**Weekly Nasal Swabs: parent/guardian information leaflet**

We are working with Public Health England to understand how the new coronavirus, SARS-CoV-2, affects children, teachers and other study in preschool, primary or secondary schools. We also want to know whether children can be infected with the virus without developing any symptoms. This information is important because it will help us decide how to bring all the children and staff safely back to school.

We are writing to you because your child is currently attending preschool/school. Your school has given us permission to conduct this surveillance and to contact you. Before you decide to take part, we would like you to understand why we are doing this, and what it would involve for you and your child. Please ask us if there is anything that is not clear.

1. **Why are we doing this?**

We know very little about how SARS-CoV-2 affects children, whether children can be infected with the virus without becoming unwell and what part children might play in passing the virus to others.

1. **What will happen if I agree for my child/children to take part?**

If you agree for your child to take part, we will ask you to sign a consent form and complete a short questionnaire about your family and your child’s health. We will arrange for your child to have a nose swab once a week until the end of the summer term. This will involve rubbing a soft cotton bud on the inside of each of your child’s nostrils to test for the virus. Taking a nose swab is very simple and safe. The swab will be taken by the school nurse or equivalent. You will have the opportunity to attend the session with your child if you wish. If your child is anxious or concerned, we may ask your help in taking the nose swab. Where possible, physical distancing will be maintained, and aprons, gloves and face masks will be worn when taking the nasal swab.

1. **What will happen next?**

The nasal swabs will be taken around the same day every week. If your child becomes unwell during the term, you should record their symptoms in the diary card provided. This will be collected with the final swab at the end of the term. This will help us understand the results of samples we takefrom you.

1. **Will you tell me my child’s results?**

We will tell you your child’s nose swab results as quickly as possible, but this may take a few days. Children rarely carry the virus and we expect very few children in the school (if any) to be infected the virus. If your child is infected with the virus, the school and the track and trace programme will be informed so that appropriate actions can be taken to protect the other students, staff and other contacts your child may have had. We will also inform your child’s GP so that your child’s medical records are appropriately updated. The school will ask you to keep your child at home for 7 days to stop the virus spreading to others. If your child develops any symptoms during those 7 days, then you should keep them at home for 7 days from the day of the first symptoms. Your child can then return to school as long as they are not unwell. We may contact your family for additional information and testing.

1. **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 the virus. The overall results will help us make important decisions about how to ease the lockdown and allow all the children and staff back to school safely. For some, having the swab may cause temporary discomfort but this should last only a few seconds. A nasal swab involves inserting the tip of the cotton bud into each nostril. This is **not** the same as a nasopharyngeal swab, which involves inserting the swab deeper into the nasal passage and can be more painful.

1. **Do I have to take part?**

Participation is completely voluntary and if you choose not to take part this will not affect the care or education that your child receives.

1. **Will taking part in this study be confidential?**

We will need to collect some personal information, including names, date of birth, contact details some health information about your child and other household members. We need this information to understand the results of the tests that we perform and to contact you during the surveillance. Only those involved with this surveillance will have access to this information.

Your child’s questionnaire and samples will only be labelled with a unique code number and not with a name or date of birth. We will keep all information about you and your family safe and secure. We will write our reports in a way that no one can work out that your child took part in the study. All personal data will be stored in accordance with the [General Data Protection Regulations](https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation) (GDPR) and the [Data Protection Act 2018](https://www.gov.uk/data-protection). An anonymised (i.e. no individual can be identified) copy of the information may be placed in the Office for National Statistics Secure Research Service for additional analysis and statistics, subject to all relevant legal, statutory and policy requirements and safeguards.

1. **Can we change our mind?**

You can decide to withdraw your child at any time, without giving a reason. We would like to keep the information and results that we might already have collected unless you tell us not to.

1. **What if there is a problem?**

If you have any concerns, please talk to a member of our team.

If you are still unhappy, you can contact the Public Health England Complaints Manager, Strategy Directorate, Wellington House, 133-155 Waterloo Road, London, SE1 8UG or email: [complaints@phe.gov.uk](mailto:complaints@phe.gov.uk)

**Thank you for your time**

**Weekly Nasal Swabs: Consent Form For Parents/Guardians**

COVID-19 **S**urveillance in **KID**s **(code: sKID)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | | *Initial* | |
| 1 | I confirm that I have read and understand the Parent/Guardian Information Sheet. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | |  | |
| 2 | I understand that my child’s participation is voluntary. I am free to withdraw my child at any time without giving a reason and without my child’s care or education being affected. | |  | |
| 3 | I understand that the information I provide, and my child’s samples, will be labelled with a unique reference number and will not have my child’s name or any personal details recorded | |  | |
| 4 | I understand that the samples collected will be used to test for coronavirus, SARS-CoV-2 | |  | |
| 5 | I understand that my and my child’s personal data will be stored in accordance with the Data Protection Act 2018 and the GDPR | |  | |
| 6 | I agree for my child to have a nose swab taken every week during the school term | |  | |
| 7 | I understand that if my child’s swab is positive, the results will be reported to the school to ensure the safety of students and staff, my child’s GP and the track and trace team | |  | |
| 8 | | I would like to be informed of my child's test results |  |

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s signature (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_