

Written evidence submitted by Mr Mark Nash, Twynham School

Potentially fatally flawed guidance for schools to open to all in September

As a qualified teacher and a parent of a nine-year-old daughter, I am very aware of the importance of education, but this must be balanced with the public health risk.

The government's guidance issued to schools fails to achieve this.

Scenario from September in England: Father is still working from home; mother's job requires full PPE; secondary age children are in school mixing with year groups of possibly over 300 children plus staff, some of whom had been shielding; no physical distancing is to be enforced in schools; no PPE routinely is to be used in schools; after school, children visit grandparent(s) who had been shielding; the seasonality of the virus is unknown as the UK heads into autumn and winter; groups of over 30 are illegal outside of schools.

Apart from the urge to get children all back in school, what scientifically makes classrooms unique environments and workplaces? Will the failure to find an alternative plan for education drive the spread of a virus which has already killed over 44,000 British people?

97% of infections have occurred in confined spaces. Classrooms are confined spaces where there will be no physical (social is a misnomer) distancing.

Evidence is growing for the airborne transmission of the SARS-CoV 2 virus:

https://www.nytimes.com/2020/07/04/health/239-experts-with-one-big-claim-the-coronavirus-is-airborne.html?campaign_id=154&emc=edit_cb_20200706&instance_id=20063&nl=coronavirus-briefing®i_id=126573473&segment_id=32755&te=1&user_id=c46f08d45243798ad4907159fd3d49f7. School classrooms have inadequate airflow and filtration.

The guidance fails to take into account risk factors such as age, gender, co-morbidities and ethnicity. In some communities, deprivation will be a further risk factor.

There is also a failure to recognise that a person is most infectious in the three days before displaying any symptoms, if he or she does.

Deaths of children from Covid-19 are rare, but children are susceptible to conditions such as multi-system inflammatory syndrome, and chronic fatigue. Furthermore, children have also largely been protected as the majority have been learning from home.

A key safeguarding measure is FTTIS, Find, Test, Trace and Isolate, but it is not sufficiently effective and localised data is inadequate as indicated in:

<https://www.youtube.com/watch?v=lnyn989SicM>

From the start to 23:15 mins then 42:25 to 45:35

It is a prerequisite for speedily and effectively managing outbreaks.

Independent SAGE's report into partially expanding the opening schools from June has some relevance:

<https://www.independentsage.org/category/report-on-schools/>

Before the government's guidance on opening schools to all from September was published, I requested that Independent SAGE review the guidance on its release. I assume they will have done so in time for the Select Committee to consider Independent SAGE's specific response.

What scientific/medical evidence is the government's guidance based on? Does it stand up to scrutiny or are measures such as school closure after x cases, arbitrary?

There is no risk-free solution. Education is extremely important, but the guidance issued is not only flawed, but potentially fatally flawed. Rather than take unreasonable risks with the lives of school children, staff, and families during a pandemic, it is better to head off the problem rather than take remedial action after tragic events. An alternative must be found and put into safe practice.

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