COVID-19 Schools Infection Survey

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Investigator Agreement

"I have read this protocol and agree to abide by all provisions set forth therein. I agree to comply with the International Conference on Harmonisation Tripartite Guideline on Good Clinical Practice"

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1.0 Amendment history

Amendment No.	Protocol Version	Date issued	Author(s) of changes	Details of Changes made
1	1.1	13/10/20	Shamez Ladhani	Minor changes and amendments to the protocol and information sheets as requested by PHE REGG

2.0 Background and rationale

In December 2019, a new disease, coronavirus disease 2019 (COVID-19), caused by a novel virus "severe acute respiratory syndrome coronavirus 2" (SARS-CoV-2), was identified in the Wuhan region of China and is currently causing a global pandemic. COVID-19 is primarily a respiratory illness that can be severe and fatal, especially in older adults. Severe COVID-19 is associated with pneumonia and damage to vital organs including lung, heart, liver, and kidney.

In England, the emergence of COVID-19 led to national lockdown with closure of all educational settings in late March 2020. Children and young people of key workers, however, continued to attend school throughout the outbreak. Cases in England increased rapidly until mid-April before declining gradually.

From 01 June 2020, as part of easing of the lockdown, children in reception, year 1 and year 6 were allowed to return and, from 15 June, years 10 and 12 attended schools, but with social distancing and infection control measures in place, including significantly small class sizes. From September, all students have started attending school.

Schools have received government advice about measures to reduce transmission risk. These include requiring those who have 1 or more symptoms consistent with COVID-19 to stay home, hand and respiratory hygiene practices, enhanced cleaning arrangements, suggested use of face coverings in communal areas, grouping children together and avoiding contact between groups, arranging classrooms with forward facing desks, and staff maintaining distance from each other and students. School leaders make decisions regarding the introduction of protective measures based on risk assessments and the local needs of schools and communities. It is likely that which measures are being attempted in which schools, the extent to which measures are being implemented and the challenges schools have faced in doing so will vary. There are widespread concerns about the impact of the pandemic, lockdown and implementing school preventive measures on the mental wellbeing of staff and students, and how, in turn, this may influence the success of implementation.

In June 2020, PHE initiated COVID-19 surveillance in preschools and primary schools. A team involving Public Health England (PHE), the Office for National Statistics (ONS) and the London School of Hygiene and Tropical Medicine (LSHTM) proposes to extend this surveillance nationally to a larger sample of both primary and secondary schools across England for the 2020/21 school year.

The aim is to assess the role of schools in SARS-CoV-2 infection and transmission within school settings. Repeated surveys will be carried out to collect risk factor information

together with virus and antibody samples in a cohort of children and staff. Antibody conversion and viral prevalence at points in the academic year will be key outcome measures.

To complement sample testing and assess transmission we will also:

- track attendance patterns, including partial and full school closures over time
- assess what control measures schools are implementing and how they are being implemented
- in some schools, where there is evidence on potential transmission, undertake detailed outbreak investigations

3.0 Aims and objectives

3.1 Primary aims

In a sample of primary and secondary schools in England

- 1. To estimate the incidence of SARS-CoV-2 seroconversion (antibody negative to antibody positive) among children and staff in a sample of primary and secondary schools, measured at termly intervals during the school year.
- 2. To measure the prevalence of current SARS-CoV-2 infection among children and staff in these primary and secondary schools, measured at half-termly intervals during the school year.
- 3. To monitor student and staff attendance rates in a sample of primary and secondary schools, and the proportion of and reasons for school full or partial closure.
- 4. To assess the feasibility, acceptability and staff, student and parent experience of school implementation of SARS-CoV-2 control measures, and factors affecting this.
- 5. To conduct detailed investigations of selected outbreaks occurring in schools, to determine the risk of transmission within and between classes and schools, and between students, staff and other household members.

3.2 Secondary aims

- 1. To pilot the detection and monitoring of SARS-CoV-2 in school wastewater.
- 2. To investigate individual, school and community-level risk factors for higher prevalence of SARS-CoV-2 infection, antibodies and antibody seroconversion among school students and staff.
- 3. To investigate the patterns of social contact between students and staff while in school.

4.0 Study design

4.1 Overview of the study design

The aims of this study will be achieved through repeat surveys in a sample of schools, during which cohorts of students and staff will be invited to complete questionnaires, and to participate in testing for SARS-CoV-2 infection and antibodies. Tests for students will involve a nose swab for current SARS-CoV-2 infection (please note: this is not the nasopharyngeal swab that takes a sample from deep into the back of the nose), and an oral fluid (saliva) sample for antibodies against the virus. Tests for staff will involve a nose swab for current SARS-CoV-2 infection and a finger prick blood test for antibodies against the virus. Incidence of antibody conversion will be assessed by determining the proportion of those negative at baseline testing who are found to be antibody positive in subsequent rounds. Other epidemiological parameters will be calculated from the data. A sample of outbreaks in schools that occur among the sample of schools will be investigated in detail.

The study will also include a survey and semi-structured interviews with school staff, students and the parents/carers of students. Attendance information will be collated through existing records, which will provide detailed information about schools and their implementation of control measures. Further sub-studies are planned, including piloting the use of waste water surveillance.

4.2 Target population: inclusion and exclusion criteria

Schools:

Inclusion Criteria:

Primary and secondary schools in England.

Exclusion criteria:

 Special schools, pupil referral units or further education colleges. We will also not recruit schools where other school-based COVID-19 studies are already being conducted.

Participants:

Inclusion criteria:

• We will offer enrolment to students and staff attending school in person during the 2020/2021 academic year.

Exclusion criteria:

- Where possible, students from years 11 will not be offered enrolment because they will be taking public examinations at the end of the academic year.
- We will not offer enrolment to secondary school students when judged by school staff as being not competent to provide informed consent.

4.3 Sample

We will take a stratified random sample of schools, with separate samples for primary and secondary schools. We will aim to oversample schools in parts of the country where the risk of SARS-CoV-2 infection is higher.

Sampling frame and sampling approach

The first level of sampling is local authority area.

We grouped local authorities (LAs) in England into two groups based on COVID-19 prevalence level.

Group 1 LAs were those in the top 20% when ranked by rate of confirmed cases of Sars-CoV-2 infection /100,000 population from Pillar 2 testing in the week 2nd to 8th September 2020. We then randomly sampled 10 LAs from Group A (66% of the sampled LAs)

Group 2 were those in the lower 80% when ranked by rate of confirmed cases of Sars-CoV-2 infection /100,000 population from Pillar 2 testing in the week 2nd to 8th September 2020. We then sampled 5 LAs from Group B (33% of the sampled LAs)

We analysed the association between COVID prevalence and Index of Multiple Deprivation (IMD) and found an association such that Group 1 LAs had higher IMD than Group 2 LAs. The analysis of data up till 13 May 2020 by PHE has shown that those living in deprived areas had a higher risk of COVID-19 than those in less deprived areas and we wished to ensure good representation of higher IMD areas in the sample.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_dat a/file/908434/Disparities in the risk and outcomes of COVID August 2020 update.pdf.

The second level of sampling is schools.

The sampling frame was the list of schools and the number of pupils enrolled available at the 'Get Information About Schools' website (https://get-information-schools.service.gov.uk/), which contains a comprehensive list of all schools in England. The aim was to sample schools in order to end up with a sample of schools with approximately 70% (70 secondary and 35 primary) schools in high risk area and 30 % (30 secondary and 15 primary) in lower risk areas.

The 15 LAs that were randomly sampled have considerable variability in the number of schools listed on the frame. Allowing each school to have an equal selection probability would result in larger LAs having a higher proportion of sample allocation. To distribute the sample more evenly across the LAs we used appropriate weighting to randomly sample schools with probability inverse to the number of schools in each LA. This means that some of the smaller LAs have a disproportionately higher proportion of schools selected. This has the advantage of spreading resources more evenly across the LAs, and results in a similar number of schools being sampled in each LA. In addition, for practical reasons we capped the number of LAs and Academy Trusts to be included in the sample at 40. We thus sampled schools within LAs until a total of 40 LAs and Academy Trusts were included. The remaining schools were included by randomly sampling schools from within these 40 LAs and Academy Trusts.

We analysed distributions for the proportion of children attending each school that were entitled to free school meals. Schools in Group 1 of our sample (those in higher risk areas) had a higher school meal entitlement than schools in Group 2 (lower risk). Using this as an indicator of relative deprivation between the two groups, we were satisfied that the schools selected across the two sample strata were distinct in terms of deprivation, which is known to be a predictor of SARS-COV2 prevalence.

The third level of sampling is individual level.

Within all selected schools:

In primary schools, where the average enrolment is 280 pupils, we will offer enrolment to:

- all eligible students
- all staff.

In secondary schools, where the average enrolment is 990 pupils, we will only offer enrolment to

- all eligible students in two consecutive year groups (approximately 250 students). For logistic reasons, this was decided to be the maximum number of individuals that could be enrolled in any one school. The selection of year groups within schools will be conducted such that the numbers of school years are equal across the sample.
- · and all staff.

In a simulation of the sampling exercise, this resulted in an approximate total eligible population of:

- 35-36,000 Secondary school students (in selected year groups)
- 10-11,000 Secondary school staff
- 13-14,000 Primary school students
- 1-2,000 Primary school staff

Sample size:

The overall sample size was constrained by testing capacity for both antibody and virus testing. Between each round of testing throughout the school year, we estimate that approximately 40,000 antibody and virus tests can be taken from school pupils and staff and processed in labs with sufficient timeliness to notify participants of results and analyse data for reporting purposes.

We determined that the optimum allocation of sample was to prioritise secondary schools, since evidence so far suggests SARS-CoV-2 transmission appears to be higher amongst older children. To reduce clustering effects and enable more secondary schools to be enrolled we selected two year-groups from each secondary school. This enabled us to include a total of 100 secondary schools. With the remaining sample allocation, we selected 50 primary schools for whole school testing. The scale of whole school testing in the average sized primary school is roughly equivalent to that of testing two year-groups in the average sized secondary school.

We further assumed a response and follow up rate of 60% among students (~170 students recruited and followed up per primary school and ~150 per secondary school) and up to 90% among staff. To ensure we achieve participation from at least 150 schools, we will oversample and invite a larger number of schools to take part in the study (between 200-250 schools). Should we have a very high response rate, we will select 150 schools optimally to ensure the desirable split between strata 1 and 2 (high risk and low risk areas), and an even distribution across the 15 local authorities. This selection will involve random selection from strata to minimise bias while ensuring we include the relevant categories of schools.

Precision of estimates and assumptions

Assuming that about 10% of pupils and staff have a positive antibody test at enrolment and an average weekly incidence of 1 infection per 1000, with limited antibody reversion, and assuming a design effect (DEFF) of 2.3 for antibody testing to account for clustering, we can estimate cumulative incidence of seroconversion rate and its precision. In the autumn term (Sep-Dec 2020), samples will be collected after the half-term and at the end of term (4-6 week interval). After the autumn term the period between antibody tests will be ~12 weeks. Based on the sample sizes above, the table below shows the cumulative incidence of seroconversion over different follow-up periods with the statistical precision below for each group at 95% confidence level:

Estimates of seroconversion rate with 95% confidence intervals at different follow-up periods

	Approx.	4 weeks	8 weeks between	12 weeks
	number of	between follow	follow up	between follow
	individuals	up		up
	included*			
Secondary	10,620	0.4% - 95% CI	0.8% - 95% CI	1.2% - 95% CI
staff		(0.2%-0.6%)	(0.5%-1.1%)	(0.9%-1.5%)
Secondary	20,400	0.4% - 95% CI	0.8% - 95% CI	1.2% - 95% CI
students		(0.3%-0.5%)	(0.6%-1%)	(1%-1.4%)
Primary	1,440	0.4% - 95% CI	0.8% - 95% CI	1.2% - 95% CI
staff		(0.0%-0.9%)	(0.1%-1.5%)	(0.3%-2.1%)
Primary	8,460	0.4% - 95% CI	0.8% - 95% CI	1.2% - 95% CI
students		(0.2%-0.6%)	(0.5%-1.1%)	(0.8%-1.6%)

^{*}assumes 60% of eligible students and 90% of eligible staff contribute to analysis, with 10% antibody prevalence at enrolment, and a design effect of 2.3

There is little information currently available to calculate the increased variance as a consequence of sampling entire schools or school year-groups as opposed to simple random sampling of pupils in the population. The DEFF of 2.3 used here is based on the assumption of an average prevalence of 10% antibody at enrolment, and a between-school standard deviation of 2.5% (i.e. 95% of schools are between 5 and 15%), with 150 to 200 pupils enrolled per school. The projected sample size gives good precision for estimates of antibody seroconversion among secondary school staff and students, and primary students, with less precision among primary staff.

4.4. Procedures

4.4.1. Core participation procedures:

- The sampling frame will be prepared, the schools sample identified and schools will be approached for their participation. The purpose of the study and what participation involves will be explained to head teachers who, with their chairs of governors, will be asked to agree to their school participating in the study. LAs and DPHs and, where relevant, the management of academy chains will be informed about the study and will encourage schools to participate.
- Schools that agree to participate will be asked register and complete a short questionnaire.
- Informed consent will be sought from staff, from parents of students aged <16 years and from students aged 16 years or over. Multiple children from one family can participate, but separate consent will be sought for each child.
- Head teachers of participating schools will provide information about the survey to staff, parents of students aged <16 years and from students aged 16 years or over. An electronic link will provide information about the study, an online consent form and a short online questionnaire. For primary school students and secondary school students younger than 16 years we will ask parents/guardians to involve their children in the decision process by explaining why this surveillance is being undertaken and how their children can help by taking part.</p>
- Age-appropriate information will be provided for the students.
- A study team will visit the school to collect biological samples for testing (see details below)
- On the day, samples will be taken from participants who have given consent and completed the online questionnaire. Those not at school on the day will be sent instructions and testing kits to their homes for completion and return.
- Additional online questionnaires will be sent to participants during the surveillance period.
- For subsequent rounds of testing, participants will receive advanced notification of the sample collection day, with a short follow-up questionnaire.
- Online surveys and interviews will be conducted with four groups: (1) head teachers or a substitute member of the school senior leadership team (SLT), (2) school staff, (3) parents of students enrolled at participating schools and (4) secondary school students.
- A subset of schools will be selected, and wastewater samples will be collected at regular intervals for the detection of SARS-CoV-2

4.4.2 Samples collection:

- A field investigation team will visit the schools on pre-agreed days to coordinate the sampling.
- Where possible, testing will take place on a single day; additional days may be agreed
 with the schools where necessary. Tests will take place in school or a nearby setting
 agreed with the school.
- We will ask the head teacher to notify participants about the date of biological testing in advance. We will also inform the participants by text/emails as required.
- Infection control measures will be implemented during the collection of samples
- The following samples will be taken:
 - nose swabs from all consenting participants (students and staff).
 - o oral fluid samples from students
 - o finger-prick blood sample from staff;
- The study will seek to achieve high levels of follow-up for enrolled participants. Where
 necessary, this will include making special arrangements to contact students or staff who
 are not in school or college by post or on follow-up study visit days
- We will not be recruiting any additional participants after the first visit. Only those participants recruited by visit 1 will be tested in subsequent visits.
- Samples will be linked to questionnaires through a unique ID and barcode.

4.4.3 Processing and testing of biological samples:

- Nose swabs will be appropriately labelled and sent to a national testing centre for RT-PCR. Every attempt will be made to report any positive swab results to individuals and schools as quickly as possible, ideally within 48 hours so that the individual and household members can self-isolate and the school can take appropriate actions to protect staff and students who may have come into contact with the positive participant, as per national guidance.
- Staff will have a finger prick for measurement of antibodies at the same time as the swab.
- The oral fluid samples will be couriered to PHE Colindale where they will be batch tested for SARS-CoV-2 antibodies. Because antibody testing using oral fluids is a laborious process, the results of the antibody tests may take several weeks before they become available because of the large number of surveillance programmes being undertaken by PHE.
- Positive swab test results will also be reported to the test, trace and isolate (TTI)
 programme and the local health protection team (in case of an outbreak)
- Additional investigations including swabs and antibody testing may be performed following agreement with the positive participant and household members

- Additional investigations in the wider educational settings may also be undertaken in collaboration with the school and the local health protection team, especially if more than one case is confirmed in a school
- Any remaining samples at the end of the survey will be stored for future tests that might help us better understand viral infections and immunity

4.4.3 Outbreak investigation

As part of its commitment to public health management of COVID-19 in institutional settings, PHE will coordinate risk assessments and more extensive investigations in selected outbreaks (two or more linked cases in a single school within two weeks), which will include wider testing among staff, students and their households as identified by the risk assessment.

4.4.4 Attendance and Implementation research:

Attendance records (Aim 3)

We will collate data from DfE to assess school characteristics, attendance records and information about partial or full school closures over the school year. We will obtain attendance data for participating schools through DfE. This will include both student and staff attendance over the past year, at the start of term and through the year. We will also keep a record of any partial or full school closures.

Implementation research (Aim 4)

We will assess implementation of preventive measures at schools by engaging four key stakeholder groups: headteachers and senior leaders; teachers and other school staff; parents of students; and students themselves. This will provide an understanding not only of school policies and measures in place, but also their feasibility, acceptability and broader impact.

Head Teacher Survey

Head teachers or a nominated substituting other member of SLT will be invited to complete an online questionnaire. This survey will include questions on: guidance received on preventive measures; preventive measures being implemented; challenges and consistency with which these are implemented; facilitators for implementation; policy on school closure; commitment to keeping schools open; effort and preparation that has gone into reopening; ongoing internal assessment of preventive measures at the school; other concerns; head teacher stress; and the acceptability of school preventive measures and our own study. The same survey will be repeated once per term with follow-up surveys being designed so that individuals may quickly report changes from previous survey points.

Parent survey

Parents/ guardians of students enrolled in eligible year groups of participating schools will be invited to complete an online questionnaire. This survey will focus on: preventive measures and challenges, if any, following them for their child; perception of preventive measures and their implementation at school; satisfaction with school communication and approach; lockdown experience; child mental wellbeing (primary school students); personal attitudes towards following recommended guidelines; and acceptability of our own study.

Student survey

Participating secondary school students who provide their own informed consent to participate and whose parents/carers do not opt them out of the survey will be invited to complete an online questionnaire. Student views will be sought on: implementation of control measures; adoption and consistency with following recommended control measures; usual contacts before during and after school will be collected; distancing/mixing with other year groups in and outside school; challenges and facilitators to adherence within and outside school; satisfaction with school communication and engagement; lockdown experience; mental wellbeing; school engagement; and experience of our study.

Staff survey

All staff at participating schools will be invited to complete an online questionnaire. The survey will include questions on: socio-demographics; preventive measures being implemented; challenges and consistency with which they are implemented; facilitators for implementation; satisfaction with school communication and approach; occupational stress; and acceptability of our study.

Qualitative research

Approximately six schools will be purposively selected from participating schools (criteria concerning diversity according to: initial reports of extent of implementation of preventive measures; local deprivation; school type) and we will engage with them longitudinally at two further time points in the course of the year through semi-structured interviews and school diaries. Participants per school will include: head teacher; two staff (purposive by seniority/role); two parents (purposive by gender, initial reports of acceptability); and two students in secondary schools (purposive by gender, initial reports of acceptability). Topics covered will include: experience at school during pandemic; perception and adoption of preventive measures; challenges and facilitators in implementing and using preventive measures; experience with our study; experience with COVID-19; and mental wellbeing.

Interviews will be completed by telephone or video conferencing by an experienced social science researcher. For those participants who consent, interviews will be audio recorded and transcribed in full. Prior to obtaining oral consent, participants will be informed about the interview and provided with the opportunity to ask questions. If participants do not agree to being audio recorded, the interviewer will make detailed notes during and after the interview.

4.4.5 Pilot wastewater surveillance

As part of the larger UK research on the validity and utility of waste water based sampling (WW sampling) for SARS-CoV2 viral particles, periodic WW samples will be taken within schools that agree to participate. Of these, a random sample of 50 schools will be sampled. Composite WW samples will be collected twice a week from the private drainage system of the school and analysed by Middlesex University and other agencies associated TERM consortium (School wasTE water-based epidemiological suRveillance systeM for the rapid identification of COVID-19 outbreaks) using a standard research protocol. Results from 50 schools participating to both the serology and the TERM project will be used to investigate the relationship (validity, time lags, washout periods) between these samples and seroincidence and prevalence of infection from a cross-sectional sampling (at end of each half term) of individual schoolchildren in those same schools. As part of the pilot, for a small number (n=3-4) of the schools participating in the TERM project only, where there is evidence of SARS-CoV-2 virus fragments in WW samples but no / limited children COVID19 absences from schools, reactive sampling will be undertaken to estimate the prevalence of infection (via the main study). ONS will be responsible for the main study data collection and analysis. TERM with the Joint Biosecurity Centre will be responsible for the WW sampling data collection and analysis. LSHTM will support analyses with the TERM group, PHE and ONS. Data will be shared across partners (via ONS system).

5.0. Data management

5.1 Data collection

A secure and government approved software solution will be used for online consent and data collection. IQVIA connect is an established system for collecting personal data and all information collected will be shared securely on a daily basis with PHE and ONS as the data controllers. The results of the nasal swabs from the national testing centre will be linked to participant's survey record and reported to the participant, the school and the national test and trace system. Similarly, the antibody results will be linked to the participant's survey record and reported back to the participant.

Quantitative survey data:

Survey data will be managed on secure, password-protected drives. There will be separate files for: unique identification numbers linked to names of schools and individuals; and unique identification numbers linked to survey and any linked data. Analyses will commence with descriptive statistics followed by statistical analyses addressing the research questions.

Qualitative data:

Interview data will be transcribed verbatim and in full from audio recordings into MS Word and enhanced with notes taken during the interview. Transcripts will have school, area and individual identifiers removed. Transcripts and notes will be managed and analysed using qualitative data analysis software. A thematic content analysis will be carried out oriented towards answering our research questions. Narrative data will be coded thematically using a deductive approach based on topics covered in the interview guide. Thereafter, a second-level of coding will identify overarching and other new themes from the data, if any, using an inductive approach. Interview data will be stored on password-protected drives or a managed storage environment. Data will be accessed only by the research team directly involved in the study and in the analysis.

5.1.1 Data collection and handling at PHE

As a public health body, PHE data collection role is strictly governed. All data will be collected and handled in accordance with PHE guidelines and policy:

- recommendations of the PHE Caldicott committee

- General Data Protection Act (GDPR) and Data Protection Act 2018
- Human Rights Act
- Section 3 of the Health Service Regulations 2002
- Section 251 of the NHS Act 2006

5.1.2 Data collection at ONS

ONS will contract IQVIA to develop the online survey platform and the operational delivery of biological testing in schools. Data collected from surveys and biological tests will be received by ONS who will hold the responsibility of linking survey and test results and making consolidated analytical datasets available to researchers within the surveillance team of the study consortium. Anonymised copies of these datasets will be placed in the Office for National Statistics Secure Research Service for the purposes of wider re-use for statistics and research purposes, subject to all relevant legal, statutory and policy requirements and safeguards.

All processing of data undertaken by ONS will be performed under and with accordance with the following regulatory frameworks:

- General data protection Regulation and Data Protection Act 2018
- Statistics and Registration Service Act 2007
- Digital Economy Act 2017
- Human Rights Act 1998

5.2. ONS Data Access Platform

Survey data and the results of tests collected for the study be will be stored in an ONS Secure Data Platform. ONS has developed an integrated, single environment – the Data Access Platform (DAP) – to host data and facilitate the processing of multiple datasets in richer and more complex forms, including the integration data sources supported by appropriate methods and standards. DAP takes a robust approach to security that is risk-based and holistic, covering people, processes and technology. DAP security is based on two key security governance and management layers. The first layer is a set of security principles to inform design and operation; the second layer distils these principles into specific security controls within the platform. All security controls have been developed following recognised security standards and guidance from within Government, including from the Cabinet Office, the National Cyber Security Centre and the Centre for the Protection of National Infrastructure. They also adhere to international standards and best practice, as set by ISO 27001 and the Information Security Forum. ONS will take responsibility for the data within its platform.

5.3. ONS Secure Research Service (SRS)

After initial processing and linkage in DAP, deidentified versions of datasets will be made available in the ONS Secure Research Service (SRS) to researchers accredited under the Research strand of the Digital Economy Act for accredited research purposes. The SRS will be the central area for analysis to be undertaken by the organisations forming the research consortium for the study; PHE, LSHTM and ONS. All of the research that will be completed will meet the strict safeguards set out in the Research strand of the DEA Research Code of Practice and Accreditation Criteria including a requirement for ethical approval and approval by the Research Accreditation Panel. Any deidentified data will only be accessed by accredited researchers in the ONS Secure Research Service and all outputs will be disclosure controlled to ensure there is no risk of reidentification and to ensure that the researcher is undertaking the research they have received accreditation for. This will be consistent with the ONS five safes framework which is how ONS make data available to the research community.

5.4. Data analysis and reporting

We aim to provide a summary report of the results of virus testing within 4 weeks of the schools being tested at each sampling point. Analysis will focus on:

- Estimating SARS-CoV-2 virus prevalence in the four groups at enrolment (primary children, primary staff, secondary children, secondary staff), with 95% confidence intervals
- The proportion of schools with at least one case of SARS-CoV-2
- Analysis of the differences in prevalence between high risk areas vs. lower risk areas
- Analysis of the variability in SARS-CoV2 infection at the school level

The first published report is planned for early December and will be hosted on the ONS website.

Virus testing will be conducted at the end of each half-term, with an approximate reporting schedule as follows:

- Virus test 2 (December 2020): reported in February 2021
- Virus test 3 (February 2021): reported in March 2021
- Virus test 4 (April 2021): reported in June 2021
- Virus test 5 (May 2021): reported in July 2021
- Virus test 6 (July 2021): reported in September 2021

Seroprevalence will be reported when the SARS-CoV-2 antibody results become available, with the expectation that lab turnaround will be several weeks. Estimates for SARS-CoV-2 seroprevalence will be produced for the four groups at enrolment (primary children, primary staff, secondary children, secondary staff), with 95% confidence intervals. Analysis of sero-incidence will be provided after each follow up round. Reporting will also include measures of variability across schools and comparisons between schools in higher risk and lower risk areas.

Data on school pupil and staff attendance during the year, including partial and full school closures will support the analysis and feature in reporting. A brief report that summarises findings from each term's implementation questionnaires may also be published.

5.5. Scientific publication of results

The results of detailed analyses will be published in peer reviewed scientific journals and will combine data from across workstreams and questionnaires. The specific titles and research questions to be addressed by scientific papers will be agreed within the Consortium.

6.0. Ethical considerations and ethical approval

This surveillance is being performed as part of PHE's responsibility to investigate the risk and transmission of SARS-CoV2 among children and young people in educational settings. This information is critical for supporting national recommendations on easing the current COVID-19 lockdown and allowing children back to school safely. This work has been identified as a public health priority and is being undertaken as part of the Public Health England's response to the national outbreak of COVID-19 in England. The results will be used to provide an evidence base to inform national guidance and public health policy to help protect children and young people and staff in educational settings. As such, this work falls outside of the Health Research Authority remit for ethical review. This is in accordance with the revised guidance in the Governance Arrangements for Research Ethics Committees (GAfREC) that was released in September 2011. This protocol has been subject to an internal ethical review by the PHE Research Ethics and Governance Group, to ensure that it is fully compliant with all regulatory requirements. For completeness, and as part of our duty of care, we are providing all participants a voluntary option to participate, a detailed information leaflet so that they are fully aware of what they are signing up for and a signed online consent form to ensure that they have all the information they need to participate. PHE has legal permission, provided by Regulation 3 of The Health Service (Control of Patient Information) Regulations 2002, to undertake this surveillance (http://www.legislation.gov.uk/uksi/2002/1438/regulation/3/made).

Regulation 3 states:

Communicable disease and other risks to public health

- **3.** (1) Subject to paragraphs (2) and (3) and regulation 7, confidential patient information may be processed with a view to
- (a) diagnosing communicable diseases and other risks to public health;
- (b) recognising trends in such diseases and risks;
- (c) controlling and preventing the spread of such diseases and risks;
- (d) monitoring and managing
- (i) outbreaks of communicable disease;
 - (ii) incidents of exposure to communicable disease;

- (iii) the delivery, efficacy and safety of immunisation programmes;
- (iv) adverse reactions to vaccines and medicines;
- (v) risks of infection acquired from food or the environment (including water supplies);
- (vi) the giving of information to persons about the diagnosis of communicable disease and risks of acquiring such disease.
- (2) For the purposes of this regulation, "processing" includes any operations, or set of operations set out in regulation 2(2) which are undertaken for the purposes set out in paragraph (1).
- (3) The processing of confidential patient information for the purposes specified in paragraph (1) may be undertaken by—
- (a) the Public Health Laboratory Service;
- (b) persons employed or engaged for the purposes of the health service;
- (c) other persons employed or engaged by a Government Department or other public authority in communicable disease surveillance.

PHE Research and Development and the sponsors were consulted and confirmed that the work would be covered by Regulation 3 and hence does not require external research ethics approval.

PHE will indemnify all volunteers for any clinical negligence claims arising out of acting in accordance with the Study Protocol and under the direction of PHE, to the extent that the volunteer is not already covered by existing insurances which are either personal or through their employer.

6.1. Withdrawal of participants

Staff and parents/guardians of participating students and students themselves are free to withdraw consent at any time without providing a reason and without any resulting detriment. The rights and welfare of the staff and families will be protected and will not be affected in any way. They can do this by sending an email to xxx including their name and date of birth.

6.2. Participant confidentiality

Personal data collected for the purposes of this surveillance includes name, date of birth, post code, contact details and any relevant medical information required to assess testing for SARS-CoV-2 and antibody responses. The only people with access to this information will be the surveillance staff, or regulatory authorities who may wish to check the surveillance is being carried out according to appropriate guidelines. Every effort will be made to protect the

participants' identity. IQVIA Connection is hosted in a secure datacentre in England. The online questionnaire is hosted on a secure HTTPS connection and data are encrypted at the point of transmission and stored at rest on the server. Data will only be used for the purposes of this study, stored in secure datacentre facilities on 256-bit encrypted servers with restricted access. Data collected by the study will be treated as strictly confidential and handled in accordance with the General Data Protection Act (GDPR) and Data Protection Act 1998, Caldicott guidelines, Section 251 of the NHS Act, an ISO27001 Information Security Management System and NHS Data Security and Protection Toolkit requirements. Data will be shared within the surveillance team so that the stated objectives and reporting commitments can be achieved.

6.3. Patient and Public Involvement (PPI)

A focus group session consisting of eight adolescents from school years 10 to 13 took place to gather their thoughts and first impressions about the study. The majority of the teenagers expressed eagerness to return to school and therefore, found the study research question of utmost importance. Concerns about getting infected and passing the disease to an "at-risk" relative or unknown person was a primary preoccupation. There was a willingness across the group to contribute and help further current COVID-19 understanding, and the participation's requirements weren't perceived as an over-ask. There was nonetheless a little concern about sample storage which once explained seemed acceptable to them.

8.0 Target dates

Recruitment to commence: 12 October 2020

Completion of recruitment: 31 December 2020

Completion of surveillance: All sampling will be completed within 12 months and

surveillance within 24 months

APPENDIX 1: Parent/legal guardian (carer)

Invite letter for Parent/legal guardian (carer)

Date: <<DATE>>

Dear Parent/Carer,

Your child's school is taking part in a study to monitor infection and transmission of coronavirus

(COVID-19) in a sample of primary and secondary schools.

Why are we doing this study?

We want to find out how many school pupils and staff have COVID-19 infection, how many

have already developed antibodies against the virus and how this changes over the course of

the year. The information we collect will help inform policies to protect school pupils and staff.

The study is being conducted by Public Health England in partnership with the Office for

National Statistics, and the London School of Hygiene and Tropical Medicine, working with the

Department for Education and is funded by the Department for Health and Social Care. IQVIA,

a healthcare company, are also supporting the study.

What does the study involve?

If you would like your child to take part, we would like you to complete a consent form and a

short questionnaire about each of your children invited and all other household members.

Once this is completed, your child will be enrolled into the study. The study workers will visit

your child's school twice before Christmas and then once every half term of the current school

year to collect a nasal swab and an oral fluid (saliva) sample to test for the virus and antibodies

against the virus.

The study is voluntary, you or your child does not have to take part and you can withdraw from

any round of testing without giving a reason

How can my child take part?

Complete the steps below on your computer, tablet or smartphone

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- 1. Go to www.XXXXXXXX.
- 2. Read the attached information about the study and what it means for your child and your family.
- 3. Complete and submit the online consent form and questionnaire your child will be enrolled in the study when the consent form and questionnaire is completed and submitted.

If you have any questions, please contact the IQVIA helpline on **0800 917 9679** or email schoolinfectionsurvey@nhs.net

Thank you for contributing to this important study. Your help will inform policies to manage risks of transmission in schools and identify ways to protect children and staff.

Yours faithfully,

Shamez Ladhani, Consultant Epidemiologist, Public Health England

Iain Bell, Director General – Population and Public Policy, Office for National Statistics

James Hargreaves, Professor of Epidemiology and Evaluation, London Schools of Hygiene & Tropical Medicine

Information Sheet for Parent/legal guardian (carer)

COVID-19 Schools Infections Survey

The study is being conducted by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine.

We are inviting a sample of schools in England to take part in testing for COVID-19. We need to find out how many school pupils and staff have COVID-19 infection, how many have developed antibodies against the virus and how this changes over the course of the year. The information we collect will help inform policies to protect school pupils and staff.

Visits to the schools and testing will be organised and undertaken by our partner organisation IQVIA and study workers from other select partner organisations. The companies involved in running the survey will only use information about you for this survey – they will not pass it on to anyone not involved in the survey.

Why are we doing this study?

We need to assess the role of schools in the coronavirus (COVID-19) transmission and how transmission within and from school settings can be minimised.

It is possible that some students and staff might be infected with the virus and not develop any symptoms.

This study is voluntary, your child does not have to take part, and you or your child can withdraw at any round of testing. If some tests have already been done when you change your mind, we will still use the data from them unless individuals concerned tell us not to, because it is very important for our study to get a good picture of who has had COVID-19.

The data collected will be used to produce statistics on the number of school pupils and staff that have the coronavirus (COVID-19) or previously been infected by the virus over the course of the school year.

The analyses from this study will help us work out the best way to manage the COVID-19 pandemic and minimise transmission in schools. We will produce a report following each round of testing and publish on the ONS website. Any data presented by ONS will not identify any

individuals or schools. The results of this study may also be presented at academic meetings and may be published in medical journals in a de-identified manner.

What will happen if I agree for my child to take part?

We are asking you to complete an online consent form and an enrolment questionnaire. Once this is submitted, your child will be enrolled into the survey. We will also ask you to complete a follow up questionnaire after testing. In these questionnaires we will ask about you, your child and their health, and additional information about other household members.

A testing team coordinated by IQVIA will visit your child's school to collect the following samples:

- Nasal swab this will involve rubbing a soft cotton bud on the inside of your child's
 nostrils to test for the virus. Your child may wish to do this themselves or the study
 staff will help. (Please note: this is <u>not</u> the invasive nasopharyngeal swab that takes a
 sample from deep into the back of the throat and nose).
- Oral fluid (saliva) sample this involves putting a small sponge into the mouth for two
 minutes to test for the virus and antibodies against the virus.

Study staff will check with the children that they are willing to take part before testing starts on the day. If your child shows signs of distress at the time of testing, then they will be offered the option of withdrawing from the test at that time.

Study staff will wear aprons, gloves and face masks/visors when taking the samples or helping your child to take the samples themselves. The children will be supervised by school staff at all times. Some samples may be requested by post if your child is absent from school because of illness, for example.

What will happen next?

We plan to arrange 5 more appointments, one at the end of Autumn term and two in each of the remaining two terms.

We will inform you in advance of the dates of each appointment as soon as it is agreed with the school and will ask you to complete a short online questionnaire following each appointment. The testing of the samples will be carried out by independent laboratories which will receive anonymous data regarding participants. What other information will be collected?

We would like to know if your child or anybody in the household is experiencing COVID-19 symptoms at the time you complete the questionnaire. For this reason, we would also like to collect the name of all the people in the household in the questionnaire.

It is important that every adult in the household over the age of 16 sees the invite letter and this information sheet before the enrolment questionnaire is completed online. Please remember to follow the national and school guidelines on what to do if your child or anyone in your household becomes unwell and might have COVID-19. You can inform us about illness and the results of any COVID-19 tests that are done by emailing schoolinfectionsurvey@nhs.net.

Will you tell me my child's results?

Yes, everyone will receive their results. If your child's nasal swab tests positive for the virus, we will phone you as soon as the results become available. We will inform the school and as required by law, we will refer the positive swab test result and personal data (including name, contact details, postcode and ethnicity) to the NHS Test and Trace programme.

Your child and everyone in the household should follow current guidance on the <u>NHS website</u>. We may contact you for more information or to test other members of the household. This is to better understand how the virus affects families of school children.

The oral fluid (saliva) sample will also be tested for antibodies against the virus. We will report the saliva antibody test results to you as soon as we can, but this may take a few weeks. Although the results will tell you if your child has antibodies against the virus, it only means that your child has previously been exposed to the virus. It is currently unclear how much protection this gives a person.

What are the benefits and risks of taking part?

We will report the results of your child's tests to you so that you will know if your child is infected with, or has antibodies against, the virus. The overall results will help Public Health England,

the Department for Education and Department for Health and Social Care make important decisions about protecting pupils and staff in schools.

While some people may find the nasal swab mildly uncomfortable, please be reassured that this will last no more than a few seconds. This is <u>not</u> the nasopharyngeal swab that takes a sample from deep into the back of the nose.

If your child tests positive for coronavirus (COVID-19) it is important that you keep your child at home. Under current government guidance you could be fined if you do not keep your child at home and self-isolate. Everyone in your household should follow the guidance and isolate even if they don't have any symptoms. The <u>current guidance can be found on the NHS</u> website.

The school will liaise with the local Health Protection Team to assess the risk to other school pupils and staff. Depending on the circumstances the school will decide on whether to isolate bubbles/class or school closure. The safety and protection of pupils and staff health is important during the current COVID-19 pandemic.

What will you do with my information?

We will need to collect some personal information, including names, dates of birth, contact details and health information for your child and other household members. We need this information to understand the results of the tests that we perform and to contact you to give you the results. If the swab test is positive, we will also inform the school and the NHS Test and Trace programme so that all those who might have come into contact with your child can be traced to stop the spread of the virus.

We will keep all the information securely in accordance with the <u>General Data Protection</u> <u>Regulations (GDPR)</u> and the <u>Data Protection Act 2018</u>. The reports produced will not identify you, your child or anyone in your household.

The ONS has the statutory objective to promote and safeguard the production of official statistics that serve the public good. In order for us to produce statistics we may link the data we obtain through this survey with other survey and administrative data that we hold. <u>Further information on what we use data for is available</u>. All our uses of data will comply with UK Statistics Authority's ethical framework. <u>Further information on the ethical framework is</u>

available. The ONS will continue to hold the data collected through this survey for as long as it remains useful for statistical research and production. The ONS may provide access to deidentified data to accredited researchers for accredited research purposes via accredited processing environments, where it is lawful and ethical to do so. When making this deidentified data available we may link the data we obtain through this survey with other survey and administrative data that we hold. Access will only be provided to support valuable new research insights about UK society and the economy that are considered to be in the public good.

Does my child have to take part?

Participation is completely voluntary. If you choose not to take part, this will in no way affect the care and education that your child receives. You can also decide to withdraw your child from any round of testing, without giving a reason by emailing schoolinfectionsurvey@nhs.net and enter "Withdraw" in the subject of the email. We would like to keep the information and results that we might already have collected unless you tell us not to.

What if I have any concerns?

If you have any concerns about the use of personal data or want to find out more about your rights under data protection legislation, please see the following data protection webpages or contact the Data Protection Officer via email.

- <u>Public Health England data protection page</u> or contact dataprotectionofficer@phe.gov.uk
- London School of Hygiene & Tropical Medicine data protection policy or contact DPO@lshtm.ac.uk
- ONS's data protection page or contact DPO@Statistics.gov.uk.

Thank you for your time

Welcome to the COVID-19 Schools Infection Survey

COVID-19 **Schools Infection Survey** is a surveillance programme set up by Public Health England (PHE), the Office for National Statistics, Department of Health and Social Care, Department for Education and the London School of Hygiene and Tropical Medicine to monitor infection and transmission of the novel coronavirus, COVID-19, in schools.

The study has been approved by the Public Health England Research Ethics and Governance Group and is funded by the Department for Health and Social Care.

On the next screen, you will be shown a consent form to agree to your child participating. You will then be asked to complete a short questionnaire.

This should take 10 minutes to complete.

Instructions: This form must be completed by the parent or legal guardian of the child you wish you enrol. You must complete a separate consent form and questionnaire for each child you wish to enrol. Students aged 16 years and older can complete their own consent form.

This should take less 10 minutes to complete.

Parent Consent form

Eligibility

Your child is eligible to take part if they are a pupil at one of the participating schools during the 2020/21 school year.

Consent to take part in the study

Remember to complete one consent form and questionnaire for each child you wish to enrol.

Please tick all

The section below must be completed by the parent or legal guardian.

- * [] 1. I confirm that I have read and understand the Information Sheet. *П 2. I understand that my child's participation is voluntary. I am free to withdraw my child from any round of testing without giving a reason and without my child's care or education being affected. * ∏ 3. I have explained to my child what is involved in the study and my child is happy to participate * ∏ 4. I understand that if my child's nasal swab is positive, the results will be reported to the school and the NHS test and trace programme. * ∏ 5. I understand that information about other children and adults in my household will be collected in the questionnaire. and I have discussed this with my family. *П 6. I understand that my information I provide will be shared within the study team which will include the Office for National Statistics (ONS), Public Health England (PHE), the London School of Hygiene and Tropical Medicine (LSHTM) and IQVIA.
- [] Tick this box if you agree for your child to take part in the study
- [] Tick this box if you **DO NOT** want your child to take part

(if consent given, then directed to the questionnaire)
(if consent is not given, parent will be thanked for considering the study and then given the opportunity to provide a reason or any other comment)

School: Parent/student enrolment questionnaire

Dear Parent/guardian,

Thank you for giving us the permission to include your child in the COVID-19 infection survey in schools. We would like to ask some questions about you and your child, to understand the circumstances around your child's test result. The information you provide will also help us understand if and how COVID-19 is spread in schools, and to improve infection control measures. All the information you provide will be kept confidential and you will not be named in any reports or analyses we produce.

SECTION 1: INFORMATION ON PARENT / LEGAL GUARDIAN

To start, we would like to ask about yourself and any other parent or legal guardian with financial responsibility for the child:

1.1.	What is your first (given) name (in full please, no short form or nickname)?							
1.2.	What is your family name (surname)?							
1.3.	What is your relationship to the child?							
	Parent / Legal guardian (carer)							
	□ Mother □ Father							
	□ Stepmother □ Stepfather							
	□ Foster mother □ Foster father							
	☐ Grandmother ☐ Grandfather							
	□ Aunt □ Uncle							
	□ Older Sister □ Older Brother							
	□ Older Stepsister □ Older Stepbrother							
	□ Cousin							
	□ Other relative, Specify							
	□ No relation, Specify							
1.4.	Please provide telephone numbers through which you can be contacted to communicate your child's test results and other information							
1.5.	Please tell us your preferred email address through which you can be contacted to communicate test results and other information?							
	□ Email address							

SECTION 2: INFORMATION ABOUT YOUR CHILD

2.1.	What is your child's first (given) name (in full please, no short form or nickname)?											
2.2.	What i	is you	ır child	l's family	nam	e (sur	name)?					
2.3.	What			name		the	school	1	college	your	child	attends?
2.4.				child in		hool?						
		□ Ye	ear 1 ear 2 ear 3 ear 4 ear 5 ear 6 ear 7 ear 8 ear 9 ear 10	on / Year								
2.5.	•	□ Other, Specify Is your child part of a class group (stream) in their school year? □ Yes □ No □ Do not know										
2.6.		IF YES, what is the name of your child's class? Class_ID										
2.7.	What i	is you	ır child	l's gende	er? 🗆	Male	□ Fen	nale	□ Othe	r 🗆 Pr	efer not	to say
2.8.	What i	is you	ır child	l's date d	of birt	h? _		′ _ _	.]			
2.9.	What is the postcode of where your child lives											
2.10.	What	Asia Ind Pa Ba Ch Ar Blac Af	in/ Asidian akistan anglad ainese by other ican aribbeary of ican aribbe	eshi er Asian l can/Car i an	sh back ibbea	ground an/Bla	d ick Britis Caribbean					

	 □ English/Welsh/Scottish/Northern Irish/British □ Irish □ Gypsy or Irish Traveller □ Any other White background Mixed/Multiple ethnic groups □ White and Black Caribbean □ White and Black African □ White and Asian □ Any other mixed / multiple ethic background Other ethnic group □ Arab □ Any other ethnic group (please specify):
	□ Prefer not to say
SECT	ION 3: Information about your child's household
2.11.	In your child's household, how many people are there (including your child) in the below age groups? (By household, we mean the group of people your child lives with, in a single house or dwelling. If your child spends time living across two households regularly within a week, e.g shared parental responsibilities, please count for your child's main household and the house where your child spends most of their time)
	Children aged 0 to 5years old _ _ Children aged 6 to 15 years old _ _ Adults aged 16 to 64 years old _ _ Adults aged 65 years old or older _ _
2.12.	How many rooms does your child's house have in total? (please exclude any kitchens or bathrooms) _
2.13.	How many rooms in your child's house are regularly used for sleeping? _
	you very much for your help! The testing will be carried out in your child's school in ext few days

APPENDIX 2: Participant 4 -11 years

Participant Information Sheet (primary school students age 4-11 years)

COVID-19 Schools Infection Survey

NEED TO ADD IMAGES ON THIS DOCUMENT

We would like you to help us find out who has had coronavirus!

We are carrying out a study to try and find out how many children and school staff have coronavirus or have had the virus in the past.

We are asking children and staff in your school if they would like to help us by taking part. There are two parts to the study, and we will come to your school to collect the information we need.

- 1) We will rub a soft cotton bud inside your nose. This shouldn't hurt and will only take a few seconds. We will then test the cotton bud to look for coronavirus.
- 2) You will also need to rub a small sponge into your mouth for two minutes, like brushing your teeth. We will then use this to see if you have had coronavirus before.

Thank you for thinking about helping us. If you are happy to take part, your help will be really important for us to learn more about coronavirus to keep the country safe.

You do not have to take part if you don't want to. You can say no at any time.

APPENDIX 3: Participant 11-15 years

Participant Information Sheet for Secondary School Students (age 11-15 years)

COVID-19 Schools Infection Survey

As you probably know, the coronavirus (COVID-19) pandemic continues to affect all of our lives. We are carrying out a study about coronavirus in your school and would like to invite you to take part.

Taking part is your decision. We would like you to read this information sheet with a parent or someone who looks after you. You can ask them or contact us if you have any questions.

Why is this work important?

We are trying to find out how many pupils and staff are getting the coronavirus infection as they go back to school. We also want to find out how many people have already had the coronavirus. The study is important because the information we get will help us protect people against the coronavirus.

Why have we asked you to take part?

We are asking school staff and pupils across England if they will take part. We are not just testing people who have symptoms, because we know that sometimes people can get the virus without symptoms.

What we will ask you to do

If you agree to help us, we will ask you and your parents some questions about your health. We will then carry out two tests:

- 1. One of the tests is called a "nose swab". This test is used to detect if the person has the virus 'now'. The swab test doesn't hurt but may be a little bit uncomfortable. This involves wiping the inside of your nose with a soft cotton bud. (Please note: this is not the invasive nasopharyngeal swab that takes a sample from deep into the back of the nose).
- 2. We will also ask for a sample of your saliva by chewing on a small sponge on a stick, like brushing your teeth, for two minutes. This tests whether you had the virus in the past.

You can choose if you take part.

You do not have to take part. Taking part or not is entirely your choice. You are free to change your mind and withdraw from any round of testing.

Who will do the tests?

You can do the saliva sample and the nose swab yourself, or we can help you. The study staff will wear special equipment called personal protection equipment (PPE) to make sure we keep you safe and don't spread the coronavirus ourselves.

What are the bad things about taking part?

While some people may find the nose swab a little bit uncomfortable, this will only last a few seconds and some people don't find it uncomfortable at all. This is <u>not</u> the nasal swab that takes a sample from deep into the back of the nose which you may have heard about before.

What are the good things about taking part?

You will help us find out how many pupils and staff across England have the coronavirus or have had the coronavirus in the past. You will also help us find out how many people get the virus over the next few months. What we find out from this study will help us protect people against the virus.

What will happen next?

We will visit your school 6 times during the school year. We will tell your parents when the next visit will be.

We will tell you if you have coronavirus

We will tell you and your parents if we find coronavirus in your nose swab. If you have the virus, you and your family should stay at home to stop the virus spreading to others. We will also tell NHS Test and Trace and your school the results, so that everyone you have been in contact with can be traced.

We will also tell your parents if the saliva sample suggests you have had the coronavirus in the past, but this result may take a few weeks.

What we need you to do now

Please let your parents, or those who look after you, know if you want to take part or not, and they will let us know.

Thank you for your time

APPENDIX 4: Student 16 years and over

Invite letter for Students 16 years and over

Date: <<DATE>>

Dear Student,

Your school is taking part in a study to monitor infection and transmission of coronavirus (COVID-19) in a sample of primary and secondary schools.

Why are we doing this study?

We want to find out how many school pupils and staff have COVID-19 infection how many have already developed antibodies against the virus and how this changes over the course of the year. The information we collect will help inform policies to protect school pupils and staff. The study is being conducted by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine, working with the Department for Education and is funded by the Department for Health and Social Care. IQVIA, a healthcare company, are also supporting the study.

What does the study involve?

If you would like to take part, we would like you to complete a consent form and a short questionnaire about you and other household members. Once this is completed, you will be enrolled into the study. The study workers will visit your school twice before Christmas and then once every half term of the current school year to collect a nasal swab and an oral fluid (saliva) sample to test for the virus and antibodies against the virus.

This study is voluntary, you do not have to take part and you can withdraw from any round of testing without giving a reason.

How can I take part?

Complete the steps below on your computer, tablet or smartphone

- 1. Go to www.XXXXXXXX.
- 2. Read the attached information about the study and what it means for you and your family.
- 3. Complete and submit the online consent form and short questionnaire you will be enrolled in the study when the consent form and questionnaire is completed and submitted.

If you have any questions, please contact the IQVIA helpline on **0800 917 9679** or email schoolinfectionsurvey@nhs.net

Thank you for contributing to this important study. Your help will inform policies to manage risks of transmission in schools and identify ways to protect children and staff.

Yours faithfully,

Shamez Ladhani, Consultant Epidemiologist, Public Health England Iain Bell, Director General – Population and Public Policy, Office for National Statistics James Hargreaves, Professor of Epidemiology and Evaluation, London Schools of Hygiene & Tropical Medicine

Information Sheet for Student 16 years and over

COVID-19 Schools Infections Survey

The study is being conducted by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine.

We are inviting a sample of schools in England to take part in testing for COVID-19. We need to find out how many school pupils and staff have COVID-19 infection, how many have developed antibodies against the virus and how this changes over the course of the year. The information we collect will help inform policies to protect school pupils and staff.

Visits to the schools and testing will be organised and undertaken by our partner organisation IQVIA and study workers from other select partner organisations. The companies involved in running the survey will only use information about you for this survey – they will not pass it on to anyone not involved in the survey.

Why are we doing this study?

We need to assess the role of schools in the coronavirus (COVID-19) transmission and how transmission within and from school settings can be minimised.

It is possible that some pupils and staff might be infected and the virus and not develop any symptoms.

This study is voluntary, you do not have to take part, and you can withdraw at any round of testing. If the tests have already been done when you change your mind, we will still use the data from them unless individuals concerned tell us not to, because it is very important for our study to get a good picture of who has had COVID-19.

The analysis from this study will help us work out the best way to manage the COVID-19 pandemic and minimise transmission in schools. We will produce a report following each round of testing and publish on the ONS website. Any data presented by ONS will not identify any individuals or schools. The results of this study may also be presented at academic meetings and may be published in medical journals in a de-identified manner.

What will happen if I agree to take part?

We will ask you to complete an online consent form and an enrolment questionnaire. Once this is submitted, you will be enrolled into the survey. We will also ask you to complete a follow up questionnaire after testing. In these questionnaires, we will ask about you, your health and additional information about other household members.

A testing team coordinated by IQVIA will visit your school to collect the following samples:

- Nasal swab this will involve rubbing of a soft cotton bud on the inside of your nostrils
 to test for the virus. You may wish to do this yourself or the study staff will help.
 (Please note: this is <u>not</u> the invasive nasopharyngeal swab that takes a sample from
 deep into the back of the throat and nose).
- Oral fluid (saliva) sample this involves putting a small sponge into the mouth for two
 minutes to test for the virus and antibodies against the virus.

Study staff will check that you are willing to take part before testing starts on the day. Study staff will wear aprons, gloves and face masks/visors when taking the samples or helping you to take the samples yourself. Some samples may be requested by post if you are absent from school because of illness, for example.

What will happen next?

We plan to arrange 5 more appointments, one at the end of Autumn term and two in each of the remaining two terms.

We will inform you in advance of the dates of each appointment as soon as it is agreed with the school and will ask you to complete a short online questionnaire following each appointment. The testing of the samples will be carried out by independent laboratories which will receive anonymous data regarding participants.

What other information will be collected?

We would like to know if you or anybody in the household is experiencing COVID-19 symptoms at the time you complete the questionnaire. For this reason, we would also like to collect the name of all the people in the household in the questionnaire.

It is important that every adult in the household over the age of 16 sees the invite letter and this information sheet before the enrolment questionnaire is completed online.

Please remember to follow the national and school guidelines on what to do if you or anyone in your household becomes unwell and might have COVID-19. You can inform us about illness and the results of any COVID-19 tests that are done by emailing schoolinfectionsurvey@nhs.net.

Will you tell me my results?

Yes, everyone will receive their results. If your nasal swab tests positive for the virus, we will phone you as soon as the results become available. We will inform the school and as required by law, we will refer the positive swab test result and personal data (including name, contact details, postcode and ethnicity) to the NHS Test and Trace programme.

You and everyone in the household should follow current guidance on the <u>NHS website</u>. We may contact you for more information or to test other members of the household. This is to better understand how the virus affects families of school pupils.

The oral fluid (saliva) sample will also be tested for antibodies against the virus. We will report the saliva antibody test results to you as soon as we can, but this may take a few weeks. Although the results will tell you if you have antibodies against the virus, it only means that you have previously been exposed to the virus. It is currently unclear how much protection this gives a person.

What are the benefits and risks of taking part?

We will report the results of your tests to you so that you will know if you are infected with, or have antibodies against, the virus. The overall results will help Public Health England, the Department for Education and Department for Health and Social Care make important decisions about protecting pupils and staff in schools.

While some people may find the nasal swab mildly uncomfortable, please be reassured that this will last no more than a few seconds. This is <u>not</u> the nasopharyngeal swab that takes a sample from deep into the back of the nose.

If you test positive for coronavirus (COVID-19) it is important that you stay at home. Under current government guidance you could be fined if you do not self-isolate. Everyone in your household should follow the guidance and isolate even if they don't have any symptoms. The current guidance can be found on the NHS website.

The school will liaise with the local Health Protection Team to assess the risk to other school pupils and staff. Depending on the circumstances the school will decide on whether to isolate bubbles/class or school closure. The safety and protection of pupils and staff health is important during the current COVID-19 pandemic.

What will you do with my information?

We will need to collect some personal information, including names, date of birth, contact details and health information for you and other household members. We need this information to understand the results of the tests that we perform and to contact you to give you the results. If the swab test is positive, we will also inform the school and the NHS Test and Trace programme so that all those who might have come into contact with you can be traced to stop the spread of the virus.

We will keep all the information securely in accordance with the <u>General Data Protection</u> <u>Regulations (GDPR)</u> and the <u>Data Protection Act 2018</u>. The reports produced will not identify you or anyone in your household.

The ONS has the statutory objective to promote and safeguard the production of official statistics that serve the public good. In order for us to produce statistics we may link the data we obtain through this survey with other survey and administrative data that we hold. <u>Further information on what we use data for is available</u>. All our uses of data will comply with UK Statistics Authority's ethical framework. Further information on the ethical framework is

available. The ONS will continue to hold the data collected through this survey for as long as it remains useful for statistical research and production. The ONS may provide access to deidentified data to accredited researchers for accredited research purposes via accredited processing environments, where it is lawful and ethical to do so. When making this deidentified data available we may link the data we obtain through this survey with other survey and administrative data that we hold. Access will only be provided to support valuable new research insights about UK society and the economy that are considered to be in the public good.

Do I have to take part?

Participation is completely voluntary. If you choose not to take part, this will in no way affect the care and education that you receive. You can also decide to withdraw from any round of testing, without giving a reason by emailing schoolinfectionsurvey@nhs.net and enter "Withdraw" in the subject of the email. We would like to keep the information and results that we might already have collected unless you tell us not to.

What if I have any concerns?

If you have any concerns about the use of personal data or want to find out more about your rights under data protection legislation, please see the following data protection webpages or contact the Data Protection Officer via email.

- <u>Public Health England data protection page</u> or contact dataprotectionofficer@phe.gov.uk
- <u>London School of Hygiene & Tropical Medicine data protection policy</u> or contact DPO@lshtm.ac.uk
- ONS's data protection page or contact DPO@Statistics.gov.uk.

Thank you for your time

Online Information for Student 16 years and over

Welcome to the COVID-19 Schools Infection Survey

COVID-19 **Schools Infection Survey** is a surveillance programme set up by Public Health England (PHE), the Office for National Statistics, Department of Health and Social Care, Department for Education and the London School of Hygiene and Tropical Medicine to monitor infection and transmission of the novel coronavirus, COVID-19, in schools.

The study has been approved by the Public Health England Research Ethics and Governance Group and is funded by the Department for Health and Social Care.

On the next screen, you will be shown a consent form to agree to participate. You will then be asked to complete a short questionnaire.

This should take 10 minutes to complete.

Student 16y+ Consent form

Eligibility

A young person is eligible to sign their own consent to take part if they:

- * are a student at one of the participating schools during the 2020/21 school year:
- * are aged 16years and above and have discussed their participation with their parents/legal guardians.

Consent to take part in the study

The section below must be completed by eligible students who are at least 16 years old and wish to give their own consent.

Please tick all

- 1. I confirm that I have read and understand the Information Sheet. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. * [] 2. I understand that my participation is voluntary. I am free to withdraw from any round of testing without giving a reason and without my education being affected. * [] 3. I have discussed the study with my parents/legal guardians prior to enrolling. * [] 4. I understand that if my nasal swab is positive, the results will be reported to the school and the NHS Test and Trace programme. *П 5. I understand that information about other children and adults in my household will be collected in the questionnaire and I have discussed this with them. * ∏ 6. I understand that my information I provide will be shared within the study team which will include the Office for National Statistics (ONS), Public Health England (PHE), the London School of Hygiene and Tropical Medicine (LSHTM) and IQVIA.
- Tick this box if you agree to take part in the study
- [] Tick this box if you **DO NOT** want to take part

(if consent given, then directed to the questionnaire) (if consent is not given, the student will be thanked for considering the study and then given the opportunity to provide a reason or any other comment). This is to allow us to understand why eligible students have decided not to take part.

School: Student (16+ years) enrolment questionnaire

Dear student,

Thank you for agreeing to take part in the COVID-19 infection survey in schools. We would like to ask you some questions to understand the circumstances around your test result. The information you provide will also help us understand if and how COVID-19 is spread in schools, and to improve infection control measures. All the information you provide will be kept confidential and you will not be named in any reports or analyses we produce.

SECTION 1: INFORMATION ABOUT YOU

To st	tart, we would like to ask about you:									
1.6.	What is your first (given) name (in full please, no short form or nickname)									
1.7. 1.8.	What is your family name (surname)? Please provide telephone numbers through which you can be contacted to communicate your test results and other information									
1.9.	Please tell us your preferred email address through which you can be contacted to communicate test results and other information? □ Email address									
1.5	What is the postcode of where you live?									
1.6. 1.7. 1.8.	What is your gender? Male Female Other Prefer not to say What is your date of birth?DD MM YYYY What is your ethnic group?									
	Asian/ Asian British Indian Pakistani Bangladeshi Chinese Any other Asian background									
	Black/African/Caribbean/Black British African Caribbean Any other Black/ African/ Caribbean									
	White □ English/Welsh/Scottish/Northern Irish/British □ Irish									

		Gypsy or Irish Traveller Any other White background
		Mixed/Multiple ethnic groups White and Black Caribbean White and Black African White and Asian Any other mixed/ multiple ethnic background
		Other ethnic group Arab Any other ethnic group (please specify):
		Prefer not to say
SECT	101	2: INFORMATION ABOUT YOUR HOUSEHOLD
1.9.	gro or ho for Ch Ch Ad	your household, how many people are there (including you) in the below age oups?(By household, we mean the group of people you live with, in a single house dwelling. If you spend time living across two households regularly within a week [e.g. use/flat share during the week and another dwelling at the weekend, please count your main householdand the house where you spend most of your time) iildren aged 0 to 5 years old _ _ iildren aged 6 to 15 years old _ _ lults aged 16 to 64 years old _ _ lults aged 65 years old or older _
1.10.		ow many rooms does your house have in total? (please exclude any kitchens or throoms)
1.11.		ow many rooms in your house are regularly used for sleeping? _
SECT	ION	2 INFORMATION ABOUT YOUR SCHOOLING
2.1. 2.2.		nat is the full name of the School / College you attend?
2.3.	Ar	e you part of a class group (stream) within your school year? □ Yes □ No □ Do not know
2.4.	IF	YES, what is the name of your class? Class_ID

Thank you very much for your help! The testing will be carried out at your school in the next few days

APPENDIX 5: School staff

Invite letter for School staff

Date: <<DATE>>

Dear School Staff,

Your school is taking part in a study to monitor infection and transmission of coronavirus (COVID-19) in a sample of primary and secondary schools.

Why are we doing this study?

We want to find out how many school pupils and staff have COVID-19 infection, how many have already developed antibodies against the virus and how this changes over the course of the year. The information we collect will help inform policies to protect school pupils and staff. The study is being conducted by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine, working with the Department for Education and is funded by the Department for Health and Social Care. IQVIA, a healthcare company, are also supporting the study.

What does the study involve?

If you would like to take part, we would like you to complete a consent form and a short questionnaire about you and other household members. Once this is completed, you will be enrolled into the study. The study workers will visit your school twice before Christmas and then once every half term of the current school year to collect a nasal swab and blood (finger prick) sample to test for the virus and antibodies against the virus.

This study is voluntary, you do not have to take part and you can withdraw from any round of testing without giving a reason.

How can I take part?

Complete the steps below on your computer, tablet or smartphone

- 1. Go to www.XXXXXXXX
- 2. Read the attached information about the study and what it means for you and your family.
- Complete and submit the online consent form and short questionnaire you will be enrolled in the study when the consent form and questionnaire is completed and submitted.

If you have any questions, please contact the IQVIA helpline on **0800 917 9679** or email schoolinfectionsurvey@nhs.net

Thank you for contributing to this important study. Your help will inform policies to manage risks of transmission in schools and identify ways to protect children and staff.

Yours faithfully,

Shamez Ladhani, Consultant Epidemiologist, Public Health England lain Bell, Director General – Population and Public Policy, Office for National Statistics James Hargreaves, Professor of Epidemiology and Evaluation, London Schools of Hygiene & Tropical Medicine

Information sheet for school staff

COVID-19 Schools Infections Survey

The study is being conducted by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine.

We are inviting a sample of schools in England to take part in testing for COVID-19. We need to find out how many school pupils and staff have COVID-19 infection and how many have developed antibodies against the virus and how this changes over the course of the year. The information we collect will help inform policies to protect school pupils and staff.

Visits to the schools and testing will be organised and undertaken by our partner organisation IQVIA and study workers from other select partner organisations. The companies involved in running the survey will only use information about you for this survey – they will not pass it on to anyone not involved in the survey.

Why are we doing this study?

We need to assess the role of schools in the coronavirus (COVID-19) transmission and how transmission within and from school settings can be minimised.

It is possible that some pupils and staff might be infected and the virus and not develop any symptoms.

This study is voluntary, you do not have to take part, and you can withdraw at any round of testing. If some tests have already been done when you change your mind, we will still use the data from them unless individuals concerned tell us not to, because it is very important for our study to get a good picture of who has had COVID-19.

The analysis from this study will help us work out the best way to manage the COVID-19 pandemic and minimise transmission in schools. We will produce a report following each round of testing and publish on the ONS website. Any data presented by ONS will not identify any individuals or schools. The results of this study may also be presented at academic meetings and may be published in medical journals in a de-identified manner.

What will happen if I agree to take part?

We will ask you to complete an online consent form and an enrolment questionnaire. Once this is submitted, you will be enrolled into the survey. We will also ask you to complete a follow up questionnaire after testing. In these questionnaires we will ask about you, your health and additional information about other household members.

A testing team coordinated by IQVIA will visit your school to collect the following samples:

- Nasal swab this will involve rubbing of a soft cotton bud on the inside of your nostrils
 to test for the virus. You may wish to do this yourself or the study staff will help.
 (Please note: this is <u>not</u> the invasive nasopharyngeal swab that takes a sample from
 deep into the back of the throat and nose).
- Blood test this will involve a finger prick, carried out by yourself, to test for the virus and antibodies against the virus.

Study staff will check that you are willing to take part before testing starts on the day.

Study staff will wear aprons, gloves and face masks/visors when taking the samples or helping you to take the samples yourself. Some samples may be requested via the post when you are at home e.g. if absent from school due to illness.

What will happen next?

We plan to arrange 5 more appointments, one at the end of Autumn term and two in each of the remaining two terms.

We will inform you in advance of the dates of each appointment as soon as it is agreed with the school and will ask you to complete a short online questionnaire following each appointment. The testing of the samples will be carried out by independent laboratories which will receive anonymous data regarding participants.

What other information will be collected?

We would like to know if you or anybody in the household is experiencing COVID-19 symptoms at the time you complete the questionnaire. For this reason, we would also like to collect the name of all the people in the household in the questionnaire.

It is important that every adult in the household over the age of 16 sees the invite letter and this information sheet before the enrolment questionnaire is completed online.

Please remember to follow the national and school guidelines on what to do if you or anyone in your household becomes unwell and might have COVID-19. You can inform us about illness and the results of any COVID-19 tests that are done by emailing schoolinfectionsurvey@nhs.net.

Will you tell me my results?

Yes, everyone will receive their results. If your nasal swab tests positive for the virus, we will phone you as soon as the results become available. We will inform the school and as required by law, we will refer the positive swab test result and personal data (including name, contact details, postcode and ethnicity) to the NHS Test and Trace programme.

You and everyone in the household should follow current guidance on the <u>NHS website</u>. We may contact you for more information or to test other members of the household. This is to better understand how the virus affects families of school staff.

The blood test will be tested for antibodies against the virus. The samples will be tested on site at the school. Although the results will tell you if you have antibodies against the virus, it only means that you have previously been exposed to the virus. It is currently unclear how much protection this gives a person.

What are the benefits and risks of taking part?

We will report the results of your tests to you so that you will know if you are infected with, or have antibodies against, the virus. The overall results will help Public Health England, the Department for Education and Department for Health and Social Care make important decisions about protecting pupils and staff in schools.

While some people may find the nasal swab mildly uncomfortable, please be reassured that this will last no more than a few seconds. This is <u>not</u> the nasopharyngeal swab that takes a sample from deep into the back of the nose.

The blood test will feel like a sharp scratch. Side effects may include bleeding, bruising and very small risks of scarring and infection.

If you test positive for coronavirus (COVID-19) it is important that you stay at home. Under current government guidance you could be fined if you do not self-isolate. Everyone in your household should follow the guidance and isolate even if they don't have any symptoms. The <u>current guidance can be found on the NHS website</u>.

The school will liaise with the local Health Protection Team to assess the risk to other school pupils and staff. Depending on the circumstances the school will decide on whether to isolate bubbles/class or school closure. The safety and protection of pupils and staff health is important during the current COVID-19 pandemic.

What will you we do with my information?

We will need to collect some personal information, including names, date of birth, contact details and health information for you and other household members. We need this information to understand the results of the tests that we perform and to contact you to give you the results. If the swab test is positive, we will also inform the school and the NHS Test and Trace programme so that all those who might have come into contact with you can be traced to stop the spread of the virus.

We will keep all the information securely in accordance with the <u>General Data Protection</u> <u>Regulations (GDPR)</u> and the <u>Data Protection Act 2018</u>. The reports produced will not identify you or anyone in your household.

The ONS has the statutory objective to promote and safeguard the production of official statistics that serve the public good. In order for us to produce statistics we may link the data we obtain through this survey with other survey and administrative data that we hold. Further information on what we use data for is available. All our uses of data will comply with UK Statistics Authority's ethical framework. Further information on the ethical framework is available. The ONS will continue to hold the data collected through this survey for as long as it remains useful for statistical research and production. The ONS may provide access to deidentified data to accredited researchers for accredited research purposes via accredited processing environments, where it is lawful and ethical to do so. When making this deidentified data available we may link the data we obtain through this survey with other survey and administrative data that we hold. Access will only be provided to support valuable new research insights about UK society and the economy that are considered to be in the public good.

Do I have to take part?

Participation is completely voluntary. You can also decide to withdraw from any round of testing, without giving a reason by emailing schoolinfectionsurvey@nhs.net and enter "Withdraw" in the subject of the email. We would like to keep the information and results that we might already have collected unless you tell us not to.

What if I have any concerns?

If you have any concerns about the use of personal data or want to find out more about your rights under data protection legislation, please see the following data protection webpages or contact the Data Protection Officer via email.

- <u>Public Health England data protection page</u> or contact dataprotectionofficer@phe.gov.uk
- <u>London School of Hygiene & Tropical Medicine data protection policy</u> or contact DPO@lshtm.ac.uk
- ONS's data protection page or contact DPO@Statistics.gov.uk.

Thank you for your time

Online information for staff

Welcome to the COVID-19 Schools Infection Survey

COVID-19 **Schools Infection Survey** is a surveillance programme set up by Public Health England (PHE), the Office for National Statistics, Department of Health and Social Care, Department for Education and the London School of Hygiene and Tropical Medicine to monitor infection and transmission of the novel coronavirus, COVID-19, in schools.

The study has been approved by the Public Health England Research Ethics and Governance Group and is funded by the Department for Health and Social Care.

On the next screen, you will be shown a consent form to agree to participate. You will then be asked to complete a short questionnaire.

This should take 10 minutes to complete.

Staff Consent form

Eligibility

A person is eligible to sign their own consent to take part if they:

* are staff at one of the participating schools during the 2020/21 school year.

Consent to take part in the study

The section below must be completed by eligible staff and wish to give their consent. Please tick all

* []	1. I confirm that I have read and understand the Information Sheet.
* []	2. I understand that my participation is voluntary. I am free to withdraw from any round of testing without giving a reason.
* []	3. I understand that if my nasal swab is positive, the results will be reported to the school and the NHS Test and Trace programme.
* []	4. I understand that information about other children and adults in my household will be collected in the questionnaire and I have discussed this with my family.
* []	5. I understand that my information I provide will be shared within the study team which will include the Office for National Statistics (ONS), Public Health England (PHE), the London School of Hygiene and Tropical Medicine (LSHTM) and IQVIA.

[] Tick this box if you agree to take part in the study

[] Tick this box if you **DO NOT** want to take part

(if consent given, then directed to the questionnaire)

(if consent is not given, the staff member will be thanked for considering the study and then given the opportunity to provide a reason or any other comment). This is to allow us to understand why eligible staff have decided not to take part.

School: Staff member enrolment questionnaire

Dear staff member,

White

Thank you for agreeing to take part in the COVID-19 infection survey in schools. We would like to ask you some questions to understand the circumstances around your test result. The information you provide will also help us understand if and how COVID-19 is spread in schools, and to improve infection control measures. All the information you provide will be kept confidential and you will not be named in any reports or analyses we produce.

SECTION 1: INFORMATION ABOUT YOU

To sta	rt, we would like to ask about you:								
1.10.	What is your first (given) name (in full please, no short form or nickname)?								
1.11. 1.12.	What is your family name (surname)? Please provide telephone numbers through which you can be contacted to communicate your test results and other information								
1.13.	Please tell us your preferred email address through which you can be contacted to communicate test results and other information? □ Email address								
1.5	What is the postcode of where you live								
1.6.	What is your gender? □ Male □ Female □ Other □ Prefer not to say								
1.7.	What is your date of birth?DD MM YYYY								
1.8.	What is your ethnic group?								
	Asian/ Asian British Indian Pakistani Bangladeshi Chinese Any other Asian background								
	Black/African/Caribbean/Black British African Caribbean Any other Black/ African/ Caribbean								

English/Welsh/SIrishGypsy or Irish TAny other White	
Mixed/Multiple White and Black White and Black White and Asian	ethnic groups k Caribbean k African
Other ethnic goals Arab Any other ethnic	c group (please specify):
□ Prefer not to sa	ay
SECTION 2: INFORMATI	ON ABOUT YOUR HOUSEHOLD
(By household, we me you spend time living a	rears old _ _ years old _ _ rears old _ _
bathrooms) _	es your main house have in total? (please exclude any kitchens or our main house are regularly used for sleeping? _
SECTION-3: INFORMATI 3.1 What is the full name of 3.2 How many days do yo 3.3 What is your job at the	ION ABOUT YOUR WORK of the school / college where you work? u work per week in this school? e school (please tick all that apply)? adteacher / Principal nior leader (e.g. deputy head teacher) ddle leader (e.g. head of department) acher aching assistant pply/locum teacher storal care ecial Education Needs (SEN) and Inclusion

 □ Administrative/Finance/Secretarial Administration and Accounts, IT, Media) □ Maintenance (e.g. Caretaker) □ Cleaning □ Catering □ Other [specify] 	(e.g.	Business	Managers,
3.4What year(s) do you interact with (includes teaching)? (Ple	ase tic	k all that app	oly)
□ Reception / Year 0	□ Yea		
□ Year 1	□ Yea	ar 9	
□ Year 2	□ Yea	ar 10	
□ Year 3	□ Yea	ar 11	
□ Year 4	□ Yea	ar 12	
□ Year 5	□ Yea	ar 13	
□ Year 6		Years	
□ Year 7	□ Oth	ner	
3.5 Is there one class you spend most time with? ☐ Yes 3.6 IF Yes, what is the name of that class? 3.7 Class ID	□N	lo	
3.8 Do you spend more time in one or more years compared to	other	s? □Yes □	No
3.9If Yes which years?			
3.10 Do you work at any other school apart from this one (e.g. No	g. supp	ly teacher)?	□ Yes □
3.11 IF YES, please list the full names of the other school(s) w	here y	ou work	
Thank you very much for your help! The testing will be carried	out at	your school	in the next

few days

APPENDIX 6: Results

Report of a positive swab result to parent

Dear <<name>>

Thank you for taking part in the COVID-19 Schools Infection Survey run by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine.

We are contacting you to inform you that the nose swab for <<child name>> taken on <<insert date>> tested **positive** for the coronavirus (COVID-19). This means that, at the time of testing, they had the coronavirus.

It is important you keep your child at home from the day you receive this result. Under current government guidance you could be fined if you do not self-isolate your child. Everyone in your household should follow the guidance and isolate even if they don't have any symptoms. The <u>current guidance can be found on the NHS website</u>.

If your child develops any symptoms during this period, please follow the <u>government's</u> <u>advice about how long to isolate for</u> and keep your child at home starting from the first day of the symptoms. Your child can return to school once the guidance has been followed and your child is well and has no symptoms.

As required by law, we will refer the positive swab test result and personal data (including name, contact details, postcode and ethnicity) to the NHS Test and Trace system.

As with all lab tests, the tests done in this study are not perfect, so both false-positives and false-negatives are possible. A false-positive result occurs when a test suggests someone has coronavirus when in fact they do not. A false-negative result occurs when a test suggests someone does not have coronavirus when in fact they do.

We do not yet know what a positive nose swab means in terms of whether this will protect people from getting coronavirus again or prevent them passing the virus onto others. That is one of the reasons we are visiting the same people lots of times in the survey.

Yours sincerely,

The COVID-19 Schools Infection Survey team

Report of a positive swab result to school staff and students 16 years and over

Dear <<name>>

Thank you for taking part in the COVID-19 Schools Infection Survey run by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine.

We are contacting you to inform you that your nose swab taken on <<insert date>> was tested **positive** for the coronavirus (COVID-19). This means that, at the time of testing, you had the coronavirus.

We would advise you to stay at home as per the government's guidance starting from the day that the swab was taken. Everyone in your household should follow the guidance and isolate even if they don't have any symptoms. The <u>current guidance can be found on the NHS website</u>.

If you develop any symptoms during this period, please follow the <u>government's advice</u> <u>about how long to isolate for</u> starting from the first day of the symptoms.

You can return to school once the guidance has been followed and you are well and have no symptoms.

As required by law, we will refer your positive swab test result and personal data (including your name, contact details, postcode and ethnicity) to the NHS Test and Trace system and will notify your GP in order to update your medical records.

As with all lab tests, the tests done in this study are not perfect, so both false-positives and false-negatives are possible. A false-positive result occurs when a test suggests someone has coronavirus when in fact they do not. A false-negative result occurs when a test suggests someone does not have coronavirus when in fact they do.

We do not yet know what a positive nose swab means in terms of whether this will protect people from getting coronavirus again or prevent them passing the virus onto others. That is one of the reasons we are visiting the same people lots of times in the survey.

Yours sincerely,

Report of a negative swab result to parent

Dear <<name>>

Thank you for taking part in the COVID-19 Schools Infection Survey run by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine.

We are contacting you to inform you that the nose swab for <<child name>> taken on <<insert date>> tested **negative** for the coronavirus (COVID-19). This means that, at the time of testing, they did not have the coronavirus.

However, it is very important that if anyone in your family develops symptoms of COVID-19 you follow the usual NHS guidance on getting a test and isolation.

As with all lab tests, the tests done in this study are not perfect, so both false-positives and false-negatives are possible. A false-positive result occurs when a test suggests someone has coronavirus when in fact they do not. A false-negative result occurs when a test suggests someone does not have coronavirus when in fact they do.

Yours sincerely,

The COVID-19 Schools Infection Survey team

Report of a negative swab result to school staff and students 16 years and over

Dear <<name>>

Thank you for taking part in the COVID-19 Schools Infection Survey run by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine.

We are contacting you to inform you that your nose swab taken on <<insert date>> tested **negative** for the coronavirus (COVID-19). This means that, at the time of testing, you did not have the coronavirus.

However, it is very important that if anyone in your family develops symptoms of COVID-19 you follow the usual NHS guidance on getting a test and isolation.

As with all lab tests, the tests done in this study are not perfect, so both false-positives and false-negatives are possible. A false-positive result occurs when a test suggests someone has coronavirus when in fact they do not. A false-negative result occurs when a test suggests someone does not have coronavirus when in fact they do.

Yours sincerely,

The COVID-19 Schools Infection Survey team

Report of a positive antibody result to parent

Dear <<name>>,

Thank you for taking part in the COVID-19 Schools Infection Survey run by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine.

We are contacting you to inform you that the saliva sample taken on <<insert date>> returned a **positive** antibody result.

This result implies that <<child name>> has been infected with COVID-19 in the past.

As with all lab tests, the tests done in this study are not perfect, so both false-positives and false-negatives are possible. A false-positive result occurs when a test suggests someone has coronavirus when in fact they do not. A false-negative result occurs when a test suggests someone does not have coronavirus when in fact they do.

Further:

- We do not yet know what being positive for antibodies means in terms of whether this will
 protect people from getting coronavirus again or prevent them passing the virus onto
 others. That is one of the reasons we are visiting the same people lots of times in the
 survey.
- Similarly, not everyone who has had coronavirus develops antibodies at all, and antibody levels can also fall after having had the infection, so that the antibody test can no longer detect them. So being negative for antibodies does not mean someone has not had coronavirus.
- Even if you know you have had the virus, the only way to reduce the risk of becoming ill, or passing the disease on to others, is to follow the latest government advice on controlling the spread of the virus. Please do not assume you cannot get coronavirus again.
- Whatever your test results, now or in the future, if you develop coronavirus symptoms, it
 is very important that you follow the current government guidance and do not wait for the
 results of any tests done in this survey.
- A positive antibody test means that you have been exposed to the Covid-19 virus at some point in the past. It does not mean you are infected with the virus now.

The strength of this study is that the same people are taking part for the whole of the school year. It is therefore very important they continue to participate, and they attend the remaining appointments so that we can continue to collect as much information as we can about infection and transmission of COVID-19 in schools.

You do not need to take any further action following this result.

Yours sincerely,

The COVID-19 Schools Infection Survey team

Report of a positive antibody result to students 16 years and over

Dear <<name>>,

Thank you for taking part in the COVID-19 Schools Infection Survey run by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine.

We are contacting you to inform you that the saliva sample taken on <<insert date>> returned a **positive** antibody result.

This result implies that you have been infected with COVID-19 in the past.

As with all lab tests, the tests done in this study are not perfect, so both false-positives and false-negatives are possible. A false-positive result occurs when a test suggests someone has coronavirus when in fact they do not. A false-negative result occurs when a test suggests someone does not have coronavirus when in fact they do.

Further:

- We do not yet know what being positive for antibodies means in terms of whether this will
 protect people from getting coronavirus again or prevent them passing the virus onto
 others. That is one of the reasons we are visiting the same people lots of times in the
 survey.
- Similarly, not everyone who has had coronavirus develops antibodies at all, and antibody levels can also fall after having had the infection, so that the antibody test can no longer detect them. So being negative for antibodies does not mean someone has not had coronavirus.
- Even if you know you have had the virus, the only way to reduce the risk of becoming ill, or passing the disease on to others, is to follow the latest government advice on controlling the spread of the virus. Please do not assume you cannot get coronavirus again.
- Whatever your test results, now or in the future, if you develop coronavirus symptoms, it
 is very important that you follow the current government guidance and do not wait for the
 results of any tests done in this survey.
- A positive antibody test means that you have been exposed to the Covid-19 virus at some point in the past. It does not mean you are infected with the virus now.

The strength of this study is that the same people are taking part for the whole of the school year. It is therefore very important you continue to participate, and you attend the remaining

appointments so that we can continue to collect as much information as we can about infection and transmission of COVID-19 in schools.

You do not need to take any further action following this result.

Yours sincerely,

Report of a positive antibody result to school staff

Dear <<name>>,

Thank you for taking part in the COVID-19 Schools Infection Survey run by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine.

We are contacting you to inform you that the blood test taken on <<insert date>> returned a **positive** antibody result.

This result implies that you have been infected with COVID-19 in the past.

As with all lab tests, the tests done in this study are not perfect, so both false-positives and false-negatives are possible. A false-positive result occurs when a test suggests someone has coronavirus when in fact they do not. A false-negative result occurs when a test suggests someone does not have coronavirus when in fact they do.

Further:

- We do not yet know what being positive for antibodies means in terms of whether this will
 protect people from getting coronavirus again or prevent them passing the virus onto
 others. That is one of the reasons we are visiting the same people lots of times in the
 survey.
- Similarly, not everyone who has had coronavirus develops antibodies at all, and antibody levels can also fall after having had the infection, so that the antibody test can no longer detect them. So being negative for antibodies does not mean someone has not had coronavirus.
- Even if you know you have had the virus, the only way to reduce the risk of becoming ill, or passing the disease on to others, is to follow the latest government advice on controlling the spread of the virus. Please do not assume you cannot get coronavirus again.
- Whatever your test results, now or in the future, if you develop coronavirus symptoms, it
 is very important that you follow the current government guidance and do not wait for the
 results of any tests done in this survey.
- A positive antibody test means that you have been exposed to the Covid-19 virus at some point in the past. It does not mean you are infected with the virus now.

The strength of this study is that the same people are taking part for the whole of the school year. It is therefore very important you continue to participate, and you attend the remaining

appointments so that we can continue to collect as much information as we can about infection and transmission of COVID-19 in schools.

You do not need to take any further action following this result.

Yours sincerely,

Report of a negative antibody result to parent

Dear <<name>>,

Thank you for taking part in the COVID-19 Schools Infection Survey run by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine.

We are contacting you to inform you that the saliva sample taken on <<insert date>> returned a **negative** antibody result.

This result implies that <<child name>> has not been infected with or exposed to COVID-19.

As with all lab tests, the tests done in this study are not perfect, so both false-positives and false-negatives are possible. A false-positive result occurs when a test suggests someone has coronavirus when in fact they do not. A false-negative result occurs when a test suggests someone does not have coronavirus when in fact they do.

Further:

- We do not yet know what being positive for antibodies means in terms of whether this will
 protect people from getting coronavirus again or prevent them passing the virus onto
 others. That is one of the reasons we are visiting the same people lots of times in the
 survey.
- Similarly, not everyone who has had coronavirus develops antibodies at all, and antibody levels can also fall after having had the infection, so that the antibody test can no longer detect them. So being negative for antibodies does not mean someone has not had coronavirus.
- Even if you know you have had the virus, the only way to reduce the risk of becoming ill, or passing the disease on to others, is to follow the latest government advice on controlling the spread of the virus. Please do not assume you cannot get coronavirus again.
- Whatever your test results, now or in the future, if you develop coronavirus symptoms, it
 is very important that you follow the current government guidance and do not wait for the
 results of any tests done in this survey.

The strength of this study is that the same people are taking part for the whole of the school year. It is therefore very important that they continue to participate, and they attend the remaining appointments so that we can continue to collect as much information as we can about infection and transmission of COVID-19 in schools.

You do not need to take any further action following this result.

Yours sincerely,

Report of a negative antibody result to students 16 years and over

Dear <<name>>,

Thank you for taking part in the COVID-19 Schools Infection Survey run by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine.

We are contacting you to inform you that the saliva sample taken on <<insert date>> returned a **negative** antibody result.

This result implies that you have not been infected with or exposed to COVID-19.

As with all lab tests, the tests done in this study are not perfect, so both false-positives and false-negatives are possible. A false-positive result occurs when a test suggests someone has coronavirus when in fact they do not. A false-negative result occurs when a test suggests someone does not have coronavirus when in fact they do.

Further:

- We do not yet know what being positive for antibodies means in terms of whether this will
 protect people from getting coronavirus again or prevent them passing the virus onto
 others. That is one of the reasons we are visiting the same people lots of times in the
 survey.
- Similarly, not everyone who has had coronavirus develops antibodies at all, and antibody levels can also fall after having had the infection, so that the antibody test can no longer detect them. So being negative for antibodies does not mean someone has not had coronavirus.
- Even if you know you have had the virus, the only way to reduce the risk of becoming ill, or passing the disease on to others, is to follow the latest government advice on controlling the spread of the virus. Please do not assume you cannot get coronavirus again.
- Whatever your test results, now or in the future, if you develop coronavirus symptoms, it
 is very important that you follow the current government guidance and do not wait for the
 results of any tests done in this survey.

The strength of this study is that the same people are taking part for the whole of the school year. It is therefore very important you continue to participate, and you attend the remaining appointments so that we can continue to collect as much information as we can about infection and transmission of COVID-19 in schools.

You do not need to take any further action following this result.

Yours sincerely,

Report of a negative antibody result to school staff

Dear <<name>>,

Thank you for taking part in the COVID-19 Schools Infection Survey run by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine.

We are contacting you to inform you that the blood test taken on <<insert date>> returned a **negative** antibody result.

This result implies that you have not been infected with or exposed to COVID-19.

As with all lab tests, the tests done in this study are not perfect, so both false-positives and false-negatives are possible. A false-positive result occurs when a test suggests someone has coronavirus when in fact they do not. A false-negative result occurs when a test suggests someone does not have coronavirus when in fact they do.

Further:

- We do not yet know what being positive for antibodies means in terms of whether this will
 protect people from getting coronavirus again or prevent them passing the virus onto
 others. That is one of the reasons we are visiting the same people lots of times in the
 survey.
- Similarly, not everyone who has had coronavirus develops antibodies at all, and antibody levels can also fall after having had the infection, so that the antibody test can no longer detect them. So being negative for antibodies does not mean someone has not had coronavirus.
- Even if you know you have had the virus, the only way to reduce the risk of becoming ill, or passing the disease on to others, is to follow the latest government advice on controlling the spread of the virus. Please do not assume you cannot get coronavirus again.
- Whatever your test results, now or in the future, if you develop coronavirus symptoms, it
 is very important that you follow the current government guidance and do not wait for the
 results of any tests done in this survey.

The strength of this study is that the same people are taking part for the whole of the school year. It is therefore very important you continue to participate, and you attend the remaining appointments so that we can continue to collect as much information as we can about infection and transmission of COVID-19 in schools.

You do not need to take any further action following this result.

Yours sincerely,

APPENDIX 7: Subsequent visits

Schools Infection Survey: Subsequent visits

To parent

Dear <<name>>,

Thank you for taking part in Schools Infection Survey: national COVID-19 survey in primary and secondary schools

The next round of testing will take place at your child's school on << [TESTING DATE]>>.

We would be grateful if you would complete a short questionnaire << [INSERT LINK TO QUESTIONNAIRE] >> before << [DEADLINE DATE]>>.

To remind you, at this visit we will be taking << one sample or two samples>> from your child:

- A nasal swab, which involves rubbing a soft cotton bud on the inside of your child's nostrils.
- << If visit included this: An oral fluid (saliva) sample, which involves putting a small sponge into the mouth for two minutes>>

This study relies on us taking multiple samples from the same participants over the course of the year. Regardless of the results of previous tests, this repeat appointment is crucial for us to have a better understanding of COVID-19 infection and transmission in schools.

We are working hard to gather as much data as possible to ensure the safety of pupils and staff in educational settings.

Thank you once again for taking part in Schools Infection Survey.

The Schools Infection Survey Team

To students 16 years and over

Dear <<name>>,

Thank you for taking part in the Schools Infection Survey: national COVID-19 survey in primary and secondary schools

The next round of testing will take place at your school on << [TESTING DATE]>>.

We would be grateful if you would complete a short questionnaire << [INSERT LINK TO QUESTIONNAIRE] >> before << [DEADLINE DATE]>>.

To remind you, at this visit we will be taking << one sample or two samples>> from you:

- A nasal swab, which involves rubbing a soft cotton bud on the inside of your nostrils.
- << If visit includes this: An oral fluid (saliva) sample, which involves putting a small sponge into the mouth for two minutes>>

This study relies on us taking multiple samples from the same participants over the course of the year. Regardless of the results of previous tests, this repeat appointment is crucial for us to have a better understanding of COVID-19 infection and transmission in schools.

We are working hard to gather as much data as possible to ensure the safety of pupils and staff in educational settings.

Thank you once again for taking part in the Schools Infection Survey.

The Schools Infection Survey Team

To school staff

Dear <<name>>,

Thank you for taking part in the Schools Infection Survey: national COVID-19 survey in primary and secondary schools

The next round of testing will take place at your school on << [TESTING DATE]>>.

We would be grateful if you would complete a short questionnaire << [INSERT LINK TO QUESTIONNAIRE] >> before << [DEADLINE DATE]>>.

To remind you, at this visit we will be taking << one sample or two samples>> from you:

- A nasal swab, which involves rubbing a soft cotton bud on the inside of your nostrils.
- << If visit includes this: A blood test, which involves a finger prick>>

This study relies on us taking multiple samples from the same participants over the course of the year. Regardless of the results of previous tests, this repeat appointment is crucial for us to have a better understanding of COVID-19 infection and transmission in schools.

We are working hard to gather as much data as possible to ensure the safety of pupils and staff in educational settings.

Thank you once again for taking part in the Schools Infection Survey.

The Schools Infection Survey Team

APPENDIX 8: Parent extended questionnaire

Primary School – Parent / Student Extended (post sample collection) questionnaire

Dear Parent,

Thanks again for your child's participation in the Covid-19 infection survey in schools. Your child's sample has now been collected successfully and sent to the laboratory for analysis. We would be grateful if you could answer a few additional questions that will help us to better understand the test result. All the information you provide will be kept confidential and will be anonymised before any analysis or reporting. In answering questions in sections 5 and 6 you should where necessary consult with your child.

SECTION 1: INFORMATION ABOUT SELF
1.14. What is your current working status (in your main job)? (select one)
 □ Employed and currently working (including if on annual leave or sick leave for less than 4 weeks) □ Employed and currently not working (including if furloughed due to the COVID-19 pandemic; sick leave for 4 weeks or longer; or maternity/paternity leave) □ Self-employed and currently working (including if on annual leave or sick leave for less than 4 weeks) □ Self-employed and currently not working (including if furloughed due to the COVID-19 pandemic; sick leave for 4 weeks or longer; or maternity/paternity leave) □ Looking for paid work and able to start □ Not working and not looking for work (including if you only do voluntary work) □ Retired □ In full-time education
[IF CURRENTLY WORKING, OR CURRENTLY EMPLOYED/SELF-EMPLOYED BUT NOT WORKING AT THE MOMENT]
1.15. What is the title of your main job or business? (e.g., primary school teacher, car mechanic, district nurse, structural engineer, etc.)?
1.16. Which of these occupations/sectors do you work in? (select one)
 □ Teaching and education □ Social care □ Indicate □ Transport (incl. storage, logistic)
 □ Retail sector (incl. wholesale) □ Hospitality (e.g. hotel, restaurant, cafe) □ Food production and agriculture (incl. farming) □ Personal
services (e.g. hairdressers, tattooists)

incl. insurance	☐ Financial services
☐ Manufacturing or construction	☐ Civil service or Local
Government □ Armed forces	☐ Arts, entertainment or
recreation	7 trio, entertainment of
□ Other occupation sector, specify	
1.17. What was your work status before the lockdown on th	e 17 th March 2020?
 □ Employed in the same occupation as current □ Employed in a different occupation; state wh 	• •
□ Not working and not looking for work (includin	ng if you only do voluntary
□ Looking for paid work and able to start□ In full-time education	
1.18. Is there anybody else with financial responsibility for live in the same household or not (e.g. other parent)?	your child, whether they
□ Yes □ No	
IF YES:	
1.18.1. What is their current working status (in their main	n job)? (select one)
 □ Employed and currently working (including in leave for less than 4 weeks) □ Employed and currently not working (includin COVID-19 pandemic; sick leave for 4 maternity/paternity leave) □ Self-employed and currently working (include leave for less than 4 weeks) □ Self-employed and currently not working (include leave for less than 4 weeks) □ Self-employed and currently not working (include leave for less than 4 weeks) □ Self-employed and currently not working (include leave for pandemic; sick leave for maternity/paternity leave) □ Looking for paid work and able to start □ Not working and not looking for work (involuntary work) □ Retired □ In full-time education 	ig if furloughed due to the weeks or longer, or if on annual leave or sick cluding if furloughed due 4 weeks or longer or including if they only do
[IF CURRENTLY WORKING, OR CURRENTLY EMPLOYED NOT WORKING AT THE MOMENT])/SELF-EMPLOYED BUT
1.18.2. What is the title of their main job or business? (e.g car mechanic, district nurse, structur	
1.18.3. Which of these occupations/sectors do they world	k in? (select one)
·	alth care

	☐ Social care		ransport	(incl.	storage	٠,
	logistic)					
	□ Retail sector (incl. wholesale)		☐ Hosp	oitality (e	e.g. hote	١,
	restaurant, cafe) □ Food production and agriculture (incl.	farmir	na)	□ Perso	nal	
	services (e.g. hairdressers, tattooists)	- IGITIIII	19)	_ 1 0100	i i di	
	☐ Information technology and communic	cation	□ Fin	ancial	service	s
	incl. insurance		_ O: ::I			
	☐ Manufacturing or construction Government		□ CIVII	service	or Loca	H
	☐ Armed forces		□ Arts,	enterta	inment o	r
	recreation		,			
	□ Other occupation sector, specify					
	'ION 2: CHILD'S GENERAL HEALTH STATUS ORY AND COVID-19 INFECTION	s, REL	EVANTI	MEDICA	L	
IIISI	SKT AND COVID-13 INI ECTION					
	5		l::: 0		- V	
2.1.	Does your child have any chronic illness or hea □ No	aith co	naition?		□ Ye	S
	If Yes, which ones:					
	□ Diabetes					
	□ Asthma□ Heart Condition (specify)					
	□ Other (specify)					
	, , , , , , , , , , , , , , , , , , ,					
2.2.	Have you received a letter informing you that y list? ☐ Yes ☐	our ch No	ild was c	n the sh	nielding	
2.3.	Has your child ever tested positive for COVID-1	l9 in th	e past? (this can	be eithe	r
	a swab or a blood test)	S	□ No			
2.3.1.	IF YES, what type of test was it?					
	□ nasal/throat swab test (e.g. PC	CR test	for curre	ent infec	tion)	
	□ blood test (e.g. antibody test fo				,,	
	· •	л разі	mechon)		
	□ do not know					
2.3.2.	IF YES – what was the date/month of the test?	•		.	_l	
2.4.	Has your child had COVID-19 symptoms at an	y point	t since M	arch 20	20?	
	(The most common symptoms include a newly	devel	oped cou	ıgh, hial	' 1	
	temperature / fever, breathlessness or difficulti		•	-		
	the sense of smell or taste, fatigue / tiredness)			□ Yes	□ No)

2.4.1. IF YES, when did these symptor	.1. IF YES, when did these symptoms start (an approximate date is acceptable if				
you cannot recall exactly) _ _					
2.5. Has {child's first name} experien 7 days?	ced any	of the fo	ollowing sympto		
Symptoms			Date onset	Duration (days or wks)	
□ Fever / chills / high temperature / hot to touch	□ Yes	□ No	_ _ _ _ _	_ days / _ wks	
□ New continuous Cough	□ Yes	□ No			
□ Loss or change to their sense of smell or taste	□ Yes	□ No			
□ Shortness of breath / difficulty breathing	□ Yes	□ No			
□ Tiredness / Fatigue	□ Yes	□ No	_ _ _ _ _		
□ Sore throat	□ Yes	□ No	_ _ _ _		
□ Blocked or runny nose, sneezing	□ Yes	□ No			
□ Muscle ache (myalgia)	□ Yes	□ No			
□ Headaches	□ Yes	□ No	_ _ _ _ _		
□ Nausea / vomiting	□ Yes	□ No			
□ Abdominal pain	□ Yes	□ No			
□ Diarrhoea	□ Yes	□ No			

SECTION 3: INFORMATION ABOUT YOUR CHILD'S HOUSEHOLD

We would like to ask some questions about your child's household(s) and household members. The following questions help in understanding the importance of peoples' living circumstances related to COVID-19

By household, we mean the group of people your child lives with, in a single house or dwelling.

Your child may spend time living across two households regularly within a week. The following questions relate to their primary household and house, where your child spends most of their time:

3.1. 3.2.	Doe	s {child's name} spend time living across more than one household within eek?
3.3.	19-li The test	☐ Yes ☐ No Id you please provide us with some details including any history of COVID-ke symptoms among other household members (excluding {child's name}). information will help us understand the circumstances around your child's results. PLEASE PROCEED FROM THE YOUNGEST TO THE OLDEST MBER OF THE HOUSEHOLD; If the child lives between more than one
	hou	sehold, please also provide details for members of all households:
	3.1. 3.1.	1. First name Last name
	3.1.4.	What is their date of birth? DD MM YYYY IF UNKNOWN, WHAT IS THE AGE GROUP? □ 0-4 years □ 5-9 years □ 10-14 years □ 15-19 years □ 20-24 years □ 25-29 years □ 30-34 years □ 35-39 years □ 40-44 years □ 45-49 years □ 50-54 years □ 55-59 years □ 60-64 years □ 65-69 years □ 70-74 years □ 75-79 years □ 80-84 years □ 85-89 years □ 90 years and above □ Prefer not to say
	3.1.5.	What is their working status? ☐ Employed and currently working (including if on annual leave or sick leave for less than 4 weeks) ☐ Employed and currently not working (including if furloughed due to the COVID-19 pandemic; sick leave for 4 weeks or longer, or maternity/paternity leave) ☐ Self-employed and currently working (including if on annual leave or sick leave for less than 4 weeks)

 □ Self-employed and currently not working (including if furloughed due to the COVID-19 pandemic; sick leave for 4 weeks or longer or maternity/paternity leave) □ Looking for paid work and able to start □ Not working and not looking for work (including voluntary work) □ Retired □ Child under 5years old not attending nursery, pre-school, childminder
 □ Child under 5years old attending nursery, pre-school, childminder □ Child aged 4years or older in full-time education IF IN FULL-TIME EDUCATION:
Are they attending the same school as the participating child? ☐ Yes ☐ No
What year are they in?
If NO, what school are they attending?
And what year are they in? IF CURRENTLY WORKING, OR CURRENTLY EMPLOYED/SELF-EMPLOYED BUT NOT WORKING AT THE MOMENT: which of the following applies to their work situation: Work in a social care setting (e.g. nursing care home, residential care home, home carer, day centre), in a role that primarily involves direct contact, in person, with patients / clients / residents / service users on a day-to-day basis? (Please answer 'no' if primarily office-based or home-based) Work in a healthcare setting (e.g. GP or Dental practice, Hospital), in a role that primarily involves direct contact, in person, with patients / clients / residents / service users on a day-to-day basis? (Please answer 'no' if primarily office-based or home-based)
□ Work in a hospitality or transport setting (e.g. shop worker, bus driver, courier), in a role that primarily involves direct contact, in person, with clients / customers on a day-to-day basis? (Please answer 'no' if primarily office- based or home-based)
□ Work in early years education, school or post-16 education setting (e.g. nursery worker, primary or secondary school or college teaching, assisting or cleaning, feeding), in a role that primarily involves direct contact, in person, with infants, young children or students on a day-to-day basis? (Please answer 'no' if primarily office-based or home-based)

	☐ Work in other profession and working mostly outside of home
	☐ Work in other profession and working both at home and outside of the home
	☐ Work in other profession and working mostly from home
	3.1.6. Have they ever tested positive for a COVID-19 test (this can be either a swab or a blood test)? □ Yes □ No □ Do not know
	3.1.6.1. IF YES, what type of test was it?
	□ nasal/throat swab test (e.g. PCR test for current infection)
	□ blood test (e.g. antibody test for past infection)
	□ Do not know
	3.1.6.2. IF YES – date/month of the test?
	3.1.7. Are they on the shielding list (i.e. did they receive an official letter informing them they were on the shielding list)?
	□ Yes □ No □ Do not know
3.4.	Does your family own a car or another motorized vehicle? (No = 0; Yes, one = 1; Yes, two = 2).
3.5.	Does your child have their own bedroom? (No = 0; Yes = 1).
3.6.	How many computers (including laptops and tablets, not including game consoles and smartphones) does your family own? (None = 0, One = 1; Two = 2; More than two = 3).
3.7.	How many bathrooms (room with a bath/shower or both) are there in your home? (None = 0; One = 1; Two = 2; More than two = 3).
3.8.	Does your family have a dishwasher (No = 0; Yes = 1).
3.9.	How many times did your child and your family travel out of the United Kingdom for holiday/vacation in 2019? (Never = 0; Once = 1; Twice = 2; More than twice = 3).
	TION 4: YOUR CHILD'S CIRCUMSTANCES RELATED TO SCHOOL, TRAVEL TRANSPORT
4.1.	Is your child entitled to receive free school meals? $\ \square$ Yes $\ \square$ No $\ \square$ Do not know
1.2.	Did your child travel abroad since March 2020? ☐ Yes ☐ No
	IF YES,

	5.2.1.	How many times have they tra groups for as many trips as ente	ivelled abroad? _ _ [allow repeatered here]
	5.2.2.	Which country or countries did t	hey visit?
	5.2.3.	When did they leave the UK?	
	5.2.4.	When did they return to the UK?	·
SINCE	HALF TE	RM	
since l		ke to ask you some questions ab nd how your child travels to and	out your child's return to school from school since the start of this
4.3.	How many	y days per week does your child	attend their school? _
4.4.	How does	your child usually travel to and f	rom school nowadays?
[7/	CK ALL TH	HAT APPLY, INCLUDING IF USI	NG MULTIPLE MODES]
	□ \	Walking only	
	S F OVE O O O	Moped or scooter School bus Public transport bus (not dedicate Public transport train (including sub- erground) Public transport underground Car with only yourself or shared w Car shared with people outside your Caxicab, Uber, Lyft etc Other (please specify)	uburban train, Tram, DLR,
4.5.	many time journey se transport	Id uses public transport (not dedies per week do they use public transparately; for example, if they take to go to school 5 days a week but car or school buses, that counts	e any combination of public t return from school using the
4.6.	traveling of	ld uses the school bus, does your on the bus? ☑ No	child sit in their school bubble when
4.7.	During tra	vel to and from school, which of	the following applies
Your	child wear	s a face mask during transport	1-Always 2-Sometimes 3-Rarely 4-Never
Your	child obse	rves social distancing rules	1-Always 2-Sometimes 3-Rarely 4-Never

[Please introduce a screen break here and include these instructions in bold – applicable to sections 5 and 6]

"These questions ask about your child's experiences. You should if possible consult with them where necessary to answer these questions."

SECTION 5: CONTACTS SINCE THE START OF THE SCHOOL YEAR AND RECENTLY

Now, we would like to ask some questions about people who have been in contact with your child since the start of the school year in September 2020.

SINCE THE START OF THE SCHOOL YEAR (SEPTEMBER 2020)

5.1. While at school, which of the following applies

Your child wears a face mask out of class	1-Always 2-Sometimes 3-Rarely 4-Never
Your child uses hand sanitiser while in school, between classes	1-Always 2-Sometimes 3-Rarely 4-Never
Your child uses hand sanitiser while in school, during classes	1-Always 2-Sometimes 3-Rarely 4-Never
Your child washes their hands with soap regularly	1-Always 2-Sometimes 3-Rarely 4-Never
Your child follows social distancing rules while in school	1-Always 2-Sometimes 3-Rarely 4-Never

5.2. THINKING OF THE CURRENT SCHOOL YEAR: In a TYPICAL DAY when your child goes to school, about **how many different people from their school** (excluding any member of your household) would your child talk to one-to-one or in a small group (i.e. not speaking to the whole class) in each of the following places? [If your child would normally talk to somebody in more than one place (for example they might talk to their friend at school and in neighbourhood club) please only count them for the place where your child spends the most time with them.]

	At school lessons, or lunch)		After sch clubs (at or anywh else)	school	Anywher	e else
People who are in their class	□ None 10 □ 1 to 5 more	□ 6 to	□ None 10 □ 1 to 5 more	□ 6 to	☐ None 10 ☐ 1 to 5 more	□ 6 to
People who are in their year group, but a different class	□ None 10	□ 6 to	□ None 10 □ 1 to 5 more	□ 6 to	□ None 10	□ 6 to

People who are in a year group	□ None	□ 6 to	□ None	□ 6 to	□ None	□ 6 to
different from theirs	10 □ 1 to 5	□ 10 or	10 □ 1 to 5	□ 10 or	10	□ 10 or
	more	□ 10 OI	more		more	□ 10 OI
People who are in a year group next	☐ None	□ 6 to	□ None	□ 6 to	□ None	□ 6 to
to theirs (below or above)	10		10		10	
	□ 1 to 5	□ 10 or	□ 1 to 5	□ 10 or	□ 1 to 5	□ 10 or
Adulta (for a consula to a de cons	more	- O 4-	more	- O 1-	more	- O 1-
Adults (for example teachers, classroom assistants, other staff)	□ None 10	□ 6 to	□ None 10	□ 6 to	□ None 10	□ 6 to
classiooni assistants, other stair)	□ 1 to 5	□ 10 or	□ 1 to 5	□ 10 or		□ 10 or
	more		more		more	
5.3. THINKING OF UP TO SIX	(06) PFRS	SONS YO	UR CHILD	SPENDS	THE MO	ST
TIME WITH AT SCHOOL, cou			011 01 1122	0. 2.15	711121110	.
Number in their yea	•		lass	_		
Number in their yea				_		
Number in the year				<u> _</u>		
Number in the year	-	ectly belov	v theirs	_		
Number in other yea	ar groups			<u> _</u>		
5.4. What, if any, indoor extr	a-curricula	ar activitie	s does vo	our child	take part	in.
outside of school, which invo			•		•	
outside the househ	_	TICK	ALL	THAT	APP	
Activity Frequency						
Youth clubs, scouts, girl guides, music, art or other						
organised activities	n guides,	music, ai	t or other			
Voluntary or community	/ work					
Sport, dance						
Tutorials (e.g. for so	hool subj	jects) or	religious			
classes						
Other						
None of these	-1. 4 0 0					
Frequency {tick boxes} <1 per we	ек, 1, 2, 3	, 4+;				
5.5. Thinking of the past four w	eeks:					
5.5.1. Does your child have indoo on a regular (at least once		•		utside you ∃ No	ır househo	old
IF YES, who:		Child care	er (childmi	nder, nanr	ny,	
babysitter, friend etc			`	•		
		of the chil	ld			
	□ Cleane					
	□ Other (specify)					

5.5.2. In the past four weeks, has your child or anyone who usually lives in your household, been inside a hospital, nursing care home or residential care home for any reason (e.g. for work, treatment, visit someone? ☐ Yes ☐ No ☐ Do not know				
5.6. How often has your child attended / vis DAYS?	sited the following IN THE PAST 28			
Different household (e.g. visiting a friend's or relative's house)	 □ every day or most days □ more than once a week but not every day □ about once a week □ once a month or more, but less than once a week □ never 			
Grocery store / shops / supermarkets	Same options as above			
Cinema / Theatre / Concert / Music venue				
Restaurant / Café / Pub / food outlet – indoor				
Place of worship (church, mosque, temple, etc.)				
Indoor leisure centre / sports centre / gym / swimming pool				
Outdoor recreation area (e.g. Parks / playing				
fields / water sports / outdoor pool) with people				
outside your household				
Hairdresser / Beauty Salon / Tanning studio				
Used public transport (bus, tube, train, plane etc.)				
Attending a party				
Other public place (museum, art gallery etc.)				
Section 6: SCHOOL REOPENING AND MEASURES	IMPLEMENTATION OF PREVENTIVE			
Please consult with your child, if necessary, to answer the following questions				
5.7. Has your child been assigned to a group or 'bubble' that generally does not mix with other groups?				
 Yes, in a bubble smaller than normal class size Yes, in a bubble that is normal class size Yes, in a bubbles of the entire year group No I don't know Other, please specify 				

If "Yes" or "Other" to Q5.1 above, display the following Q5.2. If "No" skip the following question.

Are there any times in the day when students in your child's bubble might mix with other bubbles or groups?

[Please tick all that apply]

- Yes, during break
- □ Yes, during lunch
- Yes, during sports
- Yes, hanging out immediately after school
- □ No
- In your experience and/or your child's experience, how well are the following preventive measures being followed? {Options: Always; Sometimes; Rarely; Never}
 - Students maintain distance from other students
 - Students regularly wash or sanitise hands
 - Students catch cough or sneezes with tissue or arm
- Var name P stu dist P stu hand P stu arm
- Distancing among parents dropping off or picking up children P_se_dist
- 5.10. We want to understand the impact of school closures and reopening on children's mental wellbeing and behaviour. Which of these phrases best describes your child. For each item, please mark the box for 'Not True', 'Somewhat True' or 'Certainly True'. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of your child's behaviour over the last six months

{Provide options: Not True, Somewhat True and Certainly True for each of the following statements}

- 1. Considerate of other people's feelings
- 2. Restless, overactive, cannot stay still for long
- 3. Often complains of headaches, stomach-aches or sickness
- 4. Shares readily with other children (treats, toys, pencils etc.)
- 5. Often has temper tantrums or hot tempers
- 6. Rather solitary, tends to play alone
- 7. Generally obedient, usually does what adults request
- 8. Many worries, often seems worried
- 9. Helpful if someone is hurt, upset or feeling ill
- 10. Constantly fidgeting or squirming
- 11. Has at least one good friend
- 12. Often fights with other children or bullies them
- 13. Often unhappy, down-hearted or tearful

	14. Generally liked to 15. Easily distracted	•		lor	e				
	16. Nervous or cling					СО	nfiden	ce	
	17. Kind to younger	children			•				
	18. Often lies or che 19. Picked on or bul		ar children						
	20. Often volunteers	•			s, teache	rs,	other o	childre	n)
	21. Thinks things ou	it before ac	ting		,	,			,
	22. Steals from home, school or elsewhere								
	23. Gets on better with adults than with other children 24. Many fears, easily scared								
	25. Sees tasks throu	•	end, good	att	ention s _l	par	1		
foll	Overall, do you thin lowing areas: emotioner people?	•							
	□ No								
	□ Yes, minor diffic								
	Yes, definite diffYes, severe diffi								
	i roo, oevere unii	oditios							
	s", please display the How long have thes					ffic	ulties}		
	□ Less than a mor	nth							
	□ 1-5 months□ 6-12 months								
	□ Over a year								
	•								
5.13.	Do the difficulties up	oset or dist	ress your o	chi	ld?				
	□ Not at all								
	Only a littleQuite a lot								
	□ A great deal								
	Do the difficulties in	terfere with	your child	d's	everyda	y li	fe in th	ne follo	wing
	, , , , , , , , , , , , , , , , , , ,	Not at all	Only		Ouito		۸	aroot	1
		Not at all	Only a	а	Quite lot	а	A deal	great	
Н	ome life		ii tu o				u o u .		
	riendships								
	lassroom learning								<u> </u>
L	eisure activities								J
5.15.	Do the difficulties pu	ut a burden	on you or	· th	e family	as	a who	le?	

□ Only a little

- □ Quite a lot
- □ A great deal

Thank you very much for completing this questionnaire. Your time and contribution are most appreciated

APPENDIX 9: Student extended

questionnaire

Secondary school: 16+ years old Student Extended (post sample collection) questionnaire

Dear {student's name},

Thanks again for your participation in the Covid-19 infection survey in schools. Your sample has now been collected successfully and sent to the laboratory for analysis. We would be grateful if you could answer a few additional questions that will help better understand the test result. All the information you provide will be kept confidential and will be anonymised before any analysis.

SECTION 1: YOUR GENERAL HEALTH STATUS AND RELEVANT MEDICAL HISTORY

1.1. □	Do you have any chronic illness or health condition? Do not know	□ Yes	□ No
	IF YES, which ones:		
	□ Diabetes□ Asthma□ Heart Condition (specify)□ Other (specify)		
1.2.	Have you received a letter informing you that you are o ☐ Yes ☐ No	n the shielding	list?
1.3.	Have you ever tested positive for COVID-19 in the passwab or a blood test) ☐ Yes ☐ No	st? (this can be	either a
	1.3.1. IF YES, what type of test was it?		
	□ nasal/throat swab test (e.g. PCR test fo	or current infect	ion),
	$\ \square$ blood test (e.g. antibody test for past in	fection)	
	☐ Do not know		
	1.3.2. IF YES – what was the date/month of the $ \underline{\ } $	test?	_ _ _ _
1.4.	Have you had COVID-19 symptoms at any point since (The most common symptoms include a newly develop high temperature / fever, breathlessness or difficulties to change to the sense of smell or taste, fatigue / tiredness	ed, persistent o breathing, loss	_
	□ Yes □ No		

1.5. Have you experienced any of the following symptoms in the past 7 days?							
Symptoms			Date onset	Duration (days or wks)			
□ Fever / chills / high temperature / hot to touch	□ Yes	□ No	_ _ _ _ _	_ days / _ wks			
□ New continuous cough	□ Yes	□ No	_ _ _ _ _				
□ Loss or change to your sense of smell or taste	□ Yes	□ No					
□ Shortness of breath / difficulty breathing	□ Yes	□ No					
□ Tiredness / Fatigue	□ Yes	□ No					
□ Sore throat	□ Yes	□ No					
□ Blocked or runny nose, sneezing	□	□ No					
□ Muscle ache (myalgia)	□ Yes	□ No					
□ Headaches	□	□ No					
□ Nausea / vomiting	□	□ No					
□ Abdominal pain	□ Yes	□ No					
□ Diarrhoea	□ Yes	□ No					
	•	•	<u> </u>				
SECTION 2: INFORMATION ABOUT YOUR HOUSEHOLD We would like to ask some questions about your household(s) and household members. By household, we mean the group of people you live with, in a single house or dwelling. The following questions help in understanding the importance of people's living circumstances related to COVID-19							
You may spend time living across two households regularly within a week [e.g. house/flat-share during the week and another dwelling at the weekend] The following questions relate to your primary household and house, where you spend most of your time:							
2.1. In addition to you, how many people are in this household? _							

1.4.1. IF YES, when did these symptoms start (an approximate date is acceptable if you cannot recall exactly)

2.2. Could you please provide us with some details, including any history of COVID-19-like symptoms, of other household members. The information will help us understand the circumstances if the result of your test is found to be positive. PLEASE PROCEED FROM THE YOUNGEST TO THE OLDEST MEMBER OF THE HOUSEHOLD If you live between more than one household, please also provide details for members of all households:

United under Syears old not attending nursery, pre-school, childminder
☐ Child under 5years old attending nursery, pre-school, childminder☐ Child aged 4years or older in full-time education☐ IF IN FULL-TIME EDUCATION:
Are they attending the school where you attend? $\ \square$ Yes $\ \square$ No
What year-group and class are they in?
If NO, what school are they attending?
What year-group are they in?
IF CURRENTLY WORKING, OR CURRENTLY EMPLOYED/SELF-EMPLOYED BUT NOT WORKING AT THE MOMENT: which of the following applies to their work situation:
□ Work in a social care setting (e.g. nursing care home, residential care home, home carer, day centre), in a role that primarily involves direct contact, in person, with patients / clients / residents / service users on a day-to- day basis? (Please answer 'no' if primarily office-based or home-based)
□ Work in a healthcare setting (e.g. GP or Dental practice, Hospital), in a role that primarily involves direct contact, in person, with patients / clients / residents / service users on a day-to-day basis? (Please answer 'no' if primarily office- based or home-based)
□ Work in a hospitality or transport setting (e.g. shop worker, bus driver, courier), in a role that primarily involves direct contact, in person, with clients / customers on a day-to-day basis? (Please answer 'no' if primarily office- based or home-based)
□ Work in early years education, school or post-16 education setting (e.g. nursery worker, primary or secondary school or college teaching, assisting or cleaning, feeding), in a role that primarily involves direct contact, in person, with infants, young children or students on a day-to-day basis? (Please answer 'no' if primarily office-based or home-based)
☐ Work in other profession and working mostly outside of home
☐ Work in other profession and working both at home and outside of the home
☐ Work in other profession and working mostly from home

2.2.6. Have they ever tested positive for a COVID-19 test (this can be either a swab or a blood test)? □ Yes □ No □ Do not know
2.2.6.1. IF YES, what type of test was it?
□ nasal/throat swab test (e.g. PCR test for current infection)
□ blood test (e.g. antibody test for past infection)
□ Do not know
2.2.6.2. IF YES – what was the date/month of the test?
_ _ _ _ _ □ Do not know
2.2.7. Are they on the shielding list (i.e. did they receive an official letter informing them they were on the shielding list)?
□ Yes □ No □ Do not know
2.3. Does your family own a car or another motorized vehicle? (No = 0; Yes, one = 1; Yes, two = 2).
2.4. Do you have your own bedroom? □ Yes □ No
2.5. How many computers (including laptops and tablets, not including game consoles and smartphones) does your family own? (None = 0, One = 1; Two = 2; More than two = 3).
2.6. How many bathrooms (room with a bath/shower or both) are there in your home? (None = 0; One = 1; Two = 2; More than two = 3).
2.7. Does your family have a dishwasher? □ Yes □ No
2.8. How many times did you and your family travel out of the United Kingdom for holiday/vacation in 2019? (Never = 0; Once = 1; Twice = 2; More than twice = 3).
SECTION 3: YOUR CIRCUMSTANCES RELATED TO SCHOOL, TRAVEL AND TRANSPORT
3.1. Are you entitled to receive free school meals? $\ \square$ Yes $\ \square$ No $\ \square$ Do not know
3.2. Have you travelled abroad since March 2020? □ Yes □ No
IF YES,
3.2.1. How many times have you travelled abroad? _ _ [allow repeat groups for as many trips as entered here]
3.2.2. Which country or countries did you visit?
3.2.3. When did you leave the UK? _ _ _ _ _
3.2.4. When did you return to the UK? _ _ _ _ _

SINCE HALF TERM

3.5.

We would now	like to ask you some	questions about yo	our return to school since half
term and how	you travel to and from	n school since the st	tart of this new half term

- 3.3. How many days per week do you attend school in person?
- 3.4. How do you usually travel to and from school nowadays?

[TICK ALL THAT APPLY, INCLUDING IF USING MULTIPLE MODES]

	⊔ Walking only
	□ Bicycle, motorbike
	□ Moped or scooter
	□ Dedicated school bus
	□ Public transport bus (not dedicated school bus)
	□ Public transport train (including suburban train, Tram, DLR
overgro	ound)
	□ Public transport underground
	□ Car with only yourself or household members
	□ Car shared with people outside your household
	□ Taxicab, Uber, Lyft etc
	□ Other (please specify)
If you currently	y use public transport (not dedicated school bus), how many
•	o you use public transport?
•	ch journey (to or from school) separately; for example, if you

- (please count each journey (to or from school) separately; for example, if you take any combination of public transport to go to school 5 days a week but return from school using the household car or school buses, that counts as 5 (FIVE) times per week).
- 3.6. If you use the school bus, do you sit in your school bubble when traveling on the bus? ☐ Yes ☐ No ☐ Sometimes
- 3.7. During travel to and from school, which of the following applies

You wear a face mask during transport	1-Always 2-Sometimes 3-Rarely 4-Never
You observe social distancing rules	1-Always 2-Sometimes 3-Rarely 4-Never

SECTION 4: CONTACTS SINCE THE START OF THE SCHOOL YEAR AND RECENTLY

Now, we would like to ask some questions about people who have been in contact with you **since the start of the school year in September 2020**. Please answer all the questions as honestly as possible – your responses will be anonymised.

SINCE THE START OF THE SCHOOL YEAR (SEPTEMBER 2020)

4.1. While at school, which of the following applies

You wear a face mask out of class	1-Always 2-Sometimes 3-Rarely
	4-Never

You use hand sanitiser while in school,	1-Always 2-Sometimes 3-Rarely
between classes	4-Never
You use hand sanitiser while in school, during	1-Always 2-Sometimes 3-Rarely
classes	4-Never
You wash hands with soap regularly	1-Always 2-Sometimes 3-Rarely
	4-Never
You follow social distancing rules while in	1-Always 2-Sometimes 3-Rarely
school	4-Never

4.2. THINKING OF THE CURRENT SCHOOL YEAR: In a TYPICAL DAY when you go to school, about **how many different people from your school** (excluding any member of your household) would you talk to one-to-one or in a small group (i.e. not speaking to the whole class) in each of the following places? [If you would normally talk to somebody in more than one place (for example they might talk to their friend at school and in neighbourhood club) please only count them for the place where you spend the most time with them.]

	At school (during lessons, breaks or lunch)		After school clubs (at school or anywhere else)		Anywhere else	
People who are in your class	□ None 10	□ 6 to	□ None	□ 6 to	□ None 10	□ 6 to
	☐ 1 to 5	□ 10 or		□ 10 or	□ 1 to 5	□ 10 or
People who are in your year group, but a different class	□ None 10	□ 6 to	□ None	□ 6 to	□ None	□ 6 to
	□ 1 to 5 more	□ 10 or	□ 1 to 5 more	□ 10 or	□ 1 to 5 more	□ 10 or
People who are in a year group different from yours	□ None 10	□ 6 to	□ None 10	□ 6 to	□ None 10	□ 6 to
	☐ 1 to 5 more	□ 10 or	□ 1 to 5 more	□ 10 or	□ 1 to 5 more	□ 10 or
People who are in a year group next to yours (below or above)	□ None 10	□ 6 to	□ None 10	□ 6 to	□ None 10	□ 6 to
	☐ 1 to 5 more	□ 10 or	□ 1 to 5 more	□ 10 or	□ 1 to 5 more	□ 10 or
Adults (for example teachers, classroom assistants, other staff)	□ None 10	□ 6 to	□ None 10	□ 6 to	□ None 10	□ 6 to
, ,	□ 1 to 5 more	□ 10 or	□ 1 to 5 more	□ 10 or	□ 1 to 5 more	□ 10 or

4.3. THINKING OF UP TO SIX (06) PERSONS YOU SPEND	THE MOST TIME
WITH AT SCHOOL, could you tell us:	
Number in your year group and same class	
Number in your year group and different class	
Number in the year group directly above yours	<u> _</u>

4.4. What, if any, indoor extra-curricular a school, which involves in person interact	activities do you take part in, outside of	
household? TICK ALL THAT APPLY		
Activity	Frequency per week	
Youth clubs, scouts, girl guides, m organised activities	usic, art or other	
Voluntary or community work		
Sport, dance		
Tutorials (e.g. for school subject classes	cts) or religious	
Other		
None of these		
Frequency {tick boxes} <1 per week, 1, 2, 3, 4	!+ ;	
above:	from the usual extra-curricular activities th anyone from outside your household veek) basis Yes No	
4.5.1.		
IF YES, who: □ Fr □ Cleaner □ Other (sp		
4.5.2. In the past four weeks, have you or anyone who usually live in your household, been inside a hospital, nursing care home or residential care home for any reason (e.g. for work, treatment, visit someone? ☐ Yes ☐ No ☐ Not sure		
4.6. Which of the following places did you v	risit IN THE PAST MONTH?	
Different household (e.g. visiting a friend's or relative's house)	□ every day or most days □ more than once a week □ about once a week □ once a month or more, but less than once a week □ never	
Grocery store / shops / supermarkets	Same options as above	
Cinema / Theatre / Concert / Music venue		
Restaurant / Café / Pub / food outlet – indoors		
Place of worship (church, mosque, temple, etc.)		

Number in the year group directly below yours Number in other year groups

Indoor leisure centre / sports centre / gym /		
swimming pool		
Outdoor recreation area (e.g. Parks / playing		
fields / water sports / outdoor pool) with people		
outside your household		
Hairdresser / Beauty Salon / Tanning studio		
Used public transport (bus, tube, train, plane		
etc.)		
Attending a party		
Other public place (museum, art gallery etc.)		
your studies? No, I do not have any other job Yes, I also work in a social care set care home, home carer), in a role the person, with patients / clients / resident (Please answer 'no' if primarily office-by Yes, I also work in a healthcare setting in a role that primarily involves direct contacts.	ng (e.g. GP or Dental practice, Hospital), ontact, in person, with patients / clients /	
residents / service users on a day-to-day basis? (Please answer 'no' if primarily office-based or home-based) Yes, I also work in a hospitality or transport setting (e.g. shop worker, bus driver, courier), in a role that primarily involves direct contact, in person, with clients / customers on a day-to-day basis? (Please answer 'no' if primarily office-based or home-based) Yes, I also work in early years education, school or post-16 education setting (e.g. nursery worker, primary or secondary school or college teaching, assisting or cleaning, feeding), in a role that primarily involves direct contact, in person, with infants, young children or students on a day-to-day basis Yes, I have another job and working mostly outside of home; Yes, I have another job, and working both at home and outside of the home; Yes, I have another job, and working mostly from home		
Section 5: SCHOOL REOPENING AND IMPLEMENTATION OF PREVENTIVE MEASURES		
5.1.Have you been assigned to a group or 'bu other groups?	ubble' that generally does not mix with	
 □ Yes, in a bubble smaller than norm □ Yes, in a bubble that is normal class □ Yes, in a bubble of the entire year of	s size	

If "Yes" or "Other" to Q5.1 above, display the following Q5.2. If "No" skip the following question.

5.2. Are there any times in the day when students in your bubble might mix with other bubbles or groups?

[Please tick all that apply]

- Yes, during break
- □ Yes, during lunch
- Yes, during sports
- Yes, hanging out immediately after school
- □ No
- 5.3. In your experience, how well are the following preventive measures being followed by other students? {Options: Always; Sometimes; Rarely; Never}
 - Students wear facemasks or face coverings in corridors or communal areas
 - Students maintain distance from other students
 - Students regularly wash or sanitise hands
 - Students catch cough or sneezes with tissue or arm

P_stu_dist
P_stu_hand
P stu arm

5.4. We want to understand the impact of school closures and reopenings on young people's mental wellbeing and behaviour. Which of these phrases best describes you? For each item, please mark the box for 'Not True', 'Somewhat True' or 'Certainly True'. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months

{Provide options: Not True, Somewhat True and Certainly True for each of the following statements}

- □ I try to be nice to other people. I care about their feelings
- □ I am restless, I cannot stay still for long
- □ I get a lot of headaches, stomach-aches or sickness
- □ I usually share with others (food, games, pens etc.)
- □ I get very angry and often lose my temper
- □ I am usually on my own. I generally play alone or keep to myself
- □ I usually do as I am told
- □ I worry a lot
- □ I am helpful if someone is hurt, upset or feeling ill

	 □ I am constantly fidgeting or squirming □ I have one good friend or more □ I fight a lot. I can make other people do what I want □ I am often unhappy, down-hearted or tearful □ Other people my age generally like me □ I am easily distracted, I find it difficult to concentrate □ I am nervous in new situations. I easily lose confidence □ I am kind to younger children □ I am often accused of lying or cheating □ Other children or young people pick on me or bully me □ I often volunteer to help others (parents, teachers, children) □ I think before I do things □ I take things that are not mine from home, school or elsewhere □ I get on better with adults than with people my own age □ I have many fears, I am easily scared □ I finish the work I'm doing. My attention is good
-	Overall, do you think that you have difficulties in <u>one or more</u> of the following areas: emotions, concentration, behaviour or being able to get on with other people? No Yes, minor difficulties Yes, definite difficulties Yes, severe difficulties **es, severe difficulties** The second of the following 4 questions about difficulties. If "No, skip to the second of
□ O	How long have these difficulties been present? Less than a month 1-5 months 6-12 months Over a year Do the difficulties upset or distress you? ot at all nly a little uite a lot
□ A 5.8.	great deal .Do the difficulties interfere with your everyday life in the following areas?

Only little

Not at all

Home Life

Quite lot a A deal

great

4	\sim	
- 1	U	ະ

Friendships		
Classroom learning		
Leisure activities		

5.9.	Do the difficulties make it harder for those around you (family, friends,
	teachers, etc.)?

- □ Not at all
- □ Only a little
- □ Quite a lot
- □ A great deal

Thank you very much for completing this questionnaire. Your time and contribution are most appreciated.

APPENDIX 10: School staff extended questionnaire

School: Staff member Extended (post sample collection) questionnaire

Dear staff member,

Thank you for participating in the Covid-19 infection survey in schools. Now that your sample has been successfully collected and sent to the laboratory for analyses, we would be grateful if you could answer a few additional questions that will help better understand the test result. All the information you provide will be kept confidential and will be anonymised before any analysis.

SECTION 1: YOUR RELEVANT HEALTH STATUS, MEDICAL HISTORY AND COVID-19 INFECTION

1.1.	Do you have any chronic illness or health condition? ☐ Yes ☐ No
	IF YES, which ones:
	 □ Diabetes □ Asthma □ COPD □ Other chronic lung condition (specify) □ Heart Condition (specify) □ High blood pressure □ Cancer (specify) □ Other (specify)
1.2.	[IF FEMALE] Are you pregnant? □ Yes □ No □ Do not know
1.3.	Have you received a letter informing you that you are on the shielding list? ☐ Yes ☐ No
1.4.	Have you ever tested positive for COVID-19 in the past? (this can be either a
	swab or a blood test) □ Yes □ No
	1.4.1. IF YES, what type of test was it?
	□ nasal/throat swab test (e.g. PCR test for current infection)
	□ blood test (e.g. antibody test for past infection)
	1.4.2. IF YES, what was the date/month of test? _ _ _

1.5. Have you had COVID-19 symptoms at any point since March 2020? (The most common symptoms include a newly developed, persistent cough, high temperature / fever, breathlessness or difficulties breathing, loss or change to the sense of smell or taste, fatigue / tiredness) Yes □ No						
	1.5.1. IF YES, when did these symptoms start (an approximate date is acceptable if you cannot recall exactly) _ _ _ _ _					
Symptoms		ng symp I	Date onset	Duration		
Symptoms			Date onset	(days / wks)		
□ Fever / chills / high temperature / hot to touch	□ Yes	□ No	_ _ _ _ _ _	_ days / _ wks		
□ New continuous cough	□ Yes	□ No	_ _ _ <u> </u> _ _			
 Loss or change to your sense of smell or taste 	□ Yes	□ No	_ _ _ <u> _ _ </u>			
□ Shortness of breath / difficulty breathing	□ Yes	□ No				
□ Tiredness / Fatigue	□ Yes	□ No	_ _ _ <u> </u> _ _			
□ Sore throat	□ Yes	□ No				
□ Blocked or runny nose, sneezing	□ Yes	□ No				
□ Muscle ache (myalgia)	□ Yes	□ No				
□ Headaches	□ Yes	□ No	<u> </u> _ _ _			
□ Nausea / vomiting	□ Yes	□ No	_ _ _ <u> </u> _ _			
□ Abdominal pain	□ Yes	□ No	_ _ _ _			
□ Diarrhoea	□ Yes	□ No				

SECTION 2: INFORMATION ABOUT YOUR HOUSEHOLD

We would like to ask some questions about your household(s) and household members. By household, we mean the group of people you live with, in a single house or dwelling. The following questions help in understanding the importance of peoples' living circumstances related to COVID-19

You may spend time living across two households regularly within a week [e.g. house/flat-share during the week and another dwelling at the weekend] The following

time:			
2.9.	In addition to you, how many people a	are in this house	ehold? _
2.10.	Do you spend time living across mor Yes □ No	e than one hou	sehold within a week? □
2.11.	IF YES, in addition to you, how many of in total? _	other people live	e across these households
	(If a member [e.g. child or children, pa another, please provide details for th your household at the time you answer	ese members t	oo even if they are not in
	[IF YES, 2.3 would inform the repeat g the repeat group]	roup 2.4 onward	ds, IF NO 2.1 would inform
un PL TH	Could you please provide us with som- like symptoms, of other household derstand the circumstances if the res EASE PROCEED FROM THE YOUN IE HOUSEHOLD If you live between ovide details for members of all hou	members. The sult of your tes VGEST TO THE more than one	information will help us t is found to be positive. E OLDEST MEMBER OF
2	2.4.1. First name Sur	name	
2	2.4.2. Relationship to yourself:		
	□ Spouse/Partner □ 0	Child/Stepchild	
	☐ Mother/Mother-in-law	□ Father/Fa	ther-in-law
	☐ Brother/Stepbrother	□ Sister/Ste	psister
	□ Grandparent	□ Aunt/Uncl	le
	☐ Other relative, Specify	. 🗆 No relatio	n / Housemate
2	2.4.3. What is their gender? □ Male say	□ Female	□ Other □ Prefer not to
2	2.4.4. Date of Birth. DD MM YYYY. [If	f Unknown – Wh	nat age-group are they in?
]]]	□ 20-24 years □ 25-29 years □ 3 □ 40-44 years □ 45-49 years □ 5 □ 60-64 years □ 65-69 years □ 7	0-14 years 60-34 years 60-54 years 70-74 years 90 years and ab	□ 35-39 years□ 55-59 years□ 75-79 years
2	2.4.5. What is their working status?		
	☐ Employed and currently wor leave for less than 4 weeks)	king (including	if on annual leave or sick

questions relate to your primary household and house, where you spend most of your

 □ Employed and currently not working (including if furloughed due to the COVID-19 pandemic; sick leave for 4 weeks or longer, maternity/paternity leave) □ Self-employed and currently working (including if on annual leave sick leave for less than 4 weeks) □ Self-employed and currently not working (including if furloughed of to the COVID-19 pandemic; sick leave for 4 weeks or longer maternity/paternity leave) □ Looking for paid work and able to start □ Not working and not looking for work (including voluntary work) □ Retired □ Child under 5years old not attending nursery, pre-school, childming 	or or lue or
 □ Child under 5years old attending nursery, pre-school, childminder □ Child aged 4years or older in full-time education IF IN FULL-TIME EDUCATION: 	
	,
Are they attending the school where you work? $\ \square$ Y $\ \square$ No	es
What year and class are they in?	
If NO, what school are they attendin	ıg?
What year-group are they in?	
IF CURRENTLY WORKING, OR CURRENT EMPLOYED/SELF-EMPLOYED BUT NOT WORKING AT TI MOMENT: which of the following applies to their work situation	ΗE
□ Work in a social care setting (e.g. nursing care home, residential care home, home carer, day centre), in a role that primarily involves direct contact, in person, with patients / clients / residents / service users on a day-to- day basis? (Please answer 'no' if primarily office-based home-based)	;
□ Work in a healthcare setting (e.g. GP or Dental practic Hospital), in a role that primarily involves direct contact, person, with patients / clients / residents / service users a day-to-day basis? (Please answer 'no' if primarily office based or home-based)	in on
□ Work in a hospitality or transport setting (e.g. shop worker, bus driver, courier), in a role that primarily involved direct contact, in person, with clients / customers on a day-to-day basis? (Please answer 'no' if primarily office- based or home-based)	
□ Work in early years education, school or post-16 education setting (e.g. nursery worker, primary or secondary school or college teaching, assisting or	

	contact, in pe	ding), in a role that erson, with infants, a day-to-day basis ce-based or home-	young children ? (Please answe	or
	□ Work in ot home	her profession and	working mostly	outside of
	□ Work in ot outside of the	her profession and e home	working both at	home and
	□ Work in ot	her profession and	working mostly	from home
	hey ever tested pos or a blood test)?		9 test (this can ′es □ No	be either a □ Do not
2.4.6.1.	IF YES, what type	of test was it?		
	□ nasal/throat swa	b test (e.g. PCR te	st for current infe	ection)
	□ blood test (e.g. a	intibody test for pa	st infection)	
	□ Do not know			
2.4.6.2.	IF YES – what was	the date/month of	the test?	
		☐ Do not know		
	ey on the shielding lis ney were on the shie	•	ve an official lette	er informing
	□ Yes □ No	$\ \square$ Do not know		
SECTION 3: YOU TRANSPORT	R CIRCUMSTANCI	ES RELATED TO	SCHOOL, TRA	AVEL AND
3.1 Have you travel	lled abroad in 2020?	□ Yes	□ No	
IF YE	S,			
	low many times hav	•		llow repeat
4.1.2. W	hich country or cou	ntries did you visit?		
4.1.3. W	/hen did you leave th	ne UK? _ _ _	_ _ _ _	
4.1.4. W	/hen did you return t	o the UK? _ _		
SINCE HALF TER	М			
We would now like	to ask you some qu	estions about your	return to school	since half
	travel to and from sc			
3.2How many days	s per week do you w	ork in-person at sc	hool? _	

3.3 How do you usually travel to and from school nowadays?	
[TICK ALL THAT APPLY, INCLUDING IF USING MULTIPLE MODES	3]

□ Walking only
□ Bicycle, motorbike
□ Moped or scooter
□ Dedicated school bus
□ Public transport bus
☐ Public transport train (including suburban train, Tram, DLR
overground)
□ Public transport underground
☐ Car with only yourself or shared with household members
□ Car shared with people outside your household
□ Taxicab, Uber, Lyft etc
□ Other (please specify)

3.4 If you currently use public transport (not dedicated school buses), how many times per week do you use public transport? (please count each journey (to or from school) separately; for example, if you take any combination of public transport to go to school 5 days a week but return from school using the household car or school buses, that counts as 5 (FIVE) times per week).

3.5 During travel to and from school, which of the following applies

You wear a face mask during transport	1-Always 2-Sometimes 3-Rarely 4-Never
You observe social distancing rules	1-Always 2-Sometimes 3-Rarely 4-Never

SECTION 4: CONTACTS SINCE THE START OF THE SCHOOL YEAR AND RECENTLY

SINCE THE START OF THE SCHOOL YEAR (SEPTEMBER 2020)

4.1 While at school, which of the following applies

You wear a face mask out of class when	1-Always 2-Sometimes 3-Rarely 4-Never 5-
mixing predominantly with pupils e.g. corridors,	Not applicable
playground, spots/music/art activities	
You wear a face mask out of class when	1-Always 2-Sometimes 3-Rarely 4-Never
mixing predominantly with other staff e.g. staff	
common room/dining room	
You use hand sanitiser while in school,	1-Always 2-Sometimes 3-Rarely 4-Never 5-
between classes	Not applicable
You use hand sanitiser while in school, during	1-Always 2-Sometimes 3-Rarely 4-Never 5-
classes	Not applicable
You wash your hands with soap regularly	1-Always 2-Sometimes 3-Rarely 4-Never

You follow social distancing rules with pupils	1-Always 2-Sometimes 3-Rarely 4-Never 5- Not applicable
You follow social distancing rules with other staff members	1-Always 2-Sometimes 3-Rarely 4-Never

4.2THINKING OF THE CURRENT SCHOOL YEAR: In a TYPICAL DAY when you are working at school, about **how many different people** from your school (excluding any member of your household) would you talk to one-to-one or in a small group (not including speaking to the whole class) in each of the following places? [If you would normally talk to somebody in more than one place (for example you might talk to your colleague out of school and at school) please only count them once, in the place where you spend the most time with them.]

At school (during

lessons breaks

After school

activities (at

Anywhere else

	or lunch)		school o			
			anywher		<u> </u>	
Pupils from your school	□ None	□ 6 to		□ 6 to	□ None	□ 6 to
	10		10		10	
	□ 1 to 5	□ 10 or	□ 1 to 5	□ 10 or	□ 1 to 5	□ 10 or
	more		more		more	
Staff members from your school	□ None 10	□ 6 to	□ None 10	□ 6 to	□ None 10	□ 6 to
	□ 1 to 5	☐ 10 or	□ 1 to 5	☐ 10 or	□ 1 to 5	□ 10 or
	more		more		more	
been inside a hospital, nursing reason (e.g. for work, treatmous Yes, I have □ Yes, □ Not sure 4.4 Do you currently have any of school?	ent, visit s someone	omeone? from my l	nome has	□ No, n	obody has	
 □ No, I do not have any of Yes, I also work in a secare home, home carery person, with patients / clie (Please answer 'no' if print □ Yes, I also work in a head in a role that primarily investidents / service users office-based or home-base □ Yes, I also work in a head of the primarily investidents / service users of the primarily investigation. 	ocial care), in a role ents / residents / residents / residents ealthcare selves directed on a day-topsed)	e that pri lents / ser ce-based o etting (e.go ct contact o-day bas	marily invivice users or home-b Graph GP or Do The time in persor The time in person The time in perso	olves dire s on a day ased) ental pract n, with pati e answer	ect contac -to-day ba tice, Hospi ients / clie 'no' if prim	t, in sis? ital), nts / arily

driver, courier), in a role that primarily involves direct contact, in person, with

students on a day-to-day basis? (Plea: or home-based)	se answer 'no' if primarily office-based
 ☐ Yes, I have another job and working ☐ Yes, I have another job, and working ☐ Yes, I have another job, and working 	g both at home and outside of the home
4.5 Which of the following places did you vis	sit IN THE PAST MONTH?
Different household (e.g. visiting a friend's or relative's house)	 □ every day or most days □ more than once a week but not everyday □ about once a week □ once a month or more, but less than once a week □ never
Grocery store / shops / supermarkets	Same options as above
Cinema / Theatre / Concert / Music venue	
Restaurant / Café / Pub / food outlet – indoors	
Place of worship (church, mosque, temple, etc.)	
Indoor leisure centre / sports centre / gym / swimming pool	
Outdoor recreation area (e.g. Parks / playing fields / water sports / outdoor pool) with people outside your household	
Hairdresser / Beauty Salon / Tanning studio	
Used public transport (bus, tube, train, plane etc.)	

clients / customers on a day-to-day basis? (Please answer 'no' if primarily

☐ Yes, I also work in early years education or post-16 education setting (e.g. nursery worker or college teaching, assisting or cleaning, feeding), in a role that primarily involves direct contact, in person, with infants, young children or

office-based or home-based)

Attending a party

Other public place (museum, art gallery etc.)

SECTION 5: SCHOOL REOPENING AND IMPLEMENTATION OF PREVENTIVE MEASURES

5.1 In your experience, how well are the preventive measures being followed? {Options: Always; Sometimes; Rarely; Never; Not applicable}

Q+	aff	Var name
•	Staff stay home if they, or someone in their household, has Coronavirus symptoms	
•	Staff work from home if their job can be effectively done from home	
•	Staff wear facemasks or face coverings in the classroom Staff wear facemasks or face coverings in corridors or	
•	communal areas Staff wear facemasks or face covering in staff rooms or shared office space	
•	Staff maintain 2m distance from students	
•	Staff maintain 2m distance from other adults at school	
•	Staff regularly wash or sanitise hands	
St	udents	
•	Students stay home if they, or someone in their household, has Coronavirus symptoms	
•	Students wear face masks or face coverings in the classroom	
•	Students wear facemasks or face coverings in corridors or communal areas	
•	Students stay in the same group ('bubble') at all times during the school day	
•	The same teacher/teaching assistants work with a single class throughout the school week	
•	Students maintain distance from other students	
•	Students regularly wash or sanitise hands	
•	Students catch cough or sneezes with tissue or arm	
CI	accream environment	
<u>ا</u>	assroom environment	
•	Seats and desks are spaced apart to maintain distance between students	
•	All desks face forward	
•	Increased cleaning of frequently touched surfaces	
•	More outdoor lessons and activities scheduled	
•	Students use the same classroom throughout the day	
•	Students do not share equipment or learning materials in classrooms	

•	Students do not carry equipment or learning materials between home and school	
S	School rules	
•	One-way systems in school corridors	
•	Distancing among parents dropping off or picking up children	
5.2.	Is your school regularly reviewing what preventive measures have worked well or been challenging to implement? ☐ Yes ☐ No	
{The f	following 3 questions are to be presented to teachers and TAs only. For any	one
who h	nas not selected either the 'teacher' or 'teaching assistant' box in Q2, please s	skip
to the	end of this section}	
5.12.	Are the students in your class kept in consistent groups ('bubbles') that generally do not mix with other groups? Yes, in bubbles smaller than normal class sizes Yes, in bubbles that are normal class sizes Yes, in bubbles of an entire year group No Not applicable Other, specify	
If "Ye	es" or "Other" to Q above, display the following Q. If "No" skip the follow	ring
questi	ion.	
	If you are responsible for a specific student bubble, are there any times in the day when students in your bubble might mix with other bubbles or groups? lease tick all that apply]	ne
	Yes, during break Yes, during lunch Yes, during sports Yes, other No Not applicable	
5.14.	We want to understand the impact of school closures and reopening on sta wellbeing. Below are 22 statements of job-related feelings. Please read each	

statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, enter the number "0" (zero) for that statement. If

120

you have had this feeling, indicate how often you feel it by entering the number (from 1 to 6) that best describes how frequently you feel that way.

Example:

- 0 Never
- 1 A few times a year or less
- 2 Once a month or less
- 3 A few times a month
- 4 Once a week
- 5 A few times a week
- 6 Everyday

1 1 1 1 1 1 1 1 1 1	How often	Statement:
2.	(0-6)	
I feel fatigued when I get up in the morning and have to face another day on the job I can easily understand how my students feel about things I feel I treat some students as if they were impersonal objects. Working with people all day is really a strain for me I deal very effectively with the problems of my students I feel burned out from my work I feel l'm positively influencing other people's lives through my work I ve become more callous toward people since I took this job I worry that this job is hardening me emotionally I feel very energetic I feel rustrated by my job I feel l'm working too hard on my job I don't really care what happens to some students Working with people directly puts too much stress on me I can easily create a relaxed atmosphere with my students I feel exhilarated after working closely with my students I have accomplished many worthwhile things in this job I feel like I'm at the end of my rope		
day on the job I can easily understand how my students feel about things I feel I treat some students as if they were impersonal objects. Working with people all day is really a strain for me I deal very effectively with the problems of my students I feel burned out from my work I feel I'm positively influencing other people's lives through my work I feel I'm positively influencing other people since I took this job I worry that this job is hardening me emotionally I worry that this job is hardening me emotionally I feel very energetic I feel I'm working too hard on my job I feel I'm working too hard on my job I don't really care what happens to some students Working with people directly puts too much stress on me I can easily create a relaxed atmosphere with my students I feel exhilarated after working closely with my students I have accomplished many worthwhile things in this job I feel like I'm at the end of my rope		·
4.	3	
I feel I treat some students as if they were impersonal objects. Working with people all day is really a strain for me I deal very effectively with the problems of my students I feel burned out from my work I feel I'm positively influencing other people's lives through my work I've become more callous toward people since I took this job I worry that this job is hardening me emotionally I feel very energetic I feel frustrated by my job I feel I'm working too hard on my job I don't really care what happens to some students Working with people directly puts too much stress on me I can easily create a relaxed atmosphere with my students I feel exhilarated after working closely with my students I have accomplished many worthwhile things in this job I feel like I'm at the end of my rope	4	•
6. Working with people all day is really a strain for me 7. I deal very effectively with the problems of my students 8. I feel burned out from my work 9. I feel I'm positively influencing other people's lives through my work 10. I've become more callous toward people since I took this job 11. I worry that this job is hardening me emotionally 12. I feel very energetic 13. I feel rustrated by my job 14. I feel I'm working too hard on my job 15. I don't really care what happens to some students 16. Working with people directly puts too much stress on me 17. I can easily create a relaxed atmosphere with my students 18. I feel exhilarated after working closely with my students 19. I have accomplished many worthwhile things in this job 20. I feel like I'm at the end of my rope		,
7.		
I feel burned out from my work I feel l'm positively influencing other people's lives through my work I've become more callous toward people since I took this job I worry that this job is hardening me emotionally I feel very energetic I feel frustrated by my job I feel l'm working too hard on my job I don't really care what happens to some students Working with people directly puts too much stress on me I can easily create a relaxed atmosphere with my students I feel exhilarated after working closely with my students I have accomplished many worthwhile things in this job I feel like I'm at the end of my rope		
I feel I'm positively influencing other people's lives through my work I've become more callous toward people since I took this job I worry that this job is hardening me emotionally I feel very energetic I feel frustrated by my job I feel I'm working too hard on my job I don't really care what happens to some students Working with people directly puts too much stress on me I can easily create a relaxed atmosphere with my students I feel exhilarated after working closely with my students I have accomplished many worthwhile things in this job I feel like I'm at the end of my rope	7	· · · · · · · · · · · · · · · · · · ·
10. I've become more callous toward people since I took this job 11. I worry that this job is hardening me emotionally 12. I feel very energetic 13. I feel frustrated by my job 14. I feel I'm working too hard on my job 15. I don't really care what happens to some students 16. Working with people directly puts too much stress on me 17. I can easily create a relaxed atmosphere with my students 18. I feel exhilarated after working closely with my students 19. I have accomplished many worthwhile things in this job 20. I feel like I'm at the end of my rope	8.	
11. I worry that this job is hardening me emotionally 12. I feel very energetic 13. I feel frustrated by my job 14. I feel I'm working too hard on my job 15. I don't really care what happens to some students 16. Working with people directly puts too much stress on me 17. I can easily create a relaxed atmosphere with my students 18. I feel exhilarated after working closely with my students 19. I have accomplished many worthwhile things in this job 20. I feel like I'm at the end of my rope		
12.I feel very energetic13.I feel frustrated by my job14.I feel I'm working too hard on my job15.I don't really care what happens to some students16.Working with people directly puts too much stress on me17.I can easily create a relaxed atmosphere with my students18.I feel exhilarated after working closely with my students19.I have accomplished many worthwhile things in this job20.I feel like I'm at the end of my rope	10.	i ve become more callous toward people since i took this job
12.I feel very energetic13.I feel frustrated by my job14.I feel I'm working too hard on my job15.I don't really care what happens to some students16.Working with people directly puts too much stress on me17.I can easily create a relaxed atmosphere with my students18.I feel exhilarated after working closely with my students19.I have accomplished many worthwhile things in this job20.I feel like I'm at the end of my rope	11	I worry that this job is hardening me emotionally
13. I feel frustrated by my job 14. I feel I'm working too hard on my job 15. I don't really care what happens to some students 16. Working with people directly puts too much stress on me 17. I can easily create a relaxed atmosphere with my students 18. I feel exhilarated after working closely with my students 19. I have accomplished many worthwhile things in this job 20. I feel like I'm at the end of my rope		Twony that this job is hardening the emotionally
I feel frustrated by my job I feel I'm working too hard on my job I don't really care what happens to some students Working with people directly puts too much stress on me I can easily create a relaxed atmosphere with my students I feel exhilarated after working closely with my students I have accomplished many worthwhile things in this job I feel like I'm at the end of my rope	12.	I feel very energetic
14. I feel I'm working too hard on my job 15. I don't really care what happens to some students 16. Working with people directly puts too much stress on me 17. I can easily create a relaxed atmosphere with my students 18. I feel exhilarated after working closely with my students 19. I have accomplished many worthwhile things in this job 20. I feel like I'm at the end of my rope		, ,
15. I don't really care what happens to some students Working with people directly puts too much stress on me I can easily create a relaxed atmosphere with my students I feel exhilarated after working closely with my students I have accomplished many worthwhile things in this job I feel like I'm at the end of my rope	13.	I feel frustrated by my job
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	19.	I have accomplished many worthwhile things in this job
21. In my work, I deal with emotional problems very calmly	20.	I feel like I'm at the end of my rope
21. In my work, i deal with emotional problems very calmly	04	
	Z1.	in my work, i deal with emotional problems very calmly

22.	I feel students blame me for some of their problems

Thank you very much for completing this questionnaire. Your time and contribution are most appreciated.

APPENDIX 11: Engagement materials

Union letter

DATE: <<DATE>>

Dear << union official>>,

I am writing to inform you of a study to monitor infection and transmission of coronavirus (COVID-19) in a sample of primary and secondary schools.

Why are we doing this study?

We need to assess the role of schools in the coronavirus (COVID-19) transmission and how transmission within and from school settings can be minimised. It is possible that some students and staff might be infected with the virus and not develop any symptoms. We want to find out how many pupils and staff are infected with the virus/how many have antibodies against the virus and how this changes over the course of the year.

The information we collect will help inform policies to protect school pupils and staff and this work has been identified as a public health priority.

The study is being conducted by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine, working with the Department for Education and is funded by the Department for Health and Social Care. IQVIA, a healthcare company, are also supporting the study.

How is the study carried out?

Local Authorities will contact the schools and inform them of the study and encourage them to take part. Once the school consents to take part, the school will send invite letters and information sheets to the parents, students (16 years and over) and the school staff to inform them of the study and what they need to do to consent to take part.

Study staff will attend the schools and carry out testing. Each consenting pupil and staff will have a nasal swab sample taken and tested for current COVID-19 infection (Please note: this is <u>not</u> the nasopharyngeal swab that takes a sample from deep into the back of the nose). A saliva sample will be taken from consenting pupils to test for antibodies against the virus. An antibody test will also be offered to school staff. The study will also include a questionnaire sent to school staff, students and the parents/carers of students following testing.

How many schools have been asked to take part and how have they been selected?

The study will be carried out in schools, located in 15 different Local Authorities across England. The schools have been randomly sampled within these Local Authorities and we are hoping to enrol 150 schools in total into the study.

For primary schools that agree to participate we will invite all pupils to take part and for secondary schools we will select 2 consecutive year groups (excluding year 11). All staff members will be invited to take part.

How often will the testing take place?

The first testing round will take place in November and schools will be re-visited at the end of every half term for the remainder of the 2020-2021 school year. This study relies on having multiple samples taken from the same participants over the course of the year. Repeated sampling is crucial for us to have a better understanding of COVID-19 infection and transmission in schools.

Data protection

As with all surveys carried out by ONS the information collected from individuals will be held securely. Positive test results will be referred into the NHS Test and Trace programme as required by law, and the study consent process will also ensure that it is possible to notify the school. The findings will be reported in such a way that neither individual pupils nor schools will be identifiable. A de-identified copy of the information collected may be placed in the ONS Secure Research Service for additional analysis, subject to all relevant legal, statutory and policy requirements and safeguards. There is no need for you to do anything as this letter is for information only. If you require any further information, please contact the ONS study lead by emailing peter.jones@ons.gov.uk

Yours sincerely

Shamez Ladhani, Consultant Epidemiologist, Public Health England lain Bell, Director General – Population and Public Policy, Office for National Statistics James Hargreaves, Professor of Epidemiology and Evaluation, London Schools of Hygiene & Tropical Medicine

Director of Public Health letter

DATE: <<DATE>>

Dear Director of Public Health,

I am writing to inform you of a study to monitor infection and transmission of coronavirus (COVID-19) in a sample of primary and secondary schools in your Local Authority.

Why are we doing this study?

the course of the year.

We need to assess the role of schools in the coronavirus (COVID-19) transmission and how transmission within and from school settings can be minimised. It is possible that some students and staff might be infected with the virus and not develop any symptoms. We want to find out how many pupils and staff are infected with the virus/how many have antibodies against the virus and how this changes over

The information we collect will help inform policies to protect school pupils and staff and this work has been identified as a public health priority.

The study is being conducted by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine, working with the Department for Education and is funded by the Department for Health and Social Care. IQVIA, a healthcare company, are also supporting the study.

How is the study carried out?

Local Authorities will contact the schools and inform them of the study and encourage them to take part. Once the school consents to take part, the school will send invite letters and information sheets to the parents, students (16 years and over) and the school staff to inform them of the study and what they need to do to consent to take part.

Study staff will attend the schools and carry out testing. Each consenting pupil and staff will have a nasal swab sample taken and tested for current COVID-19 infection (Please note: this is <u>not</u> the nasopharyngeal swab that takes a sample from deep into the back of the nose). A saliva sample will be taken from consenting pupils to test for antibodies against the virus. An antibody test will also be offered to school staff. The study will also include a questionnaire sent to school staff, students and the

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All staff members will be invited to take part.

How often will the testing take place?

The first testing round will take place in November and schools will be re-visited at the end of every half term for the remainder of the 2020-2021 school year. This study relies on having multiple samples taken from the same participants over the course of the year. Repeated sampling is crucial for us to have a better understanding of COVID-19 infection and transmission in schools.

Data protection

As with all surveys carried out by ONS the information collected from individuals will be held securely. Positive test results will be referred into the NHS Test and Trace programme as required by law, and the study consent process will also ensure that it is possible to notify the school. The findings will be reported in such a way that neither individual pupils nor schools will be identifiable. A de-identified copy of the information collected may be placed in the ONS Secure Research Service for additional analysis, subject to all relevant legal, statutory and policy requirements and safeguards. There is no need for you to do anything as this letter is for information only. If you require any further information, please contact the ONS study lead by emailing peter.jones@ons.gov.uk

Yours sincerely

Shamez Ladhani, Consultant Epidemiologist, Public Health England Iain Bell, Director General – Population and Public Policy, Office for National Statistics James Hargreaves, Professor of Epidemiology and Evaluation, London Schools of Hygiene & Tropical Medicine

School Academy Trust letter

< Insert date >

Dear [Insert name],

COVID-19 Schools Infection Survey

I am writing to inform you that a school or number of schools within your academy trust have been randomly selected to take part in the Schools Infection Survey, which will take place during the current 2020-2021 school year.

Who is included in the study?

The study coverage includes state schools across England, as well as state-maintained academies and free schools in England. We have included a list of all the schools selected within your academy trust.

The schools selected are: << Insert Schools>>

Data protection

The study is being conducted by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine, working with the Department for Education and is funded by the Department for Health and Social Care. IQVIA, a healthcare company, are also supporting the study.

All data collected by this study will be held securely. Published research and results will not identify individuals or schools. Positive test results will be reported to NHS Test and Trace and we will seek participant and parental consent during the study enrolment to ensure we are able to inform schools rapidly as well.

How can I help?

We would like you to contact each of the schools listed above and explain about the Schools Infection Survey and encourage the head teacher to agree and provide consent for their school to take part. An information sheet that explains the study in more detail accompanies this letter.

If you require any further information, please contact the ONS study lead by emailing peter.jones@ons.gov.uk

Yours faithfully,

Shamez Ladhani, Consultant Epidemiologist, Public Health England Iain Bell, Director General – Population and Public Policy, Office for National Statistics James Hargreaves, Professor of Epidemiology and Evaluation, London Schools of Hygiene & Tropical Medicine

Local Authorities letter

< Insert date >

Dear [Insert name],

Covid-19 Schools Infection Survey

I am writing to inform you that a number of Primary and Secondary Schools in your local authority have been randomly selected to take part in the Schools Infection Survey, which will take place during the current 2020-2021 school year.

Who is included in the study?

The study coverage includes state schools across England, as well as statemaintained academies and free schools in England. We have included a list of all the schools selected in your area, regardless of whether your Education Department has statutory responsibility for them.

The schools selected are: <<Insert Schools>>

Data protection

The study is being conducted by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine, working with the Department for Education and is funded by the Department for Health and Social Care. IQVIA, a healthcare company, are also supporting the study.

All data collected by this study will be held securely. Published research and results will not identify individuals or schools. Positive test results will be reported to NHS Test and Trace and we will seek participant and parental consent during the study enrolment to ensure we are able to inform schools rapidly as well.

How can I help?

We would like you to contact each of the schools listed above in your local authority and explain about the Schools Infection Survey and encourage the head teacher to agree and provide consent for their school to take part.

If you require any further information, please contact the ONS study lead by emailing peter.jones@ons.gov.uk

Yours faithfully,

Shamez Ladhani, Consultant Epidemiologist, Public Health England Iain Bell, Director General – Population and Public Policy, Office for National Statistics James Hargreaves, Professor of Epidemiology and Evaluation, London Schools of Hygiene & Tropical Medicine

Information sheet for Local Authorities and Academy Trusts

COVID-19 Schools Infection Survey

The study is being conducted by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine.

We are inviting a sample of schools in England to take part in testing for coronavirus (COVID-19). We need to find out how many school pupils and staff have COVID-19 infection and developed antibodies against the virus and how this changes over the course of the year. The information we collect will help inform policies to protect school pupils and staff.

Visits to the schools and testing will be organised and undertaken by our partner organisation IQVIA and study workers from other select partner organisations. The companies involved in running the survey will only use information about participants for this study – they will not pass it on to anyone not involved in the study.

Why are we doing this study?

We need to assess the role of schools in the coronavirus (COVID-19) transmission and how transmission within and from school settings can be minimised.

It is possible that some students and staff might be infected with the virus and not develop any symptoms.

This study is voluntary, schools, pupils and staff do not have to take part, and can withdraw at any round of testing. If some tests have already been done when they change their mind, we will still use the data from them unless individuals concerned tell us not to, because it is very important for our study to get a good picture of who has had COVID-19.

The data collected will be used to produce statistics on the number of school pupils and staff that have the coronavirus (COVID-19) or previously been infected by the virus over the course of the school year.

The analysis from this study will help us work out the best way to manage the COVID-19 pandemic and minimise transmission in schools. We will produce a report following each round of testing and publish on the ONS website. Any data presented by ONS will not identify any individuals or schools. The results of this study may also be presented at academic meetings and may be published in medical journals in a deidentified manner.

What does the study involve?

We are asking school headteachers to enrol on to the study by going online to the URL provided in their invite letter and complete a registration form. Once the school

has enrolled, we will supply the school with invite letters for parents, students 16 years and over and school staff and information sheets for parents, primary pupils, secondary pupils aged 11 to 16, students 16 years and over and school staff. We require the school to send these documents via email to notify those eligible to take part in the study with instructions to complete an online consent and enrolment questionnaire.

Once this is submitted, the participants will be enrolled into the study.

A testing team coordinated by IQVIA will visit the schools to collect the following samples:

- Nasal swab (all participants) this will involve rubbing a soft cotton bud inside
 the nostrils to test for the virus. Children may wish to do this themselves or the
 study staff will help. (Please note: this is <u>not</u> the invasive nasopharyngeal
 swab that takes a sample from deep into the back of the nose).
- Oral fluid (saliva) sample (pupils only) this involves putting a small sponge into the mouth for two minutes to test for the virus and antibodies against the virus.
- An antibody test will also be offered to staff, the details of which we will advise to schools in due course.

Study staff will check with the children that they are willing to take part before testing starts on the day. If a child shows signs of distress at the time of testing, then they will be offered the option of withdrawing from the test at that time.

Study staff will wear aprons, gloves and face masks/visors when taking the samples or helping children to take the samples themselves. The children will be supervised by school staff at all times.

After testing we will ask parents/ students/ school staff to complete a follow up questionnaire. In these questionnaires we will ask about them, their child and their health, and additional information about other household members.

The headteacher will also be required to complete an online questionnaire about the control measures that have been implemented to reduce infection risk in the school.

What will happen next?

We plan to arrange five more appointments with the schools enrolled, one at the end of the Autumn term and two in each of the remaining two terms.

The testing of the samples will be carried out by independent laboratories which will receive anonymous data regarding participants. For a small number of schools, we are exploring the option of supplementing testing with waste-water sampling. This involves collecting of sewage samples throughout the school year so we can detect the presence of viral infection. We will require the schools' consent and access to the necessary drainage facilities for the school to be eligible for this component of the study.

Where large outbreaks are detected in schools, there may be some capacity for us to offer more a detailed outbreak investigation. This is likely to involve extending tests to families of children attending the school. Should schools wish to be considered for outbreak investigation, we also require their consent and willingness to coordinate communications with parents. Please be aware that due to resource constraints, this will only be available to a small number of schools in our sample.

What other information will be collected?

We need to know if participants or anybody in their households are experiencing COVID-19 symptoms at the time they complete their questionnaire. For this reason, we will be collecting the names of all people resident in participants' households when they complete the questionnaire.

We ask that participants ensure that every adult in the household over the age of 16 sees the invite letter and this information sheet before the enrolment questionnaire is completed online. We also inform participants to follow the national and school guidelines on what to do if they or their child or anyone in their household becomes unwell and might have COVID-19. We make provision for participants to inform us about illness and the results of any COVID-19 tests.

How do we inform participants of their test results?

Everyone will receive their results. If a participant's nasal swab tests positive for the virus, we will phone them as soon as the results become available. We will inform the school and as required by law, we will refer the positive swab test result and personal data (including name, contact details, postcode and ethnicity) to the NHS Test and Trace programme.

We will inform participants and everyone in their household that they should follow current guidance on the <u>NHS website</u>. We may contact them for more information or to test other members of their household. This is to better understand how the virus affects families of school children.

We will report the antibody test results to participants as soon as we can, but this may take a few weeks. Although the results will tell whether the participant has antibodies against the virus, we will advise them that it only means that they have previously been exposed to the virus.

How will testing be undertaken in schools?

Testing will be conducted on the school site and is expected to be completed in the majority of schools over the course of one school day. For larger schools, testing may take up to two or three days. Our School Liaison Officer will be able to advise schools on this after enrolment. A visiting team consisting of six or seven people will attend the school to conduct testing.

The study team will liaise with the school before testing takes place to make arrangements for the location of testing on site, which will depend on the facilities within each school. The oral fluid (saliva) sample can be taken from pupils while they are seated at their desks in the classroom, while the nasal swabbing could be administered in a separate room/hall.

In primary schools, all pupils will be invited to participate. The visiting team will consist of the School Liaison Officer, a registered nurse and five study workers. The study workers will be DBS checked and will have received specific training by IQVIA to ensure they can support the nurse by ensuring the pupils are in the right place at the right time and that samples are appropriately collected and labelled. Pupils will watch a video which explains how to suck on the lollipop. The nurse will take the nasal swabs. All staff will have received instruction on appropriate PPE.

In secondary schools, two year-groups of pupils will be invited to participate (excluding year 11). The visiting team will consist of a School Liaison Officer and five study workers who will have received DBS checks and specific training from IQVIA on the protocols of the study. Pupils will watch a video which explains how to self-swab and suck on the lollipop. The study workers will answer any questions as required to assist self-swabbing, collect the samples and ensure they are labelled and packaged appropriately. All staff will have received instruction on appropriate PPE.

All staff, teaching and non-teaching, will be invited to participate in testing. The study workers will liaise with the school to organise a schedule for staff to undertake self-swabbing (nasal) and antibody testing.

While some people may find the nasal swab mildly uncomfortable, please be reassured that this will last no more than a few seconds. This is <u>not</u> the invasive nasopharyngeal swab that takes a sample from deep into the back of the nose.

The safety and protection of pupils and staff health is of critical importance. If a participant receives a positive nasal swab the school will need to follow the same procedures as laid out in the current guidance and liaise with the local Health Protection Team to assess the risk to other school pupils and staff. It will be the responsibility of the local Health Protection Team to determine what course of action is necessary, for example whether to isolate bubbles/classes or close the school.

What will we do with the information?

We will need to collect some personal information, including names, dates of birth, contact details and health information from the participants and other household members. We need this information to understand the results of the tests that we perform and to contact them to give them the results. If the swab test is positive, we will also inform the school and the NHS Test and Trace programme so that all those who might have come into contact with the person can be traced to stop the spread of the virus.

We will keep all the information securely in accordance with the <u>General Data Protection Regulations (GDPR)</u> and the <u>Data Protection Act 2018</u>. The reports produced will not disclose information about schools or individuals.

The ONS has the statutory objective to promote and safeguard the production of official statistics that serve the public good. In order for us to produce statistics we may link the data we obtain through surveys with other surveys and administrative data that we hold. Further information on what we use data for is available. All our uses of data will comply with UK Statistics Authority's ethical framework. Further information on the ethical framework is available. The ONS will continue to hold the data collected through this survey for as long as it remains useful for statistical research and production. The ONS may provide access to de-identified data to accredited researchers for accredited research purposes via accredited processing environments, where it is lawful and ethical to do so. Access will only be provided to support valuable new research insights about UK society and the economy that are considered to be in the public good.

Do the schools, and the pupils/staff in the schools have to take part?

Participation is completely voluntary. If schools or individuals choose not to take part, this will in no way affect the care and education that everyone receives. Individual participants can also decide to withdraw from any round of testing, without giving a reason by emailing schoolinfectionsurvey@nhs.net. We would like to keep the information and results that we might already have collected unless individuals concerned tell us not to.

What if I have any concerns?

If you have any questions/concerns, please contact IQVIA helpline on **0800 917 9679** or email schoolinfectionsurvey@nhs.net

Thank you for your time

Headteacher letter

< Insert date >

Dear <<[Insert headteacher name]>>,

COVID19 School Infection Survey

I am writing to inform you that your school has been randomly selected to take part in the COVID-19 Schools Infection Survey. This study has been commissioned by the Department for Health and Social Care to monitor infection and transmission of coronavirus (COVID-19) in schools across England.

Why have I been asked to take part?

Your school is one of 150 in England that has been invited to take part in this study. We are offering these schools the opportunity to take part in a repeat testing programme which will be undertaken at half-termly intervals throughout the school year.

For the autumn term, the first round of testing will be undertaken in schools from the beginning of November.

What does the study involve?

If you agree to take part in this study, a member of the study staff will contact you to outline arrangements in more detail. The accompanying information sheet provides an outline of the testing approach and what we are asking schools to do.

How can I take part?

When you have reviewed the information provided, please visit the weblink below to confirm if the school is willing to take part in the study. At a later date you will also be asked to complete a short online questionnaire about the school and some of the control measures that have been put in place to reduce infection risk.

Visit this webpage to enrol

https://www.oc-meridian.com/CISSchools/survey/headteacher

Data protection

The study is being conducted by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine, working with the Department for Education and is funded by the Department for Health and Social Care. IQVIA, a healthcare company, are also supporting the study.

All data collected by this study will be held securely. Published research and results will not identify individuals or schools. Positive test results will be reported to NHS Test and Trace and we will seek participant and parental consent during the study enrolment to ensure we are able to inform schools rapidly as well.

If you have any questions, please contact the IQVIA helpline on **0800 917 9679** or email schoolinfectionsurvey@nhs.net

Thank you for contributing to this study.

Yours faithfully,

Shamez Ladhani, Consultant Epidemiologist, Public Health England lain Bell, Director General – Population and Public Policy, Office for National Statistics James Hargreaves, Professor of Epidemiology and Evaluation, London Schools of Hygiene & Tropical Medicine

Headteacher information sheet

COVID-19 Schools Infection Survey

The study is being conducted by Public Health England in partnership with the Office for National Statistics, and the London School of Hygiene and Tropical Medicine.

We are inviting a sample of schools in England to take part in testing for coronavirus (COVID-19). We need to find out how many school pupils and staff have COVID-19 infection and developed antibodies against the virus and how this changes over the course of the year. The information we collect will help inform policies to protect school pupils and staff.

Visits to the schools and testing will be organised and undertaken by our partner organisation IQVIA and study workers from other select partner organisations. The companies involved in running the survey will only use information about participants for this study – they will not pass it on to anyone not involved in the study.

Why are we doing this study?

We need to assess the role of schools in the coronavirus (COVID-19) transmission and how transmission within and from school settings can be minimised.

It is possible that some students and staff might be infected with the virus and not develop any symptoms.

This study is voluntary, schools, pupils and staff do not have to take part, and can withdraw at any round of testing. If some tests have already been done when they change their mind, we will still use the data from them unless individuals concerned tell us not to, because it is very important for our study to get a good picture of who has had COVID-19.

The data collected will be used to produce statistics on the number of school pupils and staff that have the coronavirus (COVID-19) or previously been infected by the virus over the course of the school year.

The analysis from this study will help us work out the best way to manage the COVID-19 pandemic and minimise transmission in schools. We will produce a report following each round of testing and publish on the ONS website. Any data presented by ONS will not identify any individuals or schools. The results of this study may also be presented at academic meetings and may be published in medical journals in a deidentified manner.

What does the study involve?

We are asking you to enrol on to the study by going online to the URL provided in your invite letter and complete a registration form. Once the school has enrolled, we will

supply you with invite letters for parents, students 16 years and over and school staff and information sheets for parents, primary pupils, secondary pupils aged 11 to 16, students 16 years and over and school staff. We require the school to send these documents via email to notify those eligible to take part in the study with instructions to complete an online consent and enrolment questionnaire.

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Study staff will wear aprons, gloves and face masks/visors when taking the samples or helping children to take the samples themselves. The children will be supervised by school staff at all times.

After testing we will ask parents/ students/ school staff to complete a follow up questionnaire. In these questionnaires we will ask about them, their child and their health, and additional information about other household members.

You will also be required to complete an online questionnaire about the control measures that have been implemented to reduce infection risk in the school.

What will happen next?

We plan to arrange five more appointments with the schools enrolled, one at the end of the Autumn term and two in each of the remaining two terms.

The testing of the samples will be carried out by independent laboratories which will receive anonymous data regarding participants. For a small number of schools, we are exploring the option of supplementing testing with waste-water sampling. This involves collecting of sewage samples throughout the school year so we can detect the presence of viral infection. We require your consent and access to the necessary drainage facilities for the school to be eligible for this component of the study.

Where large outbreaks are detected in schools, there may be some capacity for us to offer more a detailed outbreak investigation. This is likely to involve extending tests to families of children attending the school. Should you wish the school to be considered for outbreak investigation, we also require your consent and willingness to coordinate communications with parents. Please be aware that due to resource constraints, this will only be available to a small number of schools in our sample.

What other information will be collected?

We need to know if participants or anybody in their households are experiencing COVID-19 symptoms at the time they complete their questionnaire. For this reason, we will be collecting the names of all people resident in participants' households when they complete the questionnaire.

We ask that participants ensure that every adult in the household over the age of 16 sees the invite letter and this information sheet before the enrolment questionnaire is completed online. We also inform participants to follow the national and school guidelines on what to do if they or their child or anyone in their household becomes unwell and might have COVID-19. We make provision for participants to inform us about illness and the results of any COVID-19 tests.

How do we inform participants of their test results?

Everyone will receive their results. If a participant's nasal swab tests positive for the virus, we will phone them as soon as the results become available. We will inform the school and as required by law, we will refer the positive swab test result and personal data (including name, contact details, postcode and ethnicity) to the NHS Test and Trace programme.

We will inform participants and everyone in their household that they should follow current guidance on the <u>NHS website</u>. We may contact them for more information or to test other members of their household. This is to better understand how the virus affects families of school children.

We will report the antibody test results to participants as soon as we can, but this may take a few weeks. Although the results will tell whether the participant has antibodies against the virus, we will advise them that it only means that they have previously been exposed to the virus.

How will testing be undertaken in schools?

Testing will be conducted on the school site and is expected to be completed in the majority of schools over the course of one school day. For larger schools, testing may take up to two or three days. Our School Liaison Officer will be able to advise on this after enrolment. A visiting team consisting of six or seven people will attend the school to conduct testing.

The study team will liaise with the school before testing takes place to make arrangements for the location of testing on site, which will depend on the facilities within each school. The oral fluid (saliva) sample can be taken from pupils while they are seated at their desks in the classroom, while the nasal swabbing could be administered in a separate room/hall.

In primary schools, all pupils will be invited to participate. The visiting team will consist of the School Liaison Officer, a registered nurse and five study workers. The study workers will be DBS checked and will have received specific training by IQVIA to ensure they can support the nurse by ensuring the pupils are in the right place at the right time and that samples are appropriately collected and labelled. Pupils will watch a video which explains how to suck on the lollipop. The nurse will take the nasal swabs. All staff will have received instruction on appropriate PPE.

In secondary schools, two year-groups of pupils will be invited to participate (excluding year 11). The visiting team will consists of a School Liaison Officer and five study workers who will have received DBS checks and specific training from IQVIA on the protocols of the study. Pupils will watch a video which explains how to self-swab and suck on the lollipop. The study workers will answer any questions as required to assist self-swabbing, collect the samples and ensure they are labelled and packaged appropriately. All staff will have received instruction on appropriate PPE.

All staff, teaching and non-teaching, will be invited to participate in testing. The study workers will liaise with the school to organise a schedule for staff to undertake self-swabbing (nasal) and antibody testing.

While some people may find the nasal swab mildly uncomfortable, please be reassured that this will last no more than a few seconds. This is <u>not</u> the invasive nasopharyngeal swab that takes a sample from deep into the back of the throat and nose.

The safety and protection of pupils and staff health is of critical importance. If a participant receives a positive nasal swab the school will need to follow the same procedures as laid out in the current guidance and liaise with the local Health Protection Team to assess the risk to other school pupils and staff. It will be the responsibility of the local Health Protection Team to determine what course of action is necessary, for example whether to isolate bubbles/classes or close the school.

What will we do with the information?

We will need to collect some personal information, including names, dates of birth, contact details and health information from the participants and other household members. We need this information to understand the results of the tests that we perform and to contact them to give them the results. If the swab test is positive, we will also inform the school and the NHS Test and Trace programme so that all those who might have come into contact with the person can be traced to stop the spread of the virus.

We will keep all the information securely in accordance with the <u>General Data Protection Regulations (GDPR)</u> and the <u>Data Protection Act 2018</u>. The reports produced will not disclose information about schools or individuals.

The ONS has the statutory objective to promote and safeguard the production of official statistics that serve the public good. In order for us to produce statistics we may link the data we obtain through surveys with other surveys and administrative data that we hold. Further information on what we use data for is available. All our uses of data will comply with UK Statistics Authority's ethical framework. Further information on the ethical framework is available. The ONS will continue to hold the data collected through this survey for as long as it remains useful for statistical research and production. The ONS may provide access to de-identified data to accredited researchers for accredited research purposes via accredited processing environments, where it is lawful and ethical to do so. Access will only be provided to support valuable new research insights about UK society and the economy that are considered to be in the public good.

Does the school, and the pupils/staff in the school have to take part?

Participation is completely voluntary. If you choose not to take part, this will in no way affect the care and education that everyone receives. Individual participants can also decide to withdraw from any round of testing, without giving a reason by emailing schoolinfectionsurvey@nhs.net. We would like to keep the information and results that we might already have collected unless individuals concerned tell us not to.

What if I have any concerns?

If you have any concerns about the use of personal data or want to find out more about your rights under data protection legislation, please see the following data protection webpages or contact the Data Protection Officer via email.

- <u>Public Health England data protection page</u> or contact dataprotectionofficer@phe.gov.uk
- <u>London School of Hygiene & Tropical Medicine data protection policy</u> or contact <u>DPO@lshtm.ac.uk</u>
- ONS's data protection page or contact DPO@Statistics.gov.uk.

Thank you for your time

Head Teacher Enrolment Questionnaire

Schools Infection Survey

Enrolment Questionnaire for Head Teachers

Please indicate whether	you consent for y	our school to	participate in this	study
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- o I consent for my school to participate in this study (route to questions below)
- o I do not consent for my school to participate in this study

Er	rolment questionnaire
1.	What is the full name of the school? {Text field}
2.	What is the school postcode? {Text field}
3.	How many pupils are registered at your school? {Text field}
4.	How many staff are employed in your school (including caretakers, canteen, etc, not just teachers)? {Text field}
5	Which year groups does your school include?

- b. Which year groups does your school include? [Please tick all that apply]
 - □ Nursery
 - □ Reception
 - □ Years 1-2

	 Years 3-6 Years 7-9 Years 10-11 Years 12-13
lf (Question 5 = 5,6,7 (secondary schools) then ask Question 6
6.	Please provide number of pupils in each year. Please provide number of
7.	What is the name of the Headteacher?
	{Text field}
8.	Please provide contact details for the member of staff at your school that we should contact to make arrangements for the study: Name
	Email address
	Tel No
9.	Please confirm you are willing to send out materials (invite letters and information sheets) electronically to parents, staff and pupils we will supply to you? □ Yes □ No

Head Teacher Extended Questionnaire

COVID-19 School Infection Study

Thank you for participating in the Covid-19 infection survey in schools. We would be grateful if you could answer a few additional questions that will help better understand test results. All the information you provide will be kept confidential and will be anonymised before any analysis.

S

Se	ection 1: Background information
1.	What is the full name of the school? [B_schnam] {Suggest sending out specific links to schools – so we know in advance which school the completed survey is from, and also additionally collecting school name as a text field} {Text field}
2.	Which year groups does your school include? [B_yeargpall] [Please tick all that apply]
	 Nursery Reception Years 1-2 Years 3-6 Years 7-9 Years 10-11 Years 12-13
3.	Did your school remain open for key worker and/or vulnerable children during the lockdown (23 March – 31 May 2020)? □ Yes □ No
4.	Was your school open after the lockdown from early June until the end of the summer term 2020? □ Yes □ No

[Not included: The number of students and staff per year group. Assumption is that this will be obtained from DfE instead of directly from headteacher. But if this is not the case, will have to add in a question on total student enrolment per year group and staff numbers.]

Section 2: School opening and implementation of preventive measures

5.	Does your school keep students in consistent groups or 'bubbles' that do not mix with other groups?
	 Yes, in bubbles smaller than normal class sizes Yes, in bubbles that are normal class sizes
	 Yes, in bubbles of an entire year group No
	□ Other, specify
6.	How far apart from each other are students seated in the classroom? □ Less than 0.5 metre apart
	□ Over 0.5m but under 1m apart
	□ Over 1m but under 2m apart□ Over 2m apart
	Other, specify
7. 8.	Which of the following preventive measures are currently being implemented at your school?
	{(1) List all the items in column 1 with a 'tick all that apply' instruction with the following options Has been implemented; Not applicable; Not sure
	(2) For those that are selected, ask the following question "In your opinion, how challenging are these measures to implement at your school?" with the options: Major challenges to implement; Some challenges to implement; Easy to implement}
	Var name
	Staff
	Staff stay home if they, or someone in their household, has Coronavirus symptoms

 Staff do not attend work (may work from home) if clinically vulnerable 	P_stf_home v	
 Staff do not attend work (may work from home) if they live with someone who is clinically vulnerable 	P_stf_home h	
Staff work from home if their job can be effectively done from home	P_stf_home c	
Staff wear facemasks or face coverings in the classroom	P_stf_mask	
 Staff wear facemasks or face coverings in corridors or communal areas 		
 Staff wear facemasks or face covering in staff rooms or shared office space 		
Stop in-person staff meetings	P_stf_meet	
Staff maintain 2m distance from students	P_stf_dist	
Staff maintain 2m distance from other adults at school		
Teachers stay at the front of the class		
Staff regularly wash or sanitise hands	P_stf_hand	
Students		
Students stay home if they, or someone in their household,	P stu hom	

•	Students stay home if they, or someone in their household, has Coronavirus symptoms	P_stu_hom e
•	Students wear face masks or face coverings in the classroom	P_stu_mas
•	Students wear facemasks or face coverings in corridors or communal areas	
•	Students wear facemasks on dedicated school transport	

Students stay in the same group ('bubble') at all times during P_stu_smlg the school day rp • Students stay in the same group ('bubble') in wraparound care as in the classroom • Students stay in the same group or 'bubble' on school transport as in the classroom Not providing wraparound care Not providing after-school activities The same teacher/teaching assistants work with a single P stu staff class throughout the school week Daily / weekly temperature checks for students P_stu_temp Students maintain distance from other students P_stu_dist

Students regularly wash or sanitise hands

• Students catch cough or sneezes with tissue or arm

Classroom environment		
•	Additional hand sanitisers in classrooms	P_ce_sani
•	Seats and desks are spaced apart to maintain distance between students	P_ce_desk
•	Keep all desks facing forward	
•	Remove non-essential objects from classrooms	P_ce_obj
•	Removing soft furnishings and toys that are hard to clean	P_ce_toy
•	Increased cleaning of frequently touched surfaces	P_ce_clean
•	Scheduling more outdoor lessons and activities	P_ce_out

P_stu_hand

P stu arm

- Ensuring students use the same classroom throughout the day
- Ensuring students do not share equipment or learning materials in classrooms
- Ensuring students do not carry equipment or learning materials between home and school

P_	_ce_	_class
P_	_ce_	_share

P_ce_carry

School rules and environment

One-way systems in school corridors

P_se_onew ay

Hand sanitisers at the school entrance

P_se_sani

Staggering the times students start and end the school day

P se drop

• Staggering break times for different classes

P se break

• Clean surfaces in the dining hall between groups

P_se_gath

Stop large gatherings of students e.g. assemblies

P se sport

Stop team sports

P se dist

- Distancing among parents dropping off or picking up children
- 9. What preventive measures have been particularly challenging or have not worked well? [P_chalother] {Free text}
- 10. What preventive measures have worked well that you would like to share? [P_othergood] {Free text}

11. Have you conducted or do you plan to conduct an internal evaluation or review of how well preventive measures are being implemented at your school?☐ Yes
□ No
{If yes, ask the following question}
12. Approximately how often are you conducting these internal evaluations/reviews? □ About once or twice per week □ About once or twice per month □ About once or twice per term or less □ Other, specify
13. Have you been sent information on how to reduce risk of transmission of Coronavirus in schools from any of the following sources? [R_ginfosource] [Tick all that apply]
 Department for Education Public Health England Local authority Other, specify No information received
14. How would you rate the usefulness of this information? [R_ginfouse] {Conditional on Q9 above, display only those option that have been selected in Q9
and request a rating of usefulness for each – in a horizontal row}
 Very useful Quite useful Not very useful Not at all useful
15. If you wish to, please briefly explain why you think so [R_ginfouse_s] {Free text box}
16. Does your school have a process in place if a staff member or student reports Coronavirus symptoms at school? [R_procsymp] □ Yes □ No

_	ve a process in place if a staff member or student reports ms at home? [R_procsymp]
necessitate closure o	ve a policy about the number of cases that would of <u>a class</u> ? [R_procclose] nter number of cases <i>{Free text}</i>
necessitate closure o	ve a policy about the number of cases that would of a year group? [R_procclose] nter number of cases {Free text}
necessitate closure o	ve a policy about the number of cases that would of the whole school? nter number of cases {Free text}
,	n guidance about whether your school will be notified about ong staff from any of the following sources?
 Department for Public Health Local authority Other, specify No information 	England /
-	n guidance about whether your school will be notified about ong students from any of the following sources?
 Department for Public Health Local authority Other, specify No information 	England /

23. Have you been given guidance about whether your school will be notified about confirmed cases among household members of students from any of the following sources? [Tick all that apply]
 Department for Education Public Health England Local authority Other, specify No information received
24. Have you so far been directly informed by any government or public health agency about confirmed Coronavirus cases in any of the following groups at your school? [Tick all that apply]
 Yes, staff case(s) Yes, student case(s) Yes, household member(s) of student(s) No, we have not received any information directly from public health agencies about confirmed cases at our school
25. Has your school so far used the DfE Helpline for advice on COVID-19? ☐ Yes ☐ No ☐ Not sure
Section 3: Demographics
26. What is your gender? [D_sex]
27. What is your age? [D_age] □ 25 years and under □ 26-35 years □ 36-45 years

	46-55 years
	56 years or over
	Prefer not to say
28 What	is your ethnic group? [D_eth]
20. What	Asian/ Asian British
	Indian
	Pakistani
	Bangladeshi
	Chinese
	Any other Asian background
	Black/African/Caribbean/Black British
	African
	Caribbean
	Any other Black/ African/ Caribbean
	White
	English/Welsh/Scottish/Northern Irish/British
	Irish
	Gypsy or Irish Traveller
	Any other White background
	Mixed/Multiple ethnic groups
	White and Black Caribbean
	White and Black African
	White and Asian
	Any other mixed/ multiple ethnic background
Ц	Any other mixed/ multiple ethnic background
	Other ethnic group
	Arab
	Any other ethnic group (please specify):
	,
	Prefer not to say

Thank you very much for completing this questionnaire. Your time and contribution are most appreciated.

If there is more you would like to say about any topics covered in this questionnaire, please tick the box below and we will be in touch [D_getintouch]

□ Yes, please get in touch