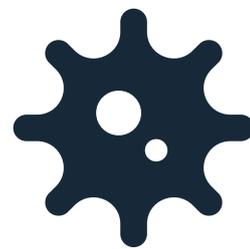


Covid-19: Why clinically extremely vulnerable staff must be allowed to work from home



1. People defined by Government as **clinically extremely vulnerable** (CEV) have medical conditions that increase their personal vulnerability to Covid-19 and are at very high risk of severe illness should they contract it. CEV status is based on specific medical conditions listed in Government guidance or decisions by hospital clinicians or GPs.
2. The DfE's guidance for CEV staff in schools and colleges for September onwards argues that all school and college staff can attend the workplace provided that other safety measures are observed. By contrast, the Government's advice to CEV people during the recent national restrictions was: *You are strongly advised to work from home. If you cannot work from home, you should not attend work for this period of restrictions.*
3. The NEU does not accept the DfE advice that CEV staff can work safely in schools and colleges. While national restrictions have been lifted, the level of case rates and the risk of transmission and contraction of Covid-19 remains unacceptably high. **The National Education Union (NEU) is therefore advising all employers, head teachers and principals that, in order to ensure compliance with their legal obligations with regard to staff safety, CEV staff should in all cases be permitted to work at home.**

Outbreaks in schools

4. There have been **1,997 confirmed outbreaks of coronavirus** in England's schools this term. Secondary schools and primary schools are the second and third most common locations which the test & trace app links with people testing positive for Covid-19. Taken together, schools are by far the most common location linked, well ahead of supermarkets and hospitality venues.
5. Pupil attendance data shows how widespread Covid-19 has become in schools with 73% of state-funded secondaries and 29% of state-funded primaries reporting last week that one or more pupils are self-isolating due to potential contact with a case of Covid-19 inside school.

Transmission risks in schools

6. Secondary age children transmit the virus as much as adults. **SAGE** now finds that secondary age pupils are the most efficient transmitter of Covid-19 into households. This means that secondary pupils can transmit the virus to adults in schools.
7. **Infection amongst secondary pupils** is the highest of any age group – 54 times what it was at the beginning of September.





8. [Infection amongst primary pupils](#) is also high with more than 1% currently infected with the virus. The infection rate has increased 11 times since the beginning of September.
9. The [WHO](#) and [SAGE](#) recognise that aerosol transmission of coronavirus is possible. SAGE advises that: "People should not spend long periods of time in poorly ventilated spaces with other people." Classrooms, however, are often poorly ventilated and are generally crowded. The risk of aerosol transmission is therefore particularly high in classrooms. SAGE also cautions that: "*Asymptomatic and presymptomatic transmission of SARS CoV2 is now known to occur.*"
10. The Coronavirus Infection Survey indicates that the infection rates among school age children may have levelled off. However, they remain higher than at the start of the lockdown. The School Infection Survey will have its first results this week and we expect them to be made public to better understand the risk of transmission in schools.
11. Even if these rates begin to fall, it is clear that schools and colleges are not safe workplaces for CEV people, given what we know about the capacity of secondary pupils to transmit the virus and the concentrated numbers of pupils in primary and secondary schools alike.
12. Some teachers and support staff are at even greater risk due to the close and personal contact with pupils which is involved in their work. This is particularly true in SEND settings, especially where pupils have difficulty controlling behaviour which creates a greater risk of airborne transmission of the virus.

Change in risks since 5 November

13. The rate of Covid-19 infection has not declined since 5 November, when it was necessary to implement the lockdown, although according to the [Coronavirus Infection Survey](#) (CIS) the rate of infection has levelled off.
14. There is very significant regional variation in the rate of infection. Between 8-21 November, the [Office for National Statistics](#) estimated that the rate of Covid-19 infection amongst secondary pupils in Yorkshire and The Humber was 4.9%, more than double the national average. And they estimated that the rate of infection amongst primary pupils in the West Midlands was 2.7%, again more than double the national average.
15. As noted above, pupil absence has risen sharply. On [Thursday, 5 November](#), 38% of state-funded secondaries and 11% of state-funded primaries reported that one or more pupils were self-isolating due to potential contact with a case of Covid-19 inside the school. [Last week](#), that had risen to 73% and 29% respectively.





Teacher and support staff absence due to Covid-19

16. The Government has refused to release any absence figures for teachers and support staff. However, we know from [a survey by Teacher Tapp](#) that last week 8% of teachers were self-isolating and this was double the rate for any other week this term.

Alternatives to working in school

17. The high levels of pupil absence generally (which are even higher in areas with the highest rates of infection) suggest that CEV staff would be able to undertake plenty of work in relation to those pupils and those who are at school when working at home.
18. When employees are working from home, they should receive full pay and this time should not be treated as paid or unpaid leave. For some staff whose usual role cannot easily be undertaken from home, a mutually agreed temporary change to duties may be required to facilitate home working. However, in a small number of cases staff may need to be at home on normal pay without work to fulfil.
19. Depending on personal, domestic, workplace and local circumstances, working at home may also be the safest measure to adopt for some other staff who are clinically vulnerable or who have household members who are CEV.

