



**10<sup>th</sup>  
September  
2021**



Dear Parent/Guardian,

You will no doubt be aware from the daily Northern Ireland news that some schools are struggling to restart due to the ongoing Covid-19 emergency. I want to thank you for helping us to manage this situation so far.

We have received update guidance this morning, however, little has changed with regards to day to day procedures. The big change is that the Public Health Authority will take over the responsibility of track and trace arrangements. They will liaise with school principals, In the event of a positive case, to help identify close contacts and make contact with you if necessary.

The chief medical officer, Dr. McBride, has also asked school principals to pass a letter from him onto all school parents. This is included with this update at the end.

Otherwise, I want to take this opportunity to remind you about current Covid-19 advice for Northern Ireland.

### **Coronavirus (COVID-19): self-isolating Reminder**

If you have symptoms of, or have been diagnosed with, COVID-19 you must follow the self-isolation guidance below. You should also self-isolate if you are a close contact of someone who has tested positive for COVID-19 if you're not fully vaccinated.

### **Who should self-isolate and for how long?**

If you have COVID-19 symptoms.

If you have symptoms of coronavirus (COVID-19), however mild, you should begin self-isolating and book a PCR test. These are widely available and are free.

- **Coronavirus (COVID-19): testing**

You should continue to isolate until the result of the test is available. If the result is positive you should continue to self-isolate for 10 full days after the symptoms started.

You can end self-isolation 10 days after your symptoms started, as long as you do not still have a high temperature. If you still have a high temperature, you need to continue to self-isolate until your temperature has returned to normal for 48 hours.

You do not need to continue self-isolating for more than 10 days if you only have a cough or loss of sense of smell/ taste, as these symptoms can last for several weeks after the infection has gone.

### **If you are isolating, stay at home**

#### **Close contacts of COVID-19**

If you're a close contact of someone who has tested positive for COVID-19, self-isolation and testing requirements will depend on whether you're fully vaccinated, your age and where you work.

#### **A close contact can be:**

- anyone who lives in the same household as someone with COVID-19 symptoms or who has tested positive for COVID-19

OR

- anyone who has had any of the following types of contact with someone who has tested positive for COVID-19 with a PCR test:
  - face-to-face contact including being coughed on or having a face-to-face conversation within one metre
  - skin-to-skin physical contact for any length of time
  - been within one metre for one minute or longer without face-to-face contact
  - been within two metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
  - travelled in the same vehicle or a plane

#### **Aged 18 and over and not fully vaccinated**

If you are aged 18 and over, **but not fully vaccinated**, you should self-isolate for 10 days following last contact with the positive person.

You will be asked to take a PCR but, even if this is negative, you still need to complete the isolation period.

If you are not able to be vaccinated for a clinical reason, you should complete a period of self-isolation for the full 10 days, even if you receive a negative PCR test result.

#### **Fully vaccinated close contacts**

Since 16 August, **if you are fully vaccinated** (more than 14 days since you received the second dose of an approved COVID-19 vaccine), you do not need to self-isolate for 10 days if someone you have been in close contact with tests positive for COVID-19.

You should get a PCR test on day two and day eight of the 10-day period following last contact with the positive person.

If the PCR test is positive, whether or not you have symptoms, you should complete a period of 10 days' self-isolation from the day you first had symptoms, or the day the test was taken if there were no symptoms.

Even if you're fully vaccinated, if you have been identified as a close contact, you are advised not to visit hospitals or care homes for 10 days and to minimise contact with those known to be at higher risk if they contract COVID-19, such as the Clinically Extremely Vulnerable Group for 10 days.

### **Young people (aged five to 17)**

Young people (aged five to 17), who are not fully vaccinated and are identified as a close contact, should self-isolate and book a PCR test as soon as possible.

If the PCR test is negative, they can end their self-isolation and should arrange to take another PCR test eight days after the last known contact.

If the young person who is a close contact develops symptoms at any time they should immediately self-isolate and book a PCR test, even if the earlier PCR tests were negative.

If any of the PCR tests are positive, this means they have the infection and they should self-isolate for 10 days, in line with advice for confirmed cases.

### **Children under the age of five**

Children under the age of five will be encouraged, but not required, to take a PCR test. They do not need to isolate unless they develop symptoms or have a positive PCR result.

Close contacts with positive PCR test in the past 90 days

If you're a close contact who is fully vaccinated, or under the age of 18, and have had a positive PCR test within 90 days of the date of contact, you do not need to isolate and do not need to book tests at day two and day eight.

However, if you develop symptoms, you should isolate and book a PCR.

### **Clough PS and NU Response**

We will continue to implement the Covid-19 regulations as outlined above. In order to keep our children, staff and parents safe, please continue to be vigilant, we need you to continue to cooperate and exercise safe practice.

If you or your child have any Covid-19 symptoms, please do not come to school until you have received a negative PCR test result. For our records we are advised to see proof of a negative result. If necessary, please take a photograph and email this to me at [ihutchinson430@c2kni.net](mailto:ihutchinson430@c2kni.net) or post this privately to your child's teacher using Seesaw.

If the test is positive, we would respectfully ask you, or your child, to stay away from school. Your child's teacher will contact you in order to help you with home learning.

We are delighted to have your children in school for teaching and learning and we trust that by working carefully together this can continue.

We continue to wish you and your families God's blessing and safety in the days to come.

Yours Sincerely,

Mr I Hutchinson

Principal

**From the Chief Medical Officer**

**Prof Sir Michael McBride**

**BY EMAIL**

**To: Parents, Pupils and the school community**

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**Date: 9 September 2021**

**Dear Parents, Pupils and the school community**

As Chief Medical Officer I have been clear throughout this pandemic my view that keeping children in school must be a key priority for us all.

We all know that the COVID pandemic has 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.

As we progress through the pandemic response, we must continue to strike a balance between safeguarding children's education and wellbeing and measures to contain COVID. Having examined the evidence, I am confident that now is the right time to introduce a more targeted approach to the identification of close contacts of COVID cases in schools. I understand that some children, parents and staff may be worried about the change in approach. I would like to take this opportunity to explain why this is in the best interests of our children and young people. Schools are the best place for children and young people. School attendance is vitally important for children and young people. Multiple sources of evidence show that a lack of schooling increases inequalities, reduces the life chances of children and can exacerbate physical and mental health issues. School improves health, learning, socialisation and opportunities throughout childhood, adolescence and into adulthood.

A combination of school closures and COVID related absences have resulted in our children missing out on a significant amount of school during the last two academic years. While this was not something any of us would have wished for, at earlier stages of the pandemic the benefits to society of reducing the growth in the epidemic made this necessary. This is no longer the case. Schools are safe places for children and staff. The public health grounds for keeping and supporting children at school are extremely strong. We have evidence from recently published reports from Scotland and England that the vast majority of

those identified as school close contacts and sent home to isolate during the last academic year did not go on to develop COVID. The English study found that over 98% of school close contacts did not develop COVID during the isolation period. Similarly the Scottish study found that 95% did not go on to develop COVID during the isolation period. Both included a period when Delta was emerging. Public Health Agency (PHA) has analysed data on over 18,000 students from our own schools who were asked to isolate because they were close contacts in school and the findings are very similar to those from those in Scotland. These findings from across the UK are consistent and support the move to a more targeted approach to the identification of close contacts as the correct and proportionate approach at this stage in the pandemic. Our schools have worked hard to introduce a range of measures designed to reduce the spread of COVID. These include increased cleaning, hand hygiene, face coverings in post primary schools and regular asymptomatic testing. All these measures contribute to further reducing the risk of COVID transmission.

Studies from the UK Office for National Statistics have consistently found that teachers are not at increased risk of dying from COVID compared to the general working-age population. More recently a Scottish study published in the British Medical Journal on 2 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.

In addition, we now have a highly effective vaccine available and all school staff will have had the opportunity to be fully vaccinated.

**Very low risk of severe disease in children** There is clear evidence of a very low rate of severe disease in children of primary and secondary school ages even if they do catch the disease. COVID is a mild self-limiting illness for the vast majority of children. Risk of serious illness or death are extremely low for children. 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. It is my professional opinion which is shared by my Chief Medical Officer colleagues across the UK that very few, if any, children or teenagers will come to long term harm from COVID due solely to attending school. This has to be set against a certainty of long term harm to many children and young people from not attending school. Return of schools in NI Since schools returned for the 2020/21 school year the high community prevalence of COVID 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 and large numbers of children missing school. We know how important school is for children and want to ensure children only miss out when necessary. As highlighted above, at earlier stages in the pandemic many children were missing school. However, this is no longer a proportionate approach. The more targeted approach to identification of close contacts in school will identify the children who have had the closest contact and therefore the highest risk of being positive. It will also free up teachers and principals so that they can spend more of their time and efforts getting back to doing what they do best – teaching and inspiring our children and young people. This is where they are needed most. School leaders and staff have worked extremely hard, supported by the PHA, over the course of the pandemic to assist with contact tracing. The new approach allows dedicated, experienced PHA staff to undertake contact tracing. The time is now right, in line with the easing of restrictions in society more widely and with the high vaccination rates, to adopt this new approach and to

apply contact tracing measures in schools as they are applied in workplaces and other settings. Conclusion

It is inevitable that there will continue to be cases of COVID in schools - this reflects transmission in the wider community. We know that there will be spikes in infection in some school communities. The PHA will continue to monitor cases in schools and will continue to have arrangements to respond to and

support schools with large clusters and outbreaks. This new approach is in line with the approach being taken to schools in England, Scotland and Wales.

The risk of COVID infection in any setting cannot be entirely eradicated but it can be reduced. I would remind everyone of the need to continue to follow all of the existing measures in place which continue to keep schools a safe place for our children. These include additional cleaning and hand hygiene, ventilation, the use of face coverings and regular asymptomatic testing. All school staff have now had the opportunity to be fully vaccinated.

We all collectively, parents, the school community and health professionals have one key goal in common – to do the best for our children and young people. I welcome these new arrangements which will keep children in school as often as possible. This is where they are best served and best able to obtain the education which they so deserve and which affords them the best life chances.

Yours sincerely

PROF SIR MICHAEL McBRIDE

Chief Medical Officer