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Guidance

Coronavirus (COVID-19): guidance on isolation for residential educational settings

Updated 27 May 2020

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Who this guidance is for

This guidance is for owners and managers of residential settings to support the management of children and young people living in:

- children's social care
- residential special schools and colleges
- mainstream boarding schools and further education (FE) colleges
- university halls of residence and houses in multiple occupation

It contains advice on how you should manage isolation for individuals or groups if a child, young person or staff member either shows symptoms of, or is confirmed to have, coronavirus (COVID-19).

It covers guidance on the following:

- symptoms of coronavirus
- defining what a 'household' is in your residential setting
- staff within residential settings
- visitor policy
- self-isolation
- residential setting specific guidance

Symptoms of coronavirus

The most important symptoms of coronavirus are recent onset of **any** of the following:

- a new continuous cough
- a high temperature (over 37.8 degrees Celsius)
- a loss of, or change in, your normal sense of taste or smell (anosmia)

If anyone has any of the symptoms above they should self-isolate for at least 7 days. Their household contacts should also self isolate for 14 days from when they first developed symptoms.

Anyone who displays symptoms is encouraged to get tested. If they test negative, they and their household contacts can end their self-isolation.

If they test positive:

- they and their household contacts will need to continue to self-isolate
- non-household close contacts in the educational setting should self-isolate for 14 days from when they first developed symptoms

Visit our guidance on coronavirus testing and how to get tested. (<https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>)

Please follow setting-specific guidance below and guidance on implementing protective measures in education and childcare settings. (<https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings>)

If a resident develops symptoms, whether they remain at the setting or not, you will need to identify other individuals in the 'household' who will need to self-isolate for 14 days and follow Stay at home guidance (<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>). This might be, for example, individuals who share a kitchen/bathroom, dormitories, and staffing arrangements. You can seek advice from PHE's local health protection teams (<https://www.gov.uk/health-protection-team>) if needed.

The government has provided a suite of guidance to support you in making decisions related to coronavirus. (<https://www.gov.uk/coronavirus>)

Settings should also refer to guidance on actions for educational and childcare settings (<https://www.gov.uk/government/publications/actions-for-educational-and-childcare-settings-to-prepare-for-wider-opening-from-1-june-2020>) to prepare for wider opening from 1 June 2020.

Defining what a 'household' is in your residential setting

Children's homes, residential special schools and colleges, and other mainstream boarding schools and residential FE college are usually considered as 'households' for the purposes of the household self-isolation policy. (<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>)

However, it may be that only parts of the whole setting should be considered to be a household. For example, if residential provision is spread across several separate buildings, it would be reasonable to treat these as different households.

Your approach to deciding what constitutes a household and who should self-isolate because they are part of this household will depend on the physical layout of the residential educational setting, considering who shares a kitchen/bathroom, dormitories, and staffing arrangements. You can seek advice from PHE's local health protection teams if needed. (<https://www.gov.uk/health-protection-team>)

Staff within residential settings

For advice on shielded and clinically vulnerable staff, please see guidance on implementing protective measures in education and childcare settings. (<https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings>)

Any staff member who develops symptoms of coronavirus, or has someone in their household who has developed symptoms, should cease working immediately and 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>)

You should refer to the guidance on safe working in education, childcare and children's social care settings (<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe>) if a child or young person showing symptoms of coronavirus requires staff contact for personal care.

Households in residential settings, in contrast with other households, will almost always need to have staff and other professionals arriving and leaving during the period of self-isolation.

Where possible, residential settings should operate a consistent staff rota to minimise the risk of transmission. If your setting is self-isolating, you should follow careful infection control measures during and after visits, in the same way as any self-isolating household would if they had unavoidable visitors.

Staff who are non-resident, visiting or partially resident and who travel between an affected setting and their own home will need to pay particular attention to careful infection prevention and control, including social distancing, hand and respiratory hygiene.

Visitor policy

Parents and other family members visiting children should refer to the Coronavirus outbreak FAQs (<https://www.gov.uk/government/publications/coronavirus-outbreak-faqs-what-you-can-and-cant-do/coronavirus-outbreak-faqs-what-you-can-and-cant-do>), where information is regularly updated.

Social workers, other children's social care staff and anyone else considering a visit to a residential setting where pupils are self-isolating should follow the safe working in education guidance (<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings->

including-the-use-of-personal-protective-equipment-ppe#what-care-should-staff-visiting-families-in-their-own-homes-take) when making any unavoidable visits.

Self-isolation

If you are a manager of a residential setting, you should seek parents' and carers' views on whether the child or young person should return home for any period of self-isolation (due to them, or someone else in the same setting, displaying symptoms) or should remain at the setting. You should do this pre-emptively, rather than waiting until someone shows symptoms.

For looked after children, you will need to seek the view of the child's placing authority (<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/coronavirus-covid-19-guidance-for-local-authorities-on-childrens-social-care>). The assumption should be that they would self-isolate in their children's home. Where possible, the decision should also include consideration of the impact on the child or young person from the disruption of their usual staff relationships and routines.

Most children or young persons, pupils and students in children's social care, residential special schools and colleges and boarding schools will benefit more from self-isolating at their setting so that their usual support can continue. This could include when:

- there is no suitable family home to return to
- international students with no family resident in the UK
- the health services they need cannot be supplied at home
- the pupil or student would otherwise be significantly disadvantaged by the change

Others may benefit more from self-isolating at their family home. They should not use public transport if they are symptomatic. If you are arranging their return to their family home to isolate due to someone else displaying symptoms in the residential home, you should follow advice on transport arrangement in the safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE) guidance.

(<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe#what-protection-is-needed-when-transporting-children>) On returning home, the household should begin a period of whole household isolation for 14 days.

If pupils or students have returned home, for example over a holiday period, and they come into contact with someone with symptoms of coronavirus or display symptoms themselves and are required to self-isolate, then they must not return to the residential educational setting and must self-isolate at home in line with guidance for households.

(<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>)

Any necessary health and therapy support (including access to medical supplies) should continue to be provided if the child or young person returns to their family home. The family households to which these children and young people return are more likely than other households to need contact with non-household members, for example clinicians providing health services to the child or young person. They therefore need to follow infection control guidelines particularly closely.

If a child or young person returns to their family home, this should not be considered an unauthorised absence, assuming they return after the self-isolation ends.

For residential special schools and colleges, local authorities should maintain a register of all pupils and students with education, health and care (EHC) plans, including any still under assessment for EHC plans who have been sent home from their residential educational setting. The local authority should also contact the family frequently as part of its monitoring duties to ensure that risks are being managed and to establish whether additional support is necessary and how that will be delivered.

Supporting children and young people in children's homes and residential special schools and colleges and boarding schools during self-isolation is a complex task. You will need to take into account the needs of the entire household and the individual children's and young people's needs, working closely with parents and carers where appropriate. If the home, school or college is not located in the child's or young person's 'home' local authority, the two local authorities should liaise to ensure no child or young person is unsupported.

Residential setting-specific guidance

All settings should refer to the safe working in education, childcare and children's social care settings guidance.

(<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe>)

Children's social care

Social workers or police needing to visit a setting and investigate child protection concerns should make a judgement about visiting that balances considerations of the:

- risks to children and young people
- risks to families
- risks to the workforce
- national guidance on social distancing and hygiene
- statutory responsibilities, including safeguarding

Please see the children's social care guidance (<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/coronavirus-covid-19-guidance-for-local-authorities-on-childrens-social-care#childrens-social-care>) for further details on visits.

If a child in a residential care home develops symptoms of coronavirus:

- staff can continue to enter and leave the home as required, but consistent staff rotas should be used where possible and staff should follow infection control procedures
- staff should wear PPE for specific activities requiring close contact (<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe>)
- staff should adhere to social distancing guidelines as far as they are able to, but should take account of children's emotional needs

Residential special schools and colleges

Following the partial closure of education settings from 20 March 2020, we asked local authorities to consider the needs of all children and young people with an education, health and care (EHC) plan, and to make a risk assessment. This included consulting educational settings and parents or carers to determine whether children and young people with special educational needs or disabilities (SEND) should remain in their setting or return home.

If the risk assessment determines that a child or young person with an EHC plan would be as safe or safer at an educational setting, we recommend they attend the educational setting. Risk assessments should be kept up to date - further information can be found in the schools and colleges prepare for wider opening guidance.

(<https://www.gov.uk/government/publications/coronavirus-covid-19-send-risk-assessment-guidance>)

It is important to maintain safe staff ratios, particularly for those pupils or students whose needs mean that they are safer remaining in the setting than returning home. If necessary, work with the local authority to draft in staff from other settings rather than close. This could include deploying staff from mainstream schools and colleges, or other special schools and colleges.

You should prioritise staffing towards the most vulnerable pupils and students, particularly those in residential provision. Settings that cannot remain open safely should aim to make closures temporary and reopen once they have drafted in additional staff. Local authorities must help with these staff movements and should, as far as possible, disregard the usual boundaries of maintained, academy, college or other institution type to move appropriate staff into priority settings.

Boarding schools and mainstream FE college residential provision for students under the age of 18

If a pupil or student in a boarding school or FE residential college shows symptoms of coronavirus, the setting should ensure that pupils and students self-isolate and are looked after by residential staff.

Where this is not possible, and non-residential staff need to leave and enter the residential facility, the school or the manager of the accommodation should operate a staff rota that minimises the risk of transmission by keeping the same staff together with the same pupils as far as that is possible.

Settings will need to ensure that the arrangements for oversight of pupils and students in isolation protects the safety and welfare of all children and staff.

You will need to put in place arrangements to bring meals and other essential commodities to the areas where self-isolation is occurring.

University and college halls of residence and houses in multiple occupation for students aged 18 and over

Students living in halls of residence or houses in multiple occupation (HMOs) who develop symptoms of coronavirus should self-isolate in their current accommodation. Universities and colleges should facilitate this. Students should discuss this with their university or college, and with the manager of their halls if they are privately owned, or the landlord of their HMO.

If a resident of an HMO has coronavirus symptoms, all residents must isolate for 14 days, follow the COVID-19: guidance for households with possible coronavirus infection guidance. (<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>)

When students are living in halls of residence where someone else has symptoms of coronavirus, their institution will discuss the situation with PHE's local Health Protection Team, which will carry out a risk assessment and identify who is required to take part in whole household isolation based on how closely they have been living together.

Those living in private halls should inform their hall manager so they in turn can inform PHE's local Health Protection Team. Depending on the circumstances, this would normally include those students living in the same flat or on the same floor who share cooking or washing facilities, or both.

If halls accommodation is different from the format described above, for example longer corridors of single rooms, you will need to make decisions on the whole household group to self-isolate for 14 days on a case-by-case basis. This decision will be informed by the catering and social areas shared by groups of students, in consultation with PHE's local Health Protection Team.

Institutions and building managers of private halls will need to design procedures with their staff to ensure that self-isolating students can receive the food and medicines they need for the duration of their isolation. This is especially important for disabled students.

Students in HMOs will need to discuss their circumstances with both their landlord and their institution, who should work in tandem to ensure that necessary support is in place.

Staying at home for a prolonged period can be difficult, particularly if there is no access to outside space. It is important to take care of mental as well as physical health and seek support if needed. Students can keep in touch with family and friends over the phone and on social media. There are also sources of support and information, such as Every Mind Matters (<https://www.nhs.uk/oneyou/every-mind-matters/>) for adults, and Young Minds (<https://youngminds.org.uk>) for young people. Students in university or college accommodation can also contact any support or wellbeing service provided by their institution.

It is important that institutions operate a 'non- eviction' policy, so that no student is required to leave halls if their contract is up, if their rental agreement does not cover holiday periods or if they are unable to pay their rent. This applies whether students are self-isolating or not.

It is particularly important in the case of international students, care leavers and estranged students. Students in HMOs are protected from eviction by new rules (<https://www.gov.uk/government/publications/covid-19-and-renting-guidance-for-landlords-tenants-and-local-authorities>) developed by the Ministry of Housing, Communities and Local Government.

Institutions will need to make clear to the manager of any privately owned halls of residence that evictions are unacceptable. The hall manager must – if they are unable to accommodate a student – work through local partnerships, such as with the local authority and lettings agents, in order to prevent students being made homeless.

If the university or college has a nomination agreement with the private halls provider, they should use this relationship constructively to avoid evictions. If no relationship exists, universities or colleges should ensure that the private halls provider has solutions in place. Under no circumstances should students be evicted.