



THE WELLS ACADEMY

BE KIND. WORK HARD. ACHIEVE GREATNESS

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13.01.21

Dear Staff

Re: NHS Test and Trace: COVID-19 testing for Wells Academy staff

Information relating to NHS Test and Trace: COVID-19 testing for staff and pupils

You may have heard that testing for those without coronavirus symptoms is beginning across the country using COVID-19 tests known as 'lateral flow tests'.

Along with the other protective measures we are taking, these tests can help staff and pupils remain in school safely. Up to one third of people who have coronavirus experience no symptoms. By testing we will help to stop the virus spread and help to keep our school open as safely as possible. The test is voluntary.

We will soon be testing all staff and pupils who are currently attending the keyworker and vulnerable provision.

I enclose an instructional leaflet with some more information (below) as well as a consent form (attached). This is also available electronically [HERE](#)

If you are happy to be tested, please return the enclosed consent form, which will enable us to register and complete the test(s) for yourself, to njones@thewellsacademy.org.

The lateral flow tests are quick and easy using a swab of your nose and throat. Results take around half an hour from testing and you will be informed if you need to take a further PCR test. You can find further information which explains how your data will be used to process the test and the Privacy Notice, (both supplied by the DfE) on Greenwood Academies Trust website www.greenwoodacademies.org then click on the tab for COVID-19 testing or by following the links below:

[Data Protection FAQs](#)

[GAT Privacy Notice](#)

[Privacy Notice for contact details](#)

I hope that the information in this letter is helpful and clear. If you have any questions, please do not hesitate to ask.

Yours sincerely,



KINDNESS

RESILIENCE




GREATNESS








HOW TO DO YOUR TEST


WHILE THIS IS A SELF-SWAB TEST, THERE WILL BE A TESTING HELPER WHO WILL OVERSEE THINGS AND PROVIDE HELP IF YOU NEED

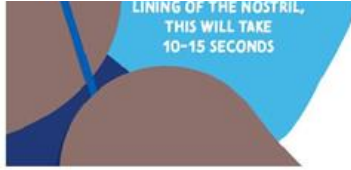
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YOUR COVID-19 TEST WILL BE SCHEDULED. IF YOU ARE UNDER 16, YOUR PARENT / CARER WILL HAVE CONSENTED
- 


YOUR TEST WILL BE FAST AND WHILE IT MIGHT FEEL A LITTLE UNCOMFORTABLE, IT WON'T HURT YOU
- 


BLOW YOUR NOSE IF NEEDED. WASH AND DRY/SANITISE YOUR HANDS. REMOVE THE SWAB BEING CAREFUL NOT TO TOUCH THE SOFT PART
- 

10 SECS
OPEN YOUR MOUTH WIDE AND USE A MIRROR TO LOOK AT THE BACK OF YOUR THROAT, THEN USE THE SWAB TO RUB FIRMLY 4 TIMES ON EACH SIDE
- 

REMOVE THE SWAB CAREFULLY WITHOUT TOUCHING YOUR TEETH, TONGUE OR GUMS
- 

LINING OF THE NOSTRIL, THIS WILL TAKE 10-15 SECONDS
- 

YOUR SWAB CAN THEN BE PLACED IN A TUBE FOR TESTING, THIS TAKES ABOUT 30 MINUTES
- 

AFTER THIS, YOU'RE DONE, GENTLY REMOVE THE SWAB BEING CAREFUL NOT TO LET ANYTHING TOUCH THE TIP
- 

YOUR SCHOOL / COLLEGE WILL CONTACT YOU OR YOUR PARENT / CARER WITH THE RESULTS AND LET YOU KNOW WHAT HAPPENS NEXT

Consent form for COVID-19 testing in secondary schools and colleges

Introduction

This consent form is for participation in tests designed to detect asymptomatic coronavirus cases. Anyone experiencing symptoms should follow [government guidelines to self-isolate](#), even if they have had a recent negative lateral flow test.

Consent relates to the following groups of students/pupils and staff as follows:

- **For pupils and students younger than 16 years** - this form must be completed by the parent or legal guardian. Please complete one consent form for each child you wish to participate in testing.
- **Pupils and students over 16 who are able to provide informed consent** - can complete this form themselves, having discussed participation with their parent / guardian if under 18.
- **For any pupil or student who does not have the capacity to provide informed consent** - this form must be completed by the parent or legal guardian. Please complete one consent form for each child you wish to participate in testing.
- **Staff** will complete this form themselves.

Terms of consent

1. I have had the opportunity to consider the information provided by the school/college about the testing, ask questions and have had these answered satisfactorily, based on the information presented in the letter dated 6.1.20 and the attached Privacy Notice.
2. In the case of under 16s, I have discussed the testing with my child and my child is happy to participate. If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.
3. I consent to having / my child having a nose and throat swab for lateral flow tests. I / my child will self-swab if I / my child is able to otherwise I understand that assistance is available. In the case of under 16s or pupils who are not able to provide informed consent, I have discussed the testing with my child and they are happy to participate and self-swab (with assistance if required).
4. I understand that there may be multiple tests required and this consent covers all tests for the below named person. If, on the day of testing I / they do not wish to take part, then I understand I / they will not be made to do so and that consent can be withdrawn at any time ahead of the test.
5. I consent that my / my child's sample(s) will be tested for the presence of COVID-19.

6. I understand that if my /my child's result(s) are negative on the lateral flow test I will not be contacted by the school/college except where I am / they are a close contact of a confirmed positive.
7. If the lateral flow test indicates the presence of COVID-19, I consent to having / my child having a nose and throat swab for confirmatory PCR testing. I/they will follow the instructions on the PCR Kit to return the test the same day to an NHS Test & Trace laboratory.
8. If the lateral flow test indicates the presence of COVID-19, I commit to ensuring that I / my child is removed from school premises as promptly as possible, bearing in mind I / they may have some anxiety following a positive test result.
9. I consent that I / they will need to self-isolate following a positive lateral flow test result, until the results of the confirmatory PCR have been received.
10. I agree that if my / my child's test results are confirmed to be positive from this PCR test, I will report this to the school / college and I understand that I / my child will be required to self-isolate following public health advice.
11. I consent that if a close contact of my child tests positive but I / my child has tested negative, I / they will continue to attend school / college but will be tested every day at school / college for 7 days.

First Name	
Last Name	
Year group (if applicable)	
Date of Birth	
Gender – this information is needed for Department for Health and Social Care research purposes.	Male/Female
Ethnicity - this information is needed for Department for Health and Social Care research purposes.	Asian or Asian British Black, African, Black British or Caribbean Mixed or multiple ethnic groups White Prefer not to say
Currently showing any COVID-19 symptoms?	
Home Postcode	
Email Address – this is where test results will be sent	
Mobile Number – this is where test results will be sent. Please do not put a landline number – you can only receive test results to a mobile number.	
Name of parent/guardian giving consent	
Relationship to test subject	
Signature (typing out your name is sufficient if you are filling in this form digitally)	
Today's date	
Details of any health or accessibility issues which might affect a child's safe participation in the testing exercise.	