**Weekly Nasal Swabs: Staff Information Sheet**

We are working with Public Health England to understand how the new coronavirus, SARS-CoV-2, might be transmitted in preschool, primary and secondary schools. We also want to know whether students and staff can 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 after the lockdown.

We are writing to you because are a member of staff in the 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. Please ask us if there is anything that is not clear.

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

We know very little about how the new coronavirus affects staff and children in preschool, primary and secondary schools. We do not know whether staff or children carry the virus without becoming unwell or how the virus is transmitted in these settings.

1. **What will happen if I agree to take part?**

If you agree to take part, you will be asked to attend an appointment at your preschool/school. We will ask you to sign a consent form and complete a short questionnaire about your health.

A nurse will show you how to take your own nasal swab. This involves rubbing a soft cotton bud on the inside of each of your nostrils to test for the virus and takes a few seconds only. Physical distancing will be maintained where possible and, if needed, the nurse will wear aprons, gloves and face masks.

1. **What will happen next?**

After you the first swab, you will be asked to provide a weekly swab around the same time every week until the end of the summer term. If you feel unwell during the term, you should record your 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 results?**

We will tell you your swab results as soon as possible, but this may take a few days. If you are 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 you may have had. We will also inform your GP so that your medical records are appropriately updated. The school will ask you to self-isolate at home for 7 days to stop the virus spreading to others. If you develop any symptoms during those 7 days, then you should stay at home for 7 days from the day of the first symptoms. You can then return to school as long as you are not unwell. We may contact you for additional information and testing.

1. **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 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 you can choose to take part or not.

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

We will need to collect some personal information about you, including your name, date of birth, contact details, some health information about you 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 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 you took part. Your 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 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

**Thank you for your time**

**Weekly Nasal Swabs: Consent Form For Staff**

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

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|  |  | *Initial* |
| 1 | I confirm that I have read and understand the Staff 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 at any time without giving a reason  |  |
| 3 | I understand that the information I provide and my samples will be labelled with a unique reference number and will not have my name or any personal details recorded on the samples |  |
| 4 | I understand that the samples collected will be used to test for SARS-CoV-2  |  |
| 5 | I understand that my personal data will be stored in accordance with the Data Protection Act 2018 and the GDPR |  |
| 6 | I agree to have a nose swab taken every week during the school term |  |
| 7 | I would like to be informed of my test results  |  |
| 8 | I understand that if my swab is positive, the results will be reported to the school to ensure the safety of students and staff, my GP and the track and trace team |  |

Name of Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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