

SafeEdForAll Briefing

Revised 9th January 2022

Who is SafeEdForAll?

We are a group of parents acting on behalf of thousands of unheard families in the UK. We understand that i) to maximise attendance and child benefits from education, school operations must be made Covid-safe, and ii) UK data and parent experience proves this was not done.

Objective

We seek MP support for the overdue prioritisation of education, which implicitly requires respect for child and family health and can be delivered through the actions listed below.

Requested Actions

1. Provide a 2-dose vaccine choice for all children aged 5+ (with boosters pending approval)
2. Ensure all educational buildings are ventilated to CIBSE standards, including HEPA-virus removal
3. Temporarily mandate the use of masks in all educational buildings to compensate for current mitigation failures until British children are no longer hospitalised on a daily basis by SARS-CoV-2.
4. Ensure schools return to transparent test & trace programmes: informing staff and parents of contacts (with DfE support).
5. Stop all criminal prosecutions of parents and the punitive measures used against those who choose to temporarily remote educate at home (enabling parents to educate and work)

Evidence and Rationale

- 1. Provide a 2-dose vaccine choice for all children aged 5+ (with boosters pending approval)**
 - Child hospitalisation rates are ten times higher in unvaccinated children¹, and hospitalisation is correlated with greater cognitive impairment²
 - Reduced Covid-severity maximises attendance by minimising time spent ill. 77,000⁶ children are currently suffering from long Covid; 14,000⁶ now for more than a year.
 - The vaccine option is preferred by most children and parents⁸ (maximising attendance). There is a potentially greater protective benefit from vaccinating individuals in areas of high transmission.
- 2. Ensure all educational buildings are ventilated to CIBSE standards, with HEPA virus removal**
 - CIBSE ventilation guidance³ specifies clear quantitative limits for air quality where loud talking is expected (such as classrooms), CO2 levels should be kept below 800 ppm, and fresh air flow rate must be at least 10L/second per person. This needs to be explicit in guidance, not just linked, as local authorities and headteachers claim this is not a part of the guidance.
 - HEPA filtration is highly cost-effective, can be immediately deployed, and can efficiently remove viral hazards from classroom air⁵.
 - HEPA filters should remain in class as they i) do not interfere with mechanical or natural ventilation systems, ii) improve the reliability of natural ventilation systems (SAGE EMG

Advice)⁴. Natural ventilation systems (most schools) do not work consistently at low wind speed and present problems in cold weather³. Urgent demand can be met by utilising a range of HEPA manufacturers with a minimum of 6 air changes per hour per class⁵.

- Some local headteachers and local authorities are blocking parent donations of new, medical-grade HEPA filters with the capacity to prevent infections today: such wilfully harmful obstructions promote infection and must be stopped as an immediate education priority, as SARS-Cov2 and other viruses can lead to learning impairment if not removed from the air¹³.
- Measurements of air quality should be recorded and data made available to parents every month (maximising attendance through wellness and regaining trust).
- Ultimately all educational establishments, indeed all public buildings, should be subject to clean air standards such as those recently passed in California and Ireland. Long term goal of the above specifications being incorporated into a Clean Air Act for all public buildings to future proof education against other pandemics and variants and to provide long-term health benefits for all.

3. Temporarily mandate the use of masks in all educational buildings to compensate for current mitigation failures until British children are no longer hospitalised on a daily basis by SARS-CoV-2.

- Nobody wants to see long-term mask-use in the UK. Delayed & disrupted mitigations (see other points) have prolonged the need for mandates. A concerted effort now, will accelerate the end of this need. Child masks (N95 or FFP2) reduce droplet and airborne transmission⁹.
- Any child who can have the concept that Covid is airborne explained to them (in an age-appropriate way) can be taught good mask hygiene and wear a face covering. Normal exemptions should apply with extra provision (e.g. clear masks) for children with SEN.
- Children in other countries are successfully using child-masks to reduce transmission. Children are used to obeying rules in school, and masks enable more vulnerable/aware children to interact with others more freely.
- Pretending there is no risk (or 'promoting ignorance') *actually increases the risk and disruption to education*: masks reduce the likelihood of closure without draconian measures to keep schools open (ref. point 5 below).

4. Ensure schools return to transparent test & trace programmes: informing staff and parents of contacts (with DfE support).

- Reasons for this were made clear every day in the first year of the pandemic: to minimise outbreaks and harms to children and the wider community, including disruption to education.
- The decision to remove schools from contract tracing and transfer this duty to SERCO Test and Trace has caused loss of trust and waves of infection. Children living with a confirmed positive case should be supported to remain remote learning to break chains of transmission.
- Testing should be required for a list of up to 12 symptoms identified by the World Health Organization. The whole class should be required to test if a positive case occurs, and twice-weekly when there is a higher community prevalence of Covid-19 (50 per 100,000 local community cases.)
- Student/Child contacts should isolate¹⁰ including i) household contacts, and ii) children who have been sitting close to an identified positive case in a classroom, at lunchtime, on transport, and in after school clubs or further structured activities such as Scouts and ballet classes etc.
- To aid contact tracing and contain outbreaks, seating plans for classrooms and eating arrangements should be arranged to maintain smaller groups of close contacts.

5. Stop criminal prosecutions of parents and the punitive measures used against those who choose to remote educate at home temporarily

- Pre-pandemic systems are being incorrectly applied, the attendance law was not intended for the situation we currently face, and parents know their family situations best. What libertarian government would deny parents the freedom to protect?
- Resources are limited. Time and resources spent chasing parents, which should be spent on schools, is a newsworthy scandal.
- Fines and prosecutions WILL NOT persuade parents who follow the science and understand that Covid is airborne to return their child to an unsafe indoor space.
- Threats of fines and prosecutions just cause parents to deregister; this potentially increases the number of legitimate incidences (of safeguarding concerns) not able to be investigated.
- Safeguarding referrals to Social Services made by school leaders who have no legitimate evidence or concerns of any abuse, neglect, safeguarding issues are causing a strain on limited vital safeguarding resources. Safeguarding resources should of course be utilised where there are legitimate evidence and concerns.
- Concerns regarding ‘vulnerable children,’ expressed without any concern for unnecessarily exposing those already ‘vulnerable children’ to increased risk of infection, are disingenuous.
- It does not support parents to make the correct choice to test or isolate if they fear punishment.

Early Day Motion

That this House notes that schools never shut and should never have to; yet expresses alarm that internationally and scientifically recognised, multi-layered mitigations advised by the WHO were not in place before in-person education resumed in September 2020, March 2021, September 2021 and January 2022 to prevent unnecessarily exposing students, staff and their families to increased risk of infection from airborne, Covid-causing pathogens; recognises the importance of face-to-face learning in children’s psychosocial development but stresses that this cannot be at the cost of their safety; notes with concern the failure to issue guidance that was firmly grounded in H&S legislation and scientifically recognised infection control protocols, instead focusing on maximising attendance, which has contributed to over 100 children dying and thousands suffering from long Covid; and asks the Government to stop pursuing the criminal prosecutions of parents who wish to prevent their children from catching and spreading Covid-19; and praises the work of SafeEdForAll, for tirelessly helping hundreds of thousands of families across the UK, who are deeply concerned with the current safety of schools.

References

1 - Delahoy MJ, Ujamaa D, Whitaker M, et al. Hospitalizations Associated with Covid-19 Among Children and Adolescents — Covid-NET, 14 States, March 1, 2020–August 14, 2021. *MMWR Morb Mortal Wkly Rep* 2021;70:1255–1260. DOI: <http://dx.doi.org/10.15585/mmwr.mm7036e2>

2 - Mattioli, Piva, S., Stampatori, C., Righetti, F., Mega, I., Peli, E., Sala, E., Tomasi, C., Indelicato, A. M., Latronico, N., & De Palma, G. (2022). Neurologic and cognitive sequelae after SARS-CoV2 infection:

14 - Airborne viruses controlled by HEPA <https://www.science.org/doi/10.1126/science.abd9149>
<https://www.bmj.com/content/375/bmj.n2895>

15 – CIBSE Guidance on air cleaning technologies https://www.cibse.org/knowledge/knowledge-items/detail?id%3Da0q3Y00000J0w1cQAB&sa=D&source=docs&ust=1640958914204933&usg=AOvVaw38xQtV9Cu_q4C3Wgy6EC7q