Briefing Meeting with PHS Experts and Clinicians Tuesday 22nd March 2022, 3.00pm – 4.05pm

(1) <u>Public Health Scotland (PHS)</u>: The President welcomed representatives from PHS and the Scottish Government to the meeting following the Scottish Government's planned staged removal of Covid mitigations within educational settings. It was noted that the 5 representatives in attendance were: Sam Anson, Prof Linda Bauld, Dr Eileen Scott, Dr Diane Stockton and Dr Colin Sumpter.

A short presentation of current Covid data gathering and evidence, including vaccine uptake and case rates, was provided by PHS along with an explanation as to how this information was analysed to inform the updated subgroup mitigation guidance. PHS noted that whilst there is a high number of Covid infections, hospitalisation and mortality rates were low.

Professor Linda Bauld then gave an overview of the views of the advisory subgroup that advises the Chief Medical Officer (Scotland) that she chairs. The Group believes that there is a low risk of harm to children from Covid and that transmission is mainly by households – and that the planned lifting of mitigations for schools should reflect that in wider society albeit after the Easter break. Severe outcomes to covid are also mitigated by vaccinations. Parents and visitors would be allowed in schools, and that one-way systems should stop. In terms of testing, recognised teachers' concerns, that the Group believed it reasonable to remove regular testing (twice weekly) and asymptomatic testing. Routine mitigations should continue, ventilation, hygiene, self-isolation if you feel unwell and continued facemasks on school transport. Covid has not gone away, and we continue to look for variants of concern.

Following the presentation, the President welcomed questions and comments from the EIS representatives.

The first question referred to Prof Jason Leitch's recent letter stating that LFT tests would not be available in schools but also referred to cases where people had tested Covid positive. It was asked where would the LFT tests come from, how much would they cost and if families could not access them surely it would have a detrimental impact on Covid cases numbers in schools? The response was that outbreak management, and that people would be advised not to buy tests after routine LFT testing ends. Now moving to a stage that Covid infection is no longer a severe risk that it was earlier during the early part of the pandemic.

Another question raised two issues; those members that are highly vulnerable that seem to have no FFP2 masks given to them and secondly, a group of members that cannot receive the vaccine. The response was that vulnerable people should follow the general population health advice according to the CMO, as there were better Covid treatments available. Furthermore, that FFP2 masks should be given as an outcome of the risk assessment process that should be regularly updated for vulnerable staff (as set out in the risk assessment section of the revised guidance).

Another question raised several issues around the withdrawal of LFT testing, the consequences of Covid and long Covid. The planned changes are disappointing, and the removal of asymptomatic testing is concerning, as well stopping CERG meetings. There is a lack of confidence from within the teaching profession that has been let down again. Will public transport be improved? The response was that CERG would change to be a non-ministerial monitoring group and could be fully reactivated if necessary. The public transport question would be referred to the appropriate section of the Scottish Government.

Public Health Scotland made the point that whilst LFT testing would stop, all people having respiratory symptoms or simply feeling "unwell", should stay home. Furthermore, the test and protect transition plan includes a comprehensive section covering the surveillance of new variants.

Another question asked why mitigations are being removed whilst there is a high covid infection rate. The response referenced that the plans to reduce mitigations were a proportionate response to the current risks, the power of the vaccines, accumulated non-physiological harms including disruption to learning. One cultural shift will be to stay home if you are unwell. Furthermore, there was now a decoupling of Covid infection and serious harm rates.

Another question asked about vaccination waning, and whether the decoupling between infection and hospitalisation may be re-established. The response recognised waning and that the JCVI would be looking into this. In terms of the impact on teachers of stopping asymptomatic testing, the PHS were not sure. There is a belief that some people were using LFT testing for screening and implied they were going to work whilst ill (not with Covid) if the test was negative – but that PHS wanted people not to go to work/school if they are unwell or have respiratory symptoms.

Another question asked whether a list of symptoms that should lead to staying home would be published and how could long covid be diagnosed if there was no positive Covid at the start. The response was that if you felt unwell then you should stay home, and that future advice would be updated in due course.

A point was made that current absence policies did not support a position that staff should stay at home if feeling unwell as they sought to maximise attendance. A response was made that such a cultural shift was necessary. A point was made that people would stay home with colds.

Another question raised the capacity of parents to look after pupils at home if they are simply "unwell" and that such a cultural shift was unlikely. Furthermore, the pressure on staff to attend work was considerable and unlikely to end. Teachers were dealing with the challenges arising pupils return from lockdown and that the EIS was not asking for further lockdowns – simply the tools and mitigations to protect staff and pupils in school.

The point was made that the SNCT Special Leave policy was dependent on being diagnosed with Covid. Furthermore, we were lucky that the Omicron variant is not as potent as the next variant may be. Two questions put asking for a revised list of symptoms that should necessitate people staying at home and, secondly, if people did take an LFT (that they paid for) and were tested positive after April would they have to self-isolate. The response was that whilst the future guidance had not yet been written – the point around private tests was not yet addressed and to stress that if a person feels unwell then they should stay home.

A point was made that members were concerned that the mitigations were going to be rolled back at a time of high covid cases. PHS responded by saying that at this stage of the pandemic, from the public health perspective they were focused on the hospitalisations and severe consequences cases rather than the case numbers – reflecting the circumstances of where we are now.

The final point was made about keeping free LFTs for teachers like health workers as a positive test provides evidence to employers which assists the sickness absence policies. Furthermore, had the mitigations been removed at the end of the school year (as opposed to the start of the new term) then the impact on school exams may be reduced.

The opportunity to raise questions and concerns directly with the Scottish Government and PHS was welcomed and thanks were passed for their attendance.