**4th March 2021**

**NHS Test and Trace: COVID-19 Testing for Students in School– identified students only**

Dear Parent/Carer,

You may have heard that testing for those without coronavirus symptoms is taking place across schools using new, quicker COVID‑19 tests known as ‘lateral flow devices.’

This letter is to help give you more information about how we aim to support testing of our children and young people at Uffculme School.

Many adults and young people have the virus but do not show symptoms. By testing our school population, we will help toreduce the spread of the virus across school. I am therefore strongly encouraging those returning to Uffculme to take part in testing.

Testing is **voluntary.** Students aged 11-15 will only test where informed consent has been received by parents/carers. Students aged 16-19 who understand the process and reason for testing may consent in their own right. However, due to the nature of our young people, we are asking parents for their consent as well. Our aim is to support your child in learning to test him/herself in school, which can then be continued at home.

The lateral flow devices are easy to undertake, using a swab of the nose and throat. Whilst we recognise that that your child may find the testing process uncomfortable and potentially distressing, we hope that with your encouragement and support, they will take part in the testing programme. Please do not feel under pressure to complete the test if your child refuses to take the test or becomes distressed.

Please complete the attached consent form and send to school when your child returns on March 8th.

**Plan for testing**

**We have identified that your child may be able to test at home, with your support. We will not test your child in school.**

If you consent to your child taking part in the test programme, home testing kits will be provided to families. It is important to note that these kits are only to be used by the student. Lateral flow test kits are being made more widely available. We will publish further information about this on our website as soon as it is available.

A video training guide about lateral flow testing can be found at:

<https://www.youtube.com/watch?v=S9XR8RZxKNo&list=PLvaBZskxS7tzQYlVg7lwH5uxAD9UrSzGJ&index=1>

Students are expected to test at home **twice a week leaving 3-5 days** in between each test. Parents will need to inform the NHS Test and Trace and also forward a copy of the test result text or email to [covid@uffculme.bham.sch.uk](mailto:covid@uffculme.bham.sch.uk). Further information will be sent home with the testing kits.

**Positive test results**

If your child tests positive on a lateral flow device, you will need to book a confirmatory PCR test by calling 119 or visiting https://www.gov.uk/get-coronavirus-test. Both the student and their household will need to self-isolate at home pending the results of the PCR test. If the PCR test is positive, the student with their household will need to self-isolate for 10 days and follow the guidance from NHS Test and Trace. If the test has been taken at home, please telephone the school with your result as well as emailing it in to[covid@uffculme.bham.sch.uk](mailto:covid@uffculme.bham.sch.uk).

**Negative test results**

While a small number of students may need to repeat the test if the first test was invalid for some reason, we expect to see all students who test negative in school.

**Students who have been in close contact with someone in school who tests positive**

Uffculme will inform the child/young person and family that they need to self-isolate at home for ten days in line with Government guidance.

**Students who develop symptoms of Covid 19**

The lateral flow testing programme is for students who do not display symptoms of Covid 19. If your child develops symptoms at any time, they and their household must immediately self-isolate. You will need to book a test by calling 119 or visiting https://www.gov.uk/get-coronavirus-test. Symptoms may include but are not limited to:

* Fever or chills
* Cough
* Shortness of breath or difficulty breathing
* Fatigue
* Muscle or body aches
* Headache
* New loss of taste or smell
* Sore throat
* Congestion or runny nose
* Nausea or vomiting
* Diarrhoea

We will support our staff and students throughout, but please contact school if you have any questions.

Yours faithfully



**Charlotte Stubbs**

**Headteacher**

**Consent form for COVID-19 testing in school and home**

**Introduction**

This consent form is for students taking part in Lateral Flow Tests in school. These tests are to be used with students who do **NOT** display symptoms of Covid 19.

Any student displaying symptoms should follow [government guidelines to self-isolate](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection), even if they have had a recent negative lateral flow test.

**Terms of consent – Self Swabbing**

1. I have had the opportunity to consider the information provided by Uffculme School about the testing, ask questions and have had these answered satisfactorily, based on the information presented in the letter dated 4 March 2021 and the attached Privacy Notice.

2. I have discussed the testing with my child and my child is happy to take part. If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.

3. I agree to my child being taught techniques to self-swab and I consent to my child performing a nose and throat swab for lateral flow tests.

4. I understand that there may be more than one test required in school (e.g. if a test is invalid) and this consent covers all tests for the below named person. If, on the day of testing they do not wish to take part, then I understand they will not be made to do so and that consent can be withdrawn at any time ahead of the test.

5. I consent that my child’s sample(s) will be tested for the presence of COVID-19.

6. I understand that if my child’s result(s) are negative on the lateral flow test I will not be contacted by the school/college except where they are a close contact of a confirmed positive.

7. If the lateral flow test conducted in school indicates the presence of COVID-19, I will collect my child from school promptly bearing in mind they may have some anxiety following a positive test result.

8. If subsequent home test results are confirmed to be positive, I will report this to the school.

9. I understand that they will need to take a **Polymerase Chain Reaction (**PCR) test following a positive lateral flow test result (school and/or home). I understand that my child cannot return to school if the PCR test returns a positive result of Covid 19. My child and our household will need to isolate for 10days.

10. I understand that if a close contact of my child tests positive, he/she will need to self-isolate for ten days in line with Government guidance.

|  |  |
| --- | --- |
| **First name of child** |  |
| **Last name of child** |  |
| **Year group (if applicable)** |  |
| **Date of Birth** |  |
| **Gender** – this information is needed for Department for Health and Social Care research purposes. | Male / Female |
| **Ethnicity -** this information is needed for Department for Health and Social Care research purposes. | Asian or Asian British  Black, African, Black British or Caribbean  Mixed or multiple ethnic groups  White  Prefer not to say |
| **Currently showing any COVID-19 symptoms?** | Yes / No |
| **Home Postcode** |  |
| **Email Address** – this is where test results will be sent. |  |
| **Mobile Number** – this is where test results will be sent. Please do not put a landline number – you can only receive test results to a mobile number. |  |
| **I consent to my child taking a test in school, and understand subsequent tests will take place at home** | Yes /No |
| **I consent to testing at home only** | Yes / No |
| **Name of parent/carer giving consent** |  |
| **Relationship to test subject** | Mother / Father/ Carer |
| **Signature** |  |
| **Today’s date** |  |
| **Details of any health or accessibility issues which might affect a child’s safe participation in the testing exercise**. |  |