



Department
for Education

COVID-19: Actions for out-of-school settings

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Changes to the previous version

Changes to the guidance since its 14 December 2021 publication include:

- updates to the [Face coverings](#) section to include the use of face coverings in classrooms and indoor activity rooms for adults and children aged 11 and above.

Who is this guidance for?

This guidance is for out-of-school setting providers and their staff, who provide, for children (those who were under the age of 18 on 31 August 2021):

- community activities
- tuition
- holiday clubs
- breakfast and after-school clubs for children

It applies to:

- providers that fall within the government's definition of an [out-of-school setting](#)
- providers caring for children aged 5 and over and registered with Ofsted on either the compulsory or voluntary childcare register
- schools or colleges that offer extra-curricular activities or provision for children before and after school, during weekends or outside of term-time
- providers that offer breakfast, after-school clubs or extra-curricular activities in schools, who should also refer to the [guidance on actions for schools during the COVID-19 outbreak](#)
- registered early years providers caring for children under the age of 5, who should refer to the guidance for [early years and childcare providers during the COVID-19 outbreak](#)
- providers of youth services and activities, who should also refer to the [National Youth Agency's guidance for managing youth sector spaces and activities during COVID-19](#)

There is separate [out-of-school settings COVID-19 guidance for parents and carers](#).

Venue-specific guidance

Out-of-school settings can take place in many kinds of venues, from a private home to more formal places such as community and youth centres, sports clubs, and places of worship.

Therefore, if your out-of-school setting takes place in one of the following premises, you should also follow the guidance for:

- [places of worship](#)
- [providers of grassroots sport and leisure facilities](#)
- [schools during the COVID-19 outbreak](#)
- [working safely during COVID-19 in other people's homes](#)

About this guidance

This guidance explains the actions out-of-school settings should take to reduce the risk of transmission of COVID-19 in their settings. This includes public health advice, endorsed by the United Kingdom Health Security Agency (UKHSA).

We use the terms 'must' and 'should' throughout the guidance. We use the term 'must' when the person in question is legally required to do something and 'should' when the advice set out should be followed unless there is good reason not to.

Overview

The government continues to manage the risk of serious illness from the spread of the virus. The Prime Minister announced on 27 November the temporary introduction of new measures as a result of the Omicron variant and on 8 December that Plan B, set out in the autumn and winter plan 2021, was being enacted. As a result, these measures are reflected in this guidance for out-of-school settings and wraparound childcare. This advice remains subject to change as the situation develops.

COVID-19 continues to be a virus that we learn to live with, and the imperative to reduce the disruption to children and young people's education remains.

Our priority is for you to deliver face-to-face, high-quality provision to all children.

We have worked closely with the Department of Health and Social Care (DHSC) and the United Kingdom Health Security Agency (UKHSA) to revise this guidance.

Who can attend your setting

Out-of-school settings and wraparound childcare providers can offer provision to all children, without restriction on the reasons for which they may attend.

Home education

Where a child who is electively home educated takes part in an out-of-school setting, this guidance will apply. This is the case regardless of whether the setting is attended solely by children who are electively home educated or a combination of children attending school and children being home educated.

All children who are electively home educated may attend out-of-school settings.

Staff and workforce

Office workers who can work from home should do so. Anyone who cannot work from home, such as those involved in the face-to-face provision of education or childcare, should continue to go to their place of work.

Out-of-school setting leaders are best placed to determine the workforce required to meet the needs of the children who attend their settings. Leaders will need to consider whether it is possible for specific staff undertaking certain roles to work from home without disrupting face-to-face education and childcare.

Following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be particularly vulnerable, clinically extremely vulnerable (CEV), and high or higher-risk are not being advised to shield again. If staff were previously identified as being in one of these groups, they are advised to continue to follow the guidance contained in [Coronavirus: how to stay safe and help prevent the spread](#).

In some circumstances, staff may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice. Whilst individual risk assessments are not required, employers are expected to discuss any concerns that people previously considered CEV may have.

Employers will need to follow this specific guidance for pregnant employees. [COVID-19 vaccination: a guide for women of childbearing age, pregnant or breastfeeding](#) contains further advice on vaccination. Your workplace risk assessment should consider any risks to female employees of childbearing age and, in particular, risks to new and expectant mothers. You should also consider the needs of pregnant young people who attend your setting.

Employers should be able to explain the measures they have in place to keep staff safe at work. The Health and Safety Executive (HSE) has published guidance on [protecting vulnerable workers](#), including advice for employers and employees on [how to talk about reducing risks in the workplace](#). For home working, employers should consider whether home working is appropriate for workers facing mental or physical health difficulties, or those with a particularly challenging home working environment. Employers should discuss concerns with staff.

Other Considerations

Contractors

You should ensure that key contractors are aware of your setting's control measures and ways of working.

Those formerly considered to be clinically extremely vulnerable

Following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be particularly vulnerable, clinically extremely vulnerable (CEV), and high or higher-risk are not being advised to shield again. Children and young people who were previously identified as being in one of these groups, are advised to continue to follow the guidance contained in [Coronavirus: how to stay safe and help prevent the spread](#).

Children and young people previously considered CEV can continue to attend out-of-school settings and wraparound childcare and should follow the same [COVID-19 guidance](#) as the rest of the population. In some circumstances, a child or young person may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice.

Vaccination

We recommend all staff and eligible children and young people take up the offer of a vaccine.

You can find out more about the in-school vaccination programme in [COVID-19 vaccination programme for children and young people guidance for schools](#).

Mandatory Certification

Out-of-school settings are not required to use the NHS COVID Pass, unless they are holding a specific event (such as a reception, concert or party) that meets the attendance thresholds. Where applicable, out-of-school settings should follow guidance on mandatory certification for events. Under 18s are exempt from showing their COVID Status but should be counted towards attendance thresholds.

You should not use the NHS COVID Pass as a condition of entry for education or related activities such as exams, teaching, or any other day-to-day activities that are part of education or training.

Group sizes

Wraparound childcare and other organised activities for children may take place in groups of any number.

Risk assessment

As a provider, you are likely to have a legal duty of care to try to ensure the environment is safe for people who visit or attend. This means you have a duty to take reasonable steps to ensure that people will be safe using the venue for the purposes for which they attend, including regularly reviewing and updating your risk assessments - treating them as 'living documents', as the circumstances in your setting and the public health advice changes. This includes having active arrangements in place to monitor whether the controls are effective and working as planned.

For more information on what is required of out-of-school setting leaders in relation to health and safety risk assessments and managing risk see [Health and safety: advice for schools](#) and [Keeping children safe during community activities, after-school clubs and tuition](#).

Mixing and 'bubbles'

We do not recommend that it is necessary to keep children in consistent groups ('bubbles'). This means that 'bubbles' do not need to be used in out-of-school settings or wraparound childcare provision.

Tracing close contacts and self-isolation

Close contacts in out-of-school settings are identified by NHS Test and Trace and out-of-school settings are not expected to undertake contact tracing.

As with positive cases in any other setting, NHS Test and Trace will work with the positive case and/or their parent to identify close contacts. Contacts from an out-of-school setting will only be traced by NHS Test and Trace where the positive case specifically identifies the individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact. You may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.

Adults who are fully vaccinated and all children and young people aged between 5 and 18 years and 6 months identified as a contact of someone with COVID-19 are strongly advised to take a LFD test every day for 7 days and continue to attend their setting as normal, unless they have a positive test result. Daily testing of close contacts applies to all contacts who are:

- fully vaccinated adults – people who have had 2 doses of an approved vaccine
- all children and young people aged 5 to 18 years and 6 months, regardless of their vaccination status
- people who are not able to get vaccinated for medical reasons

- people taking part, or have taken part, in an approved clinical trial for a COVID-19 vaccine

Children under 5 years are exempt from self-isolation and do not need to take part in daily testing of close contacts.

Children with SEND identified as close contacts should be supported by their school and their families to agree the most appropriate route for testing including, where appropriate, additional support to assist swabbing. For further information please see [SEND guidance](#).

Further information is available in [NHS Test and Trace: what to do if you are contacted](#) and in the [stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#).

Eighteen years olds are treated in the same way as children until 6 months after their 18th birthday. This will allow them the opportunity to get fully vaccinated, at which point they will be subject to the same rules as adults. If they choose not to get vaccinated, they will need to self-isolate if identified as a close contact of someone with COVID-19.

Settings will continue to have a role in working with health protection teams in the case of a local outbreak. If there is a substantial increase in the number of positive cases in a setting (for more information, see [Stepping measures up and down](#)) or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures.

Face coverings

Face coverings help protect the wearer and others against the spread of infection because they cover the nose and mouth, which are the main confirmed sources of transmission of COVID-19.

It is a legal requirement that face coverings must be worn in a wide range of indoor public places, and on public transport. This legal requirement does not apply in education or childcare settings, or on dedicated school transport.

However, we recommend that face coverings should be worn by children who were aged 11 or above on 31 August 2021, staff and adult visitors when moving around the premises, outside of classrooms or activity rooms, such as in corridors and communal areas. This is a temporary measure.

From 4 January, we also recommend that face coverings should be worn in classrooms or during indoor activities by adults and children aged 11 and above. This does not apply in situations where wearing a face covering would impact on the ability to take part in exercise or strenuous activity, for example during sports. This will also be a temporary measure.

Health advice continues to be that children under 11 should not wear face coverings.

Adults and children aged 11 and above attending out of school settings or wraparound childcare in community premises where there is a mandatory requirement to wear a face covering (for example community centres, youth centres, public libraries, and places of worship) must also comply with any legal requirements on the use of face coverings in these premises where these apply. These requirements may not apply if a child or staff member is exempt or they have a reasonable excuse – see below “Circumstances where people are not able to wear face coverings Exemptions”. The [guidance on Face coverings: when to wear one, exemptions, and how to make your own](#) provides a list of indoor settings in England where you must wear a face covering.

Adults and children aged 11 and above in these settings must wear a face covering when travelling on public transport and should wear it on dedicated transport to and from the setting. See [Circumstances where people are not able to wear face coverings](#) for exceptions.

Face coverings do not need to be worn when outdoors.

Transparent face coverings and visors

Transparent face coverings can be worn to, which may assist communication with someone who relies on:

- lip reading,
- clear sound or
- facial expression

Transparent face coverings may be effective in reducing the spread of COVID-19. However, the evidence to support this is currently very limited.

The benefits of transparent face coverings should be considered alongside the comfort and breathability of a face covering that contains plastic, which may mean that the face covering is less breathable than layers of cloth.

Face coverings (whether transparent or cloth) should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles.

Face visors or shields can be worn by those exempt from wearing a face covering but they are not an equivalent alternative in terms of source control of virus transmission. They may protect the wearer against droplet spread in specific circumstances but are unlikely to be effective in preventing the escape of smaller respiratory particles when used without an additional face covering. They should only be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately.

Circumstances where people are not able to wear face coverings

There are some circumstances where people may not be able to wear a face covering. Please be mindful and respectful of such circumstances. Some people are less able to wear face coverings, and the reasons for this may not be visible to others.

In relation to education and childcare settings, this includes (but is not limited to):

- people who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability
- people for whom putting on, wearing or removing a face covering will cause severe distress
- people speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expressions to communicate
- to avoid the risk of harm or injury to yourself or others
- you are also permitted to remove a face covering in order to take medication.

Access to face coverings

Due to the use of face coverings in wider society, staff and children are already likely to have access to face coverings.

You should have a small contingency supply available for people who:

- are struggling to access a face covering
- are unable to use their face covering as it has become damp, soiled or unsafe
- have forgotten their face covering

Staff and children may consider bringing a spare face covering to wear if their face covering becomes damp during the day.

Safe wearing and removal of face coverings

Your contingency plans should already cover a process for when face coverings are worn within your setting and how they should be removed. You should communicate this process clearly to children, parents, staff and visitors and allow for adjustments to be made for children who may be distressed if required to remove a face covering against their wishes, particularly those with SEND.

When wearing a face covering, staff, visitors and children should:

- wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on
- avoid touching the part of the face covering in contact with the mouth and nose, as it could be contaminated with the virus

- change the face covering if it becomes damp or if they've touched the part of the face covering in contact with the mouth and nose
- avoid taking it off and putting it back on a lot in quick succession to minimise potential contamination

When removing a face covering, staff, visitors and children should:

- wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before removing
- only handle the straps, ties or clips
- not give it to someone else to use
- if single-use, dispose of it carefully in a household waste bin and do not recycle
- once removed, store reusable face coverings in a plastic bag until there is an opportunity to wash them.
- if reusable, wash it in line with manufacturer's instructions at the highest temperature appropriate for the fabric
- wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser once removed

Separate [guidance](#) is available on preventing and controlling infection, including the use of PPE, in education, childcare and children's social care settings

Stepping measures up and down

You should have contingency plans (sometimes called outbreak management plans) outlining what you would do if children or staff test positive for COVID-19, or how you would operate if you were advised to take extra measures to help break chains of transmission. Given the detrimental impact that restrictions on education and childcare can have on children and young people, any measures in out-of-school settings should only ever be considered as a last resort, kept to the minimum number of settings or groups possible, and for the shortest amount of time possible.

Central government may offer local areas of particular concern an enhanced response package to help limit increases in transmission.

For most settings it will make sense to think about taking extra action if the number of positive cases substantially increases. Information on what circumstances might lead you to consider taking additional action, and the steps you should work through, can be found in the [contingency framework](#).

The contingency framework describes the principles of managing local outbreaks of COVID-19 in education and childcare settings. Local authorities, directors of public health (DsPH) and UKHSA health protection teams (HPTs) can recommend measures described in the contingency framework in individual education and childcare settings - or a small cluster of settings - as part of their outbreak management responsibilities.

Control measures

You should:

1. Ensure good hygiene for everyone
2. Maintain appropriate cleaning regimes, using standard products such as detergents
3. Keep occupied spaces well ventilated
4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19

1. Ensure good hygiene for everyone

Hand hygiene

Frequent and thorough hand cleaning should now be regular practice. You should continue to ensure that children clean their hands regularly. This can be done with soap and water or hand sanitiser.

Respiratory hygiene

The 'catch it, bin it, kill it' approach continues to be very important.

The e-Bug COVID-19 [website](#) contains free resources, including materials to encourage good hand and respiratory hygiene.

Use of personal protective equipment (PPE)

Most staff in out-of-school settings will not require PPE beyond what they would normally need for their work. The [guidance](#) on the use of PPE in education, childcare and children's social care settings provides more information on the use of PPE for COVID-19.

2. Maintain appropriate cleaning regimes, using standard products, such as detergents

You should put in place and maintain an appropriate cleaning schedule. This should include regular cleaning of areas and equipment (for example, twice per day), with a particular focus on frequently touched surfaces. UKHSA has published [guidance on the cleaning of non-healthcare settings](#).

3. Keep occupied spaces well ventilated

When your setting is in operation, it is important to ensure it is well ventilated and that a comfortable childcare or learning environment is maintained.

You should identify any poorly ventilated spaces as part of your risk assessment and take steps to improve fresh air flow in these areas, giving particular consideration when holding events where visitors such as parents are on site, for example performances.

Mechanical ventilation is a system that uses a fan to draw fresh air, or extract air from a room. These should be adjusted to increase the ventilation rate wherever possible and checked to confirm that normal operation meets current guidance and that only fresh outside air is circulated.

If possible, systems should be adjusted to full fresh air or, if this is not possible, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply.

Where mechanical ventilation systems exist, you should ensure that they are maintained in accordance with the manufacturers' recommendations.

Opening external windows can improve natural ventilation, and in addition, opening internal doors can also assist with creating a throughput of air. If necessary, external opening doors may also be used (if they are not fire doors and where safe to do so).

You should balance the need for increased ventilation while maintaining a comfortable temperature.

The Health and Safety Executive [guidance](#) on air conditioning and ventilation during the coronavirus outbreak and [CIBSE COVID-19 advice](#) provides more information.

CO2 monitors are being provided to state-funded education settings, so staff can quickly identify where ventilation needs to be improved.

4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19

When an individual develops COVID-19 symptoms or has a positive test

Children, staff and other adults should follow public health [advice](#) on [when to self-isolate and what to do](#). They should not come into your setting if they have [symptoms, have had a positive test result](#), or other reasons requiring them to stay at home due to the risk of them passing on COVID-19.

If anyone in your setting develops COVID-19 symptoms, however mild, you should send them home and they should follow public health advice.

For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household.

If a child is awaiting collection, they should be left in a room on their own if possible and safe to do so. A window should be opened for fresh air ventilation if possible. Appropriate PPE should also be used if close contact is necessary, further information on this can be found in the use of PPE in education, childcare and children's social care settings [guidance](#). Any rooms they use should be cleaned after they have left.

The household (including any siblings) should follow the [UKHSA stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#).

Asymptomatic testing

Testing remains important in reducing the risk of transmission of infection within settings.

Staff and secondary aged children should continue to test twice weekly at home, with lateral flow device (LFD) test kits, 3 to 4 days apart. Testing remains voluntary but is strongly encouraged.

If you are operating on or linked to a school, you may wish to discuss with that school how your staff can continue to access regular asymptomatic testing via this route.

However, testing is widely available for all settings operating on and away from school sites. Staff and secondary age children can collect home test kits by either:

- collecting them from their local pharmacy
- [ordering coronavirus \(COVID-19\) rapid lateral flow tests online](#)

You should communicate this to staff, secondary age children and parents.

Wraparound childcare and out-of-school settings are strongly encouraged to ask parents and other visitors to take a lateral flow device (LFD) test before entering the setting.

Further information on Daily Rapid Testing can be found in the [Contact Tracing Section](#).

There is no need for primary age children (those in year 6 and below) to regularly test, unless they have been identified as a contact for someone who has tested positive for COVID-19 and therefore advised to take lateral flow tests every day for 7 days.

Confirmatory PCR tests

Staff and children with a positive LFD test result should self-isolate in line with the stay at home [guidance](#) for households with possible or confirmed (COVID-19) infection. They will also need to [get a free PCR test to check if they have COVID-19](#).

Whilst awaiting the PCR result, the individual should continue to self-isolate.

If the PCR test is taken within 2 days of the positive lateral flow test, and is negative, it overrides the self-test LFD test and the child or staff member can return to your setting, as long as the individual doesn't have COVID-19 symptoms.

Welcoming children back to your setting

In most cases, parents and carers will agree that a child with symptoms should not attend your setting, given the potential risk to others.

If a parent or carer insists on a child with symptoms attending your setting, you can take the decision to refuse the child if, in your reasonable judgement, it is necessary to protect other children and staff from possible infection with COVID-19. Your decision would need to be carefully considered in light of all the circumstances and current public health advice.

Safety measures for activities in out-of-school settings

Parental attendance

We no longer advise that providers limit the attendance of parents and carers at sessions. You should continue to ensure that you have parents' and carers' most up-to-date contact details in case of an emergency.

Sports provision

All sports provision, including competition between settings, should be planned and delivered in line with this guidance.

Providers of sports activities should also refer to:

- [guidance](#) on grassroots sports for public and sport providers, safe provision and facilities and [guidance](#) from Sport England
- advice from organisations such as the [Association for Physical Education](#) and the [Youth Sport Trust](#)
- information on school swimming, water safety and returning to pools [guidance](#) from Swim England

Performances and events

If planning an indoor or outdoor face-to-face performance or event in front of a live audience, you should follow the latest advice in the [DCMS Working safely during coronavirus \(COVID-19\): events and attractions guidance](#).

Educational visits and trips

We recommend that you consider whether to go ahead with planned international educational visits at this time, recognising the risk of disruption to education resulting from the need to isolate and test on arrival back into the UK. You should refer to the [Foreign, Commonwealth and Development Office travel advice](#) and the [guidance on international travel](#) before booking and travelling.

You should speak to either your visit provider, commercial insurance company, or the Risk Protection Arrangement (RPA) to assess the protection available. Independent advice on insurance cover and options can be sought from the British Insurance Brokers' Association (BIBA) or Association of British Insurers (ABI).

You should undertake full and thorough risk assessments in relation to all educational visits and ensure that any public health advice, such as hygiene and ventilation

requirements, is included as part of that risk assessment. General [guidance](#) about educational visits is available and is supported by specialist [advice](#) from the Outdoor Education Advisory Panel (OEAP).

Safeguarding

It is important that you and your staff are aware of safeguarding issues and the signs to look out for. Further information is available in the [guidance for keeping children safe during community activities, after-school clubs and tuition](#).



Department
for Education

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