Opening Higher Education and Further Education settings in Autumn

1. SAGE reviewed the Higher Education and Further Education principles – to which further amendments will be made following the discussion.
2. As previously, HE and FE settings are not homogenous and have different demographics, patterns of activity and environments, and therefore levels of risk. There are also risks in not reopening HE and FE settings or moving to only online teaching.
3. HE and FE settings are highly connected with their local communities, including movement between education and workplace settings (e.g. work placements and part-time work); use of public transport (25% of HE students commuting); social interactions (e.g. clubs and societies); and students and others living in shared accommodation or with their families. These factors combined probably pose a greater risk for transmission than teaching on-campus.
4. Transmission risk may also be exacerbated by younger adults being more likely to be asymptomatic or to have milder illness than older adults and therefore being less likely to self-isolate. Identification of infected individuals will be important and require engagement with testing and contact tracing systems.
5. There are risks associated with opening FE/HE settings where transmission within these institutions may spill-over into the community and has the potential to drive outbreaks. For HE, the risk may be national due to the movement of students and various social activities. For FE, the risks are more likely to be local or regional and involve connecting households and workplaces.
6. Teaching settings and the mitigation measures implemented are important. Whilst remote learning (e.g. online) reduces transmission risk and should be considered where feasible, SAGE noted the risks of limiting face-to-face attendance at educational settings, including potential mental health impacts and the long-term impacts on socially deprived or marginalised groups.
7. Wider health issues will also be especially important considerations in the coming academic year, such as uptake of flu vaccinations, and support for mental health and wellbeing, particularly in at-risk groups.
8. Long-distance learning is also not feasible for many HE and FE courses which rely on practical training and hands-on learning (e.g. with medicine and physiotherapy degrees), or for those with learning disabilities (20% of FE students). HE and FE settings will need to consider the appropriate balance of online and in-person interaction.
9. One-off mass testing in a university setting may not provide substantial benefits in preventing outbreaks, even with high sensitivity, given potential for repeated introductions (e.g. students going to and from home during term).
10. However, one-off mass testing may have some positive impact on containment especially if a university is located in an area of low prevalence and incoming students are arriving from areas of much higher prevalence. Regular testing is potentially useful (see SAGE TFMS Consensus Paper on Mass testing) but would have to be balanced against other priorities whilst testing resources are limited.
11. HE and FE settings should monitor and review the effectiveness of their measures and should be considered for research pilots to explore the effectiveness of regular widespread testing and other approaches such as contact tracing apps. HE and FE settings should also co-operate in monitoring effectiveness of interventions and wider impacts on regional or national outbreaks.
12. SAGE noted that risks of larger outbreaks spilling over from HE institutions are more likely to occur towards the end of the academic term, coinciding with the Christmas and
New Year period when students return home. This could pose risk to both local communities and families, and will require national oversight, monitoring and decision-making.

13. Consideration should also be given to allow students to isolate in separate dedicated university accommodation, particularly for students who cannot otherwise self-isolate effectively.

14. As with other settings, considering ventilation in HE/FE settings will be important in controlling risks of transmission. Where possible, poorly ventilated spaces should be adapted to improve ventilation, or alternative options considered.

15. Use of face coverings in certain settings is recommended. Face coverings will have greatest benefits where people are in close proximity or are in the same shared space for a period of time, especially where ventilation is poor or there is activity that could produce enhanced aerosols.

16. A clear statement on the strength of evidence underlying each point would help readers of the papers.

ACTION: SAGE Secretariat and Cath Noakes to update HE and FE principles following discussion. Linking the principles to the evidence base is important and key messages should be clear.

ACTION: DfE, DHSC, NHSTT and PHE to consider national oversight mechanism and decision-making requirements for HE settings.

Attendees

Scientific Experts (22): Patrick Vallance (GCSA), Chris Whitty (CMO), Cath Noakes (Leeds), Brooke Rogers (KCL), Calum Semple (Liverpool), Jeremy Farrar (Wellcome Trust), Fliss Benee (Health CSA Wales), Graham Medley (LSHTM), James Rubin (KCL), Jenny Harries (dCMO), John Aston (CSA HO), John Edmunds (LSHTM), Julia Gog (Cambridge), Mark Walport (UKRI), Nicola Steedman (dCMO Scotland), Osama Rahman (CSA DfE), Peter Horby (Oxford), Robin Grimes (Imperial), Sheila Rowan (Scotland CSA), Venki Ramakrishnan (Royal Society), Wendy Barclay (Imperial), Ian Young (Health CSA NI)

Observers (10): Emma Davies (DfE), Gillian Hillier (DfE), Sean Harford (CO),

Secretariat (all GO-Science) (12): Simon Whitfield,

Total: 44