at all times*, including the urgent extension of vaccinations to 5-11 year children in CEV households, and the option of supported remote schooling for vulnerable children during periods of high community and school transmission. More nonpharmaceutical interventions (mitigations) in schools, alongside more comprehensive vaccine coverage for children age 5+ will keep all children and young people, including CEV households safe.

### *Background*

On July 19 2021– as part of [Step 4 of the Government’s Roadmap](#), almost all covid restrictions [were lifted in schools](#). Bubbles were scrapped for children under 18, social distancing measures were abandoned, schools were no longer required to stagger start and finish times, and from mid-August 2021, pupils under the age of 18, in close contact with someone positive (even in their own household), were not required to self-isolate.

When children returned to school at the beginning of September 2021, they were unvaccinated. While countries across the world (including the USA, Canada, China, France, Israel, Italy, and Denmark) had approved and rolled out vaccinations for 12-15 year olds, the Joint Committee on Vaccination and Immunisation in England & Wales decided against universal vaccination of this age group because in their view [“the margin of benefit is considered too small to support universal vaccination of healthy 12- to 15-year-olds at this time”](#). This decision was overridden by the Chief Medical Officers of the four nations on “public health grounds” taking into account school transmission and educational disruption.

Since September, the minimal mitigations in schools, combined with the slow roll out of teenage vaccinations, and no vaccine protection for 5-11 year olds, has resulted in uncontrolled transmission of the Delta variant in this setting. Infection rates among primary and secondary school age children have been very high: by the end of Autumn 2021 term, rates among primary school children (age 2 to school Year 6) were an unprecedented [5.6%](#), and on 9 December, [236,000 were absent from school](#) for covid-related reasons.

High rates of infection have also led to a significant increase in long covid [with 77,000 children age 2-16 now experiencing self-reported long covid](#) symptoms for more than four weeks.

Headteachers have also had to deal with “severe staff absences”, with [reports of schools having to close early](#) because of the high numbers of staff absent from school due to Covid19. The [BBC](#) reported that some classes in schools in at least 30 local authorities had already moved teaching online due to the Omicron crisis. Our recommendations are designed to address these issues.