MINISTRY OF HEALTH
Palackého náměstí 375/4, 128 01 Prague 2

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Ref. No.: MZDR 14600/2021-19/MIN/KAN

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EXTRAORDINARY MEASURE

The Ministry of Health, as the competent administrative authority pursuant to Section 80(1)(g) of Act No. 258/2000 Coll., on Public Health Protection and amending certain related acts, as amended (hereinafter referred to as "Act No. 258/2000 Coll."), orders this Extraordinary Measure, proceeding pursuant to Section 69(1)(i) and (2) of Act No. 258/2000 Coll., to protect the population and prevent the occurrence and spread of COVID-19 caused by the novel SARS-CoV-2 coronavirus:

I.

1. A child in the preparatory class of primary school and the preparatory level of a special primary school or a pupil of a primary school, full-time form of education at a conservatory or a full-time form of education of a secondary school (hereinafter referred to as a "school") shall only be allowed by the school, school group or school club (hereinafter also referred to as the "school facility") to be present in person at schooling or in the provision of school services if

a) they have taken a non-invasive preventive antigen test for the SARS-CoV-2 virus antigen at the intervals stipulated pursuant to Art. III, performed on their own or performed by another person and provided by the school (hereinafter the "preventive antigen test"), and submits the negative result of this test, or
b) they demonstrate any of the facts referred to in Art. II, or
c) at all times during the provision of schooling or school services in a school building or school facility or in an outdoor environment, if it is not possible to maintain a distance of at least 1.5 m from other children or pupils, they use respiratory protective equipment, that being a respirator or similar device (always without an exhalation valve) fulfilling at least all technical conditions and requirements (for the product), including a filtration efficiency of at least 94% according to the relevant standards (e.g. FFP2, KN 95); children and pupils up to 15 years of age and primary school pupils in the course of schooling or provision of school services at a primary school, school group or school club, and lower secondary school pupils in the course of secondary school education shall be entitled to use as protective equipment a medical face mask or similar device fulfilling at least all the technical conditions and requirements (for the product) of standard EN 14683+AC, which prevents the spread of droplets.

2. The school may only conduct tests using the tests designated for self-testing or permitted for use by non-professionals by the Ministry of Health.

3. The protective equipment referred to in paragraph 1(c) need not be used

a) by persons with intellectual disorders, disorders on the autistic spectrum and cognitive disorders or severe alterations of their mental state, whose mental capacity or current mental state does not allow them to observe this prohibition,

b) by persons who are unable for serious medical reasons to wear respiratory protective equipment as referred to in point 1(c) of the sentence before the semicolon, and who prove this fact to the school by a medical certificate; however, such persons shall be required to wear protective equipment as referred to in point 1(c) of the sentence after the semicolon which is specified in the medical certificate, except where the medical certificate specifically states that the person concerned cannot wear any respiratory protective equipment.

4. For the purposes of the personal presence of the child or pupil at the school facility, the condition under point 1(b) shall be deemed to be fulfilled if the person provides an affidavit of a negative result of a preventive antigen test carried out at the school. An affidavit is not required if the activities of the school and the school facility are carried out by a single legal entity.

5. For children and pupils referred to in point 1(c), the extraordinary measure of the Ministry of Health requiring the wearing of respiratory protective equipment shall not apply while schooling or school services are being provided.

II.

According to Art. I(1)(b), the child or pupil may demonstrate that

a) they have been vaccinated against COVID-19 and submit a national certificate of completed vaccination or a certificate of completed vaccination issued pursuant to the European Union regulation on the EU COVID digital certificate[I], under the condition that at least 14 days have passed since completion of the vaccination program; a national certificate of completed vaccination refers to written confirmation issued at least n the English language by the authorised entity operating in the third country, a specimen of which is published in the list of recognized national certificates on the website of the Ministry of Health of the Czech Republic; the written confirmation must contain data about the vaccinated person, administered type of vaccine, date of administration of the vaccine, identification of the entity that issued the confirmation of that vaccination, whereas these data must be verifiable via remote access directly from the written confirmation, assuming vaccination was performed using a medicinal product.
   i) containing a COVID-19 vaccine granted market authorisation under Regulation (EC) No. 726/2004, or
   ii) a medicinal product manufactured in accordance with a patent for the medicinal product pursuant to point i), if this medicinal product has been approved by the World Health Organization for emergency use; or
b) they have undergone a laboratory-confirmed case of COVID-19, where the period of isolation in accordance with a valid extraordinary measure of the Ministry of Health has ended, and no more than 180 days have passed since the first positive RT-PCR test for the presence of the SARS-CoV-2 or rapid antigen test (RAT) for the presence of the SARS-CoV-2 antigen, or
c) they have taken an RT-PCR test for the presence of the SARS-CoV-2 virus with a negative result no more than 7 days earlier, or taken a rapid antigen test (RAT) for the presence of the SARS-CoV-2 virus antigen with a negative result no more than 72 hours earlier;

[I] Regulation (EU) 2021/953 of the European Parliament and of the Council of 14 June 2021 on a framework for the issuance, verification and recognition of interoperable certificates on vaccination, testing and recovery in relation to COVID-19 (EU COVID digital certificate) was published in the Official Journal of the European Union to facilitate free movement during the COVID-19 pandemic.

Regulation (EU) 2021/954 of the European Parliament and of the Council of 14 June 2021 on a framework for the issuance, verification and recognition of interoperable certificates on vaccination, testing and recovery in relation to COVID-19 (EU COVID digital certificate) in relation to the nationals of third countries with permits to stay or reside in EU member states during the COVID-19 pandemic.

III.

1. Preventive testing at schools is performed on 1 September, 6 September and 9 September 2021. In the case of the preparatory classes of primary school, preparatory levels of special primary school and first year classes of primary school or a primary school class made up of pupils in the first and other years, the school may decide that the first testing day is the second day of school. In this case, children and pupils are subject to the extraordinary measure of the Ministry of Health, according to which it is obligatory to wear respiratory protective equipment until the result of the preventive antigen test is known.

2. The preventive antigen test is always performed immediately after arriving at school. If the child or pupil is not present on the date of testing at school, the test will be performed on the date of their arrival.

IV.

If the result of the preventive antigen test pursuant to Art. I(1)(a) is positive, the school is obliged to contact the child's or pupil's legal guardian immediately and inform them of the result of the preventive antigen test. The school will issue confirmation of the positive test result immediately, indicating the date and time of performing the test, to the child or pupil. The child or pupil is obliged to leave the school immediately; in the case of a child or pupil that cannot leave the school alone, the school is obliged to ensure their separation from other persons immediately and their legal guardian or other escort must pick them up at school. The legal guardian of the child or pupil, or the pupil is obliged to inform the healthcare services provider in the field of general medicine or general pediatric medicine via telephone or other usual remote communication about a positive test result.

V.

If a child or pupil has a positive result of a

a) RT-PCR test for the presence of the SARS-CoV-2 virus, or
b) rapid antigen test (RAT) for the presence of the SARS-CoV-2 antigen and also shows COVID-19 symptoms,

and was present in person at the school 2 days before the test was taken or 2 days after the test was taken, the child's or pupil's legal guardian must report the positive test result to the school; in the case of an RT-PCR test, the time of the collection of the sample and, in the case of a confirmatory RT-PCR test based on the positive result of a rapid antigen test (RAT) for the SARS-CoV-2 antigen (including a preventive antigen test), the time of the antigen test.

VI.

1. If the child or pupil has a positive result of a preventive antigen test, the school or school facility, with respect to any child or pupil that was in one class, division or group with the positive child or pupil during the 2 days before taking this test or 2 days after taking this test,

a) will not allow this child or pupil to attend schooling or the provision of school services for the period until the result of the confirmation RT-PCR test for the presence of the SARS-CoV-2 virus is determined for the child or pupil with the positive preventive antigen test result,
b) will again allow this child or pupil to attend schooling or the provision of school services if the child or pupil with a positive preventive antigen test result

submits the negative result of a confirmatory RT-PCR test for the presence of SARS-CoV-2.

2. The provision of point 1 does not apply to children or pupils,
a) who have been vaccinated in accordance with Art. II(1)(a) or have recovered from COVID-19 disease and meet the conditions set out in Art. II(1)(b), or
b) at an outdoor school or other similar event organised by the school; in such a case, the extraordinary measure of the Ministry of Health on the imposition of isolation and quarantine shall be followed.

3. The provisions of point 1 shall apply mutatis mutandis to children or pupils in the case of a positive test result pursuant to Art. XVII(3) in a teaching staff member, who has personally provided schooling or school services to children or pupils in the class, division or group for 2 days before or 2 days after the test.

VII.

Without undue delay after receiving the test results, the school shall electronically send to the relevant regional public health authority or the Public Health Authority for the City of Prague (hereinafter referred to as the "regional public health authority"), a list of the names of children or pupils who have been tested in school and have a positive result of the RT-PCR test for SARS-CoV-2 or a positive result of the rapid antigen test (RAT) for the SARS-CoV-2 antigen and have symptoms of COVID-19, and shall also send without delay to the relevant regional public health authority a list of children or pupils who were in contact with the school on the days referred to in point V with another child or pupil or teaching staff member who has had a positive RT-PCR test result for SARS-CoV-2 or a positive rapid antigen test (RAT) result for the SARS-CoV-2 antigen and has symptoms of COVID-19. The regional public health authority proceeds pursuant to the extraordinary measure of the Ministry of Health on ordering isolation and quarantine.

VIII.

In the case of a positive result of the preventive antigen test pursuant to Art. I(1)(a), the healthcare services provider in the field of general medicine or general pediatric medicine is obliged to decide on the performance of a confirmation test using the RT-PCR testing method and complete the electronic request form for this test.

IX.

All persons with a positive result of the preventive antigen test pursuant to Art. I(1)(a) are ordered to undergo a confirmation RT-PCR test for the presence of the SARS-CoV-2 virus.

X.

All health service providers are directed to only issue a certificate under Art. I(3)(b) to persons who are prevented from using respiratory protective equipment under Art. 1(1)(c) for serious medical reasons, and are further directed to make a record of that fact and the reasons for it, including the diagnosis, in the person's medical records, including that the natural person has been advised of the risks associated with not using respiratory protective equipment under Art. I(1)(c).

XI.

1. Children or pupils according to Art. I(1)(c) during schooling or the provision of school services

a) shall not exercise indoors; when exercising outdoors, they shall change clothes at a distance from other persons and shall not use the showers,
b) are not allowed to sing,
c) shall use the sanitary facilities designated by the school or school facility only for children and pupils who have not undergone a preventive antigen test as referred to in paragraph 1(a), if it is organizationally possible to provide special sanitary facilities for these pupils at the school,
d) when consuming food and meals, including beverages, shall be seated at a bench or table and shall not be required to wear respiratory protective equipment in accordance with Art. I(1)(c) and shall maintain a distance of 1.5 meters from other persons,
e) shall not be required to wear respiratory protective equipment as referred to in Art. I(1)(c) when in a room (i.e. outside the common areas) at an outdoor school or other similar event organised by the school.

2. The school and the school facility shall ensure compliance with this article.

XII.

1. The school may replace testing using antigen tests to stipulate the presence of the SARS-CoV-2 virus antigen with testing using RT-PCR tests for the presence of the SARS-CoV-2 virus, provided it has non-invasive diagnostic in vitro resources for the performance of self-sampling designated for the subsequent performance of the RT-PCR test, and if it has arranged for the performance of RT-PCR tests with a healthcare service provider named in the list of analysis laboratories of the State Institute of Public Health (http://www.szu.cz/tema/prevence/laboratorni-vysetrovani- puvodce-covid-19). Art. I to IV, VI, VII, XI and XIII shall apply mutatis mutandis unless otherwise specified below, provided that

a) preventive testing shall be conducted at a frequency of once per week, no earlier than 2 days before the start of school and no later than the first school day of the week,
b) this non-invasive prophylactic RT-PCR cannot be substituted by documenting the result of a rapid antigen test (RAT) for the SARS-CoV-2 antigen performed by a healthcare provider; the substitution of a prophylactic RT-PCR test may only be allowed if the results of the rapid antigen tests (RATs) are documented within the time limits specified in Art. III,
c) until the results of the first RT-PCR test is disclosed, children and pupils are subject to the extraordinary measure of the Ministry of Health, according to which it is obligatory to wear respiratory protective equipment.

2. The healthcare service provider in the field of general medicine or general pediatric medicine, which was informed about the positive result of a preventive RT-PCR test, proceeds according to the extraordinary measure of the Ministry of Health on the ordering of isolation and quarantine.

XIII.

The school shall report aggregated data about performed testing of the child or pupil pursuant to Art. I(1)(a) electronically to the COVID forms App without undue delay on the date of obtaining the test results. The report shall contain, at least, the contact person, type of test, total number of tested persons, number of persons with a positive test result, number of persons with a negative test result and number of inconclusive tests.

XIV.

Before commencing preventive testing pursuant to this extraordinary measure, the school will inform all the affected children and pupils and their legal guardians and affected employees about the manner of performing tests and rules specified in this extraordinary measure.

XV.

The school will ensure that all employees and persons subject to testing use personal protective respiratory equipment allocated by the employer, namely a respirator or other device (always without an exhalation valve) meeting at least all the technical conditions and requirements (for a product), including filtration effectiveness of at least 94% in accordance with the relevant standards (e.g. FFP2, KN 95).

XVI.

This extraordinary measure applies only to schools and school facilities registered in the school register pursuant to Act No. 561/2004 Coll., on Pre-School, Primary, Secondary, Higher Vocational and Other Education (the Schools Act), as amended, with the exception of schools established by the Ministry of Justice and schools established at institutions for the performance of institutional or protective education, primary schools at healthcare facilities and schools for which the Ministry of Education, Youth and Sports has established differences in the organisation of the school year, so that the first day of classes is no earlier than 13 September 2021.

XVII.

1. An employer who is a school, school facility as referred to in Art. I or a school canteen or school canteen-dispensary shall allow its employees to be present in person at the employer's workplace only if the employee proves one of the facts referred to in Art. III by the deadline referred to in Art. II, or undergoes a rapid antigen test (RAT) on site to determine the presence of the SARS-CoV-2 antigen for self-testing (use by non-professionals) with a negative result; similarly, if the employee proves on site that they have undergone a rapid antigen test under the supervision of a healthcare professional via an online service no more than 24 hours prior and prove the completion of the test and the negative result by a certificate from the healthcare provider.

2. Unless the employee proves the facts under point 1, Art. I(1)(c), points (3) and (5) and Art. XI shall apply mutatis mutandis to employees in the course of their employment. In exceptional cases, where it is necessary for a child or pupil to be able to see the teaching staff member's mouth during schooling or the provision of school services, it is possible for the teaching staff member to use a protective shield as a respiratory protective device, provided that they maintain a distance of at least 1.5 meters from the children or pupils.

3. If the teaching staff member has a positive result of
a) an RT-PCR test for SARS-CoV-2, or
b) a rapid antigen test (RAT) for the SARS-CoV-2 antigen and has symptoms of the COVID-19 disease,

and provided schooling or school services to children or pupils in the given class, division or group 2 days before the test was taken or 2 days after the test was taken, they must report the positive test result to the school; in the case of an RT-PCR test, the time of the collection of the sample and, in the case of a confirmatory RT-PCR test based on the positive result of an antigen test for the SARS-CoV-2 antigen, the time of the antigen test.

XVIII.
Universities - dormitories

1. The university shall only provide accommodation to university students at university accommodation facilities under the condition that the accommodated students demonstrate one of the facts referred to in Art. II, or the student undergoes a rapid antigen test (RAT) on site to determine the presence of the SARS-CoV-2 antigen for self-testing (use by non-professionals) with a negative result; similarly, if the student proves on site that they have undergone a rapid antigen test under the supervision of a healthcare professional via an online service no more than 24 hours prior and prove the completion of the test and the negative result by a certificate from the healthcare provider.

2. Students are obliged to demonstrate the facts referred to in point 1 prior to the commencement of their accommodation and the university accommodation facility is obliged to check the proof of the facts referred to in point 1. A student who fails to demonstrate the facts referred to in point 1 shall not be allowed to enter the accommodation facilities of the university.

3. The facts shall be demonstrated before the start of the accommodation and every 7 days thereafter, except for the facts referred to in Art. II(1)(a) and (b), which shall be demonstrated only once before the start of the accommodation.

XIX.

The obligations arising from this extraordinary measure shall apply until 10 September 2021, with the exception of the obligations arising from Art. IV through IX, which shall remain in effect until the consequences of a positive test of the child, pupil, or educational worker have expired, and except for Art. XVIII, which shall remain in effect until 31 December 2021.

XX.
Cancellation of school MO

Effective from 1 September 2021, the extraordinary measure of 29 June 2021, Ref. No. MZDR 14600/2021-17/MIN/KAN, as amended by the extraordinary measure of 30 July 2021, Ref. No. MZDR 14600/2021-18/MIN/KAN, is repealed.

XXI.
Effectiveness

This extraordinary measure shall take effect on 31 August 2021.

Rationale:

I. Assessment of the current epidemic situation

The European Centre for Disease Prevention and Control (ECDC) [1] estimates that from September 2021, children and young adults will experience an increase in the number of SARS-CoV-2 infections due to lower immunity and vaccination rates and the expected increased circulation of the virus and the associated emergence of local outbreaks in this population. In EU countries, including the Czech Republic, where the percentage of vaccination against COVID-19 in the adult population is gradually increasing, it is reasonable to expect that the proportion of reported cases of COVID-19 in the unvaccinated child population will increase in the coming months.

Children of all ages are susceptible to SARS-CoV-2 infection and can transmit the virus. Transmission is less frequent in younger children than in older children and adults, and children often suffer only mild cases or are asymptomatic. Children aged 1-18 years have fewer hospital admissions, fewer serious cases of illnesses requiring intensive hospital care and fewer deaths than other age groups. The actual impact and risk of COVID-19 and its long-term consequences in the pediatric population is a priority for further research[1].

The current epidemic situation of COVID-19 in the Czech Republic is still characterized by an increased number of newly diagnosed cases per day. The current daily average number of new cases is around 190, which is almost double the number of cases compared to June/July this year (when the daily average was around 100 cases).

Current data and trends in monitored indicators and parameters for epidemic assessment show a slight and steady increase in new cases in recent days (a 10% increase week-on-week), often linked to incidence within localized outbreaks. The current development is still influenced by the long-term increased number of cases in the capital city of Prague compared to other regions. Prague is currently the only region with a seven-day incidence rate above 25 cases per 100,000 inhabitants, while the national incidence rate has long been in the range of 10 to 16 cases per 100,000 inhabitants. However, it is still possible to speak of a relatively stable state of the epidemic, as no significant escalation in the number of new cases or "penetration" of the disease into population groups that are more at risk in terms of age or health status as concerns the severity of the course of the disease has been observed in any of the regions.

However, a closer look at the age distribution of newly diagnosed cases at the national level shows a continued significant increase in the incidence of infection in the 16-29 age group, which accounts for more than one-third of all new cases detected in the last week. However, there is also a significant proportion in the younger age group, both in the 6 to 11 year old category and in the older 12 to 15 year old category. Each of these groups accounts for around 10% of the total number of new cases.

The increased prevalence in the population of children and adolescents is also due to the higher number of cases detected in outbreaks occurring during rehabilitation events/children's camps and clubs, which represent a significant part of the identified clusters during the summer holidays. During this summer, despite all the preventive measures (including testing), nearly forty rehabilitation events/children's camps and various sports and recreational clubs have shown an incidence of COVID-19 disease, with some cases involving significant clusters of several dozen cases.

From an overall perspective, these investigated events are not yet a matter that would signal an increase in the epidemic in the sense of significant community contagion, but rather a situation caused by increased incidence within a given outbreak over a short period of time. Nevertheless, these occurrences indicate the significant risk of these activities and events with the potential for further spread to the population. The basic principle is therefore to localize these outbreaks in time to prevent the spread of the disease further into the population, which would then certainly mean an overall worsening of the situation in the given locality, and thus in the whole Czech Republic.

The increased number of cases among young people is not unusual even when looking at developments in neighbouring countries. A higher proportion of cases in adolescents is observed worldwide, often related to the return from holidays, study stays or after attending mass events, as in many European countries. This unfavorable trend is not only related to the still low vaccination coverage of this population group, but also to their "behavioral patterns", often with a reduced willingness to comply with the stipulated measures, as well as the higher number of social contacts and activities in this age group.

An important and positive aspect of the current development is that the continued increased detection of new cases has not yet translated negatively into hospital admissions, as the burden on the healthcare system is an important indicator for assessing the level of risk to public health. In this segment, we are currently observing a stable situation, as the number of patients hospitalized in intensive care units is still low (on average 10 patients requiring high-intensity care are hospitalized in the whole Czech Republic).

This situation is greatly aided by continued vaccination and the associated increase in vaccination rates across population groups. It should be noted, however, that in the oldest and most at-risk population group, i.e. people over 80 years of age, approximately 20% of people are still unvaccinated, which represents a significant risk to the burden of hospital care if the rate of community spread increases again.

II. Reasons that led the Ministry to issue the extraordinary measure

Given the currently circulating variants of SARS-CoV-2, it remains essential to follow all preventive anti-epidemic measures to reduce the risk of transmission in the population, including schools and school facilities. These measures should also respect the needs of children and ensure an optimal learning and social environment for them, while reducing the risk of transmission. [1]

Respiratory protection remains a priority measure, particularly in indoor environments and for untested individuals. The US Center for Disease Control and Prevention (CDC) recommends indoor respiratory protection for all children, students, staff, and school visitors regardless of vaccination status due to the highly contagious SARS-CoV-2 virus variants circulating. [2]

It is also important to set up a proper hygiene regime, including frequent re-ventilation in classrooms and other school areas, to minimize the risk of transmission of infection from any untested or asymptomatic individuals. The provision of disinfectants and regular disinfection of touched surfaces are other necessary precautions. [3] The ability of SARS-CoV-2 to survive on porous surfaces is not great and the virus survives there for only a few minutes to hours, while on non-porous surfaces the viable virus can be detected for days to weeks. [4-9] Thus, consistent hand hygiene, washing surfaces with detergents or disinfecting them can reduce the risk of COVID-19 transmission.

Respiratory protection, preventive testing, frequent ventilation of living quarters, regular hand hygiene, respiratory hygiene and in case of illness, adherence to the principle of staying at home and not spreading the disease to the surrounding area, contact tracing in combination with quarantine and isolation of the sick person are among the important anti-epidemic measures that will significantly increase the safety of schools and school facilities. [2]

Given that vaccination against COVID-19 is currently available for persons aged 12 years and older and vaccination coverage (i.e., completed vaccination according to the Summary of Product Characteristics - SPC), in the 12-19 age group is very low (as at 18 August 2021, 10% of children aged 12 to 15 years are fully vaccinated and about 15% have received one dose in the case of a two-dose vaccination scheme, while in the 16 to 19 age group 36% have completed vaccination and less than 13% have received one dose), and in view of the current epidemic situation and the persistent risk of transmission of SARS-CoV-2 among unvaccinated children and adolescents, it is necessary to proceed with preventive screening (hereinafter referred to as “preventive testing”) of children and pupils at the beginning of the 2021/2022 school year as one of the essential anti-epidemic measures to minimise the risk of new outbreaks.

It is essential to perceive that the summer holiday and vacation period is generally associated with an increased mobility of persons, especially in the context of travel, whether abroad or in the Czech Republic, and the risk arising from participation in mass events during domestic stays, as illustrated above, cannot be overlooked. When travelling abroad, in connection with the gradual unfavourable development of the epidemic situation in the incidence of COVID-19 disease in most frequently visited foreign tourist destinations (Spain, Greece, Italy, Bulgaria, Tunisia), there is a higher risk of introducing one of the risk variants of the SARS-CoV-2 virus and the associated risk of its further spread into the population. Data from the Infectious Disease Information System (ISIN) shows that there is a real risk, with more than 1,100 cases with a history of travel abroad reported from 1 July to 15 August 2021, whereas 15% of these cases involve people in the 5 to 14 age group.

The main objective of this preventive testing is therefore to ensure the safe return of children and pupils to school after the holidays and to minimise the risk of transmission of COVID-19 in this population group immediately at the start of the school year, primarily by detecting and responding early and adequately to potential outbreaks that may arise from the introduction of the disease into schools and educational facilities, for example, after returning from holidays abroad. Detecting cases as soon as possible after the return of children and pupils will prevent the further spread of infection and possible worsening of the epidemic situation.

The aim of this testing is also to prevent the possible introduction of measures restricting the standard operation of schools, which would be necessary in the event of a higher incidence of COVID-19 in schools.

Knowledge of the viral load in the population after the summer holidays and vacation period is necessary for setting adequate and targeted measures for the further effective management of the epidemic. Based on the results from the preventive testing, a decision will be made on the next course of action and testing strategy.

Preventive testing is not a barrier, i.e. undergoing testing is not a condition for a child’s or student's personal participation in full-time schooling. At the same time, the extraordinary measure provides for cases where preventive testing is not carried out (other test carried out, recovery from COVID-19 disease or completed vaccination). In the case of an earlier recovery from COVID-19 (within 180 days of the first positive test result) and vaccination, it is assumed that the person is protected against COVID-19 infection, and the likelihood of reinfection

or first-time infection is very low. The risk of infection in vaccinated persons and in persons within 180 days of disease detection is significantly lower than in persons who have tested negative by RT-PCR or rapid antigen test (RAT). They are also at significantly lower risk of contracting the disease if they come into contact with it. [10] Testing in these cases is therefore redundant in terms of public health impact.

Given the current trends in the population group of children and adolescents in question, it cannot be ruled out that a child (pupil) who has not been vaccinated or who has not had the disease and does not participate in preventive testing is not potentially infectious. Thus, in order to reduce the risk of disease transmission to other persons and to enable such a child to be present in person at school, the obligation to wear appropriate respiratory protective equipment (respirator or medical face mask) at all times while at the school or school facility is provided as an alternative solution. Exceptions to mandatory protective equipment apply in cases where a child or pupil cannot wear a respirator or medical face mask-mask for medical reasons or because of an intellectual disability (exceptions provided for in another extraordinary measure mandating the wearing of respiratory protective equipment).

Preventive testing applies to children attending preparatory classes of primary schools, preparatory levels of special primary schools and pupils of primary schools, primary schools established under Section 16(9) of the Schools Act, secondary schools in full-time study and conservatories in full-time study (hereinafter referred to as the "school"). Children in preparatory classes or preparatory levels are affected by the rules because these children are in the same building with primary school pupils and children and pupils can therefore meet in common areas. This primary segment of the education system was selected for testing because it is the most appropriate in terms of the proposed preventive testing, as it provides comprehensive information on the viral load and associated risk of spreading in the 6 to 19 population age group when they return to school.

The tests themselves, whether they are rapid antigen tests (RAT) or RT-PCR tests, must be non-invasive in nature, which means that they must be of a type that does not involve performing actions that are subjectively perceived as unpleasant and must be tests that do not interfere with the physical integrity of the person (Art. 93 et seq. of Act No. 89/2012 Coll., the Civil Code, as amended).

Rapid antigen tests (RAT) as the main type of test used in preventive testing were chosen because the test result is obtained almost immediately after the test is performed, thus allowing the isolation of a positive person in the shortest possible time and the subsequent setting of adequate anti-epidemic measures to minimize the risk of further transmission within the school community.

This indisputable advantage over the use of RT-PCR tests is balanced by the slightly lower diagnostic sensitivity of rapid antigen tests (RAT) compared to RT-PCR tests. The selection of appropriate test types with recommended sensitivity and specificity was based on the list of the German Federal Institute for Drugs and Medical Devices (Bundesinstitut fur Arzneimittel und Medizinprodukte BfArM - Antigen tests).

Preventive testing will take place on three dates in the first two weeks of the 2021/2022 school year, namely 1 September, 6 September and 9 September 2021. Considering the current epidemic situation, the proposed frequency of testing will be sufficient to detect the current viral load in the population of children and pupils, taking into account the sensitivity and specificity of the tests used. This frequency of testing was also chosen in order to detect as many cases as possible in as short a period of time as possible, which is crucial for the subsequent evaluation of the situation and the setting of further measures to ensure the standard course of school attendance. The specified frequency is

also in accordance with the US CDC recommendation, which states that the optimal frequency is at least once a week. [11]

Taking into account the fact that pupils in the first grades (and similarly children in preparatory classes of primary school and preparatory levels of special primary school) are going to school for the very first time and that this is a significant moment in their lives, often organised by the school as a kind of ceremonial act, schools are allowed to carry out preventive testing for these pupils only on 2 September 2021. In this case, an extraordinary measure of the Ministry of Health applies to children and pupils, which stipulates the obligation to wear respiratory protective equipment. Alternatively, schools can hold the first day of school for these children and pupils outdoors.

The consequence of a positive test result in the context of preventive testing is that the student cannot participate in full-time education as a suspected infectious person and therefore a confirmatory RT-PCR test must be performed to confirm or exclude infection. A person with a positive test result (their legal guardian) is therefore obliged to contact their general practitioner and undergo a confirmatory RT-PCR test. If the child or pupil is unable to leave the school immediately, the school is obliged to ensure the separation of such a pupil from other persons, whereas the pupil must be supervised.

The extraordinary measure also regulates the consequences for epidemiologically important contacts (classmates, or school employees) of the child or pupil that tested positive at school. These contacts will be prevented from being present in person in schooling or school services (after-school groups and school clubs) until the result of a confirmatory RT-PCR test of a child or pupil with a positive result of a preventive test carried out at school by a non-professional is known. If this result is negative, then all pupils (including the original positively tested pupil) can return to school (after-school group / school club). If the result is positive, the locally competent public health protection authority (regional public health authority) will decide on the subsequent anti-epidemic measures on the basis of the epidemiological investigation. Persons with completed vaccination according to the SPC, or those in the protective period of 180 days after recovery from the disease, who do not show clinical symptoms of COVID-19 disease (temperature of 37° C or more, dry cough, difficulty breathing, loss of taste and smell, pain in the throat, head, back, muscles or joints, fatigue, less frequent rhinorrhea, diarrhea, lack of appetite or nausea) will be allowed to attend school in person even if they were in the same class as the person who tested positive.

Due to the necessity to carry out epidemiological investigations in the shortest possible time and the related setting of adequate anti-epidemic measures, the school is obliged to report positive test results in schools in a specified format to the locally competent regional public health authority as soon as possible after receiving the test results, in electronic form. Additionally, for statistical reasons, the school will provide anonymized data about the number of performed tests and number of positive results in the Covid Forms Application (CFA).

The school can also use non-invasive RT-PCR tests for testing. RT-PCR testing will be performed once a week on the first day of each week. Testing is done in the first two weeks of classes. It is explicitly stated that if a child or pupil has not been tested using an RT-PCR test at school and wishes to submit a test result from a testing center, then if the child or pupil submits a rapid antigen test (RAT) result, it must be submitted within the same timeframes as those established for preventive antigen testing. The reason for this procedure is that while RT-PCR tests are generally valid for 7 days, antigen tests are only valid for 72 hours. It would thus be unbalanced if the RT-PCR test could automatically be replaced by a rapid antigen test (RAT).

The consequences of a positive RT-PCR test result are identical to those of a positive rapid antigen test (RAT) result, except that a confirmatory test is no longer necessary in the case of the RT-PCR test. In the case of RT-PCR tests, it also applies that until disclosing the results, the extraordinary measure of the Ministry of Health stipulating the obligation to wear respiratory protective equipment applies to children and pupils.

To minimise the risk of transmission, additional rules are set for children and pupils who will not be tested:

These children and pupils must refrain from activities that are more risky in terms of spreading the coronavirus. These are mainly indoor sports and exercise and singing. For obvious reasons, it is not possible to use respiratory protective equipment during sporting activity, as physical activity is generally associated with increased demands on breathing and often involves close physical contact between people during sports. These are all high risk factors for the transmission of COVID-19 disease, as droplet infections are further multiplied if these activities take place in indoor spaces, which are themselves more risky for transmission than outdoor spaces. [12,13] Similarly, during singing, droplets and infectious aerosol are more readily spread to the individual's surroundings.

Logically, these children and pupils do not wear protective equipment when consuming food and drink, so in this case it is essential that the child (pupil) sits at least 1.5 meters away from other people and is seated at a table. Distancing is important to minimize the risk of disease transmission from an untested person in a situation where respiratory protective equipment cannot be used.

If practical schooling, including schooling at the workplaces of individuals or legal entities, takes place during preventive testing, the preventive testing must nevertheless take place within the specified deadlines. The same applies to adaptation courses, school trips, etc. In view of the objective of preventive testing, it is essential that it is also carried out in these cases.

Although the actual preventive testing will only take place in the schools mentioned above, a negative test result (vaccination, illness) will also be required to allow personal presence in the after school group and school club, as the activities of these facilities are closely linked to the school. If the pupil does not provide an affidavit that they have has been tested at school with a negative result, or does not provide evidence that they have been vaccinated or are within the time limit following recovery from the illness, the school will only allow them to be present in person if they wear respiratory protection at all times. The reasons for this solution are the same as in the case of schools - from an epidemiological point of view, it is not possible to allow a child to stay in an after school group or school club building without being tested and also without respiratory protection. It is important to remember that in the school club and after-school group, pupils from different classes who may not meet at all in the school itself get together. Nor would it make any sense for an untested pupil to have to wear respiratory protective equipment during education and then to remove it in the school's recreation room, where they will meet not only their classmates but also other pupils from other classes.

If the after-school group or after-school club is a single legal entity with the school (which it usually is), there will be no need to submit an affidavit as the school knows who has been tested and is therefore not required to wear a mask, and who has not.

When the interests of health protection and the right to education are weighed, it should be stressed that the extraordinary measure does not restrict the right to education. Children and pupils are allowed to be present in person for their education without undergoing preventive testing.

As mentioned above, these children or pupils are then required to wear respiratory protective equipment at all times while at school, in order to protect the health of others and to ensure a valid assessment of preventive testing. Testing using self-tests poses a minimum intervention, allowing the fulfilment of an individual's right to education and is an effective preventive measure in protecting public health.

Children, pupils and their legal guardians, as well as all employees and persons participating in preventive testing, will receive information from the school about the manner of testing and rules stipulated by this measure before testing starts.

The same rules on preventive testing also apply to employees of schools and school facilities (after school group, school club, school canteen). As children and pupils are subject to preventive testing, it is essential to maintain the purpose of preventive testing, so that school and school facility employees are subject to the same conditions as children and pupils. However, in contrast to children and pupils, the much higher vaccination rate in the school staff group is partly due to the prioritization of this group at the very beginning of vaccination. If they have not completed vaccination (do not provide a certificate of completion), they must provide the school with proof of a negative COVID-19 test result or proof of recovery from illness within 180 days of the first positive test result. If they do not demonstrate this, they must wear a respirator (with the specified exemptions) at all times while at school. These rules apply only for the duration of preventive testing.

The rules resulting from this extraordinary measure will apply until 10 September 2021.

Universities

Operation at university accommodation facilities shall be conducted under the same conditions set out for the provision of accommodation services in another extraordinary measure. The reason for this is that students from all over the Czech Republic and often from abroad meet in the dormitories, and there is a large amount of social contact and therefore a risk of local outbreaks of disease; therefore, it was made compulsory to provide a negative test result or a certificate of completed vaccination or proof of recovery from the disease within the protective period of 180 days before starting accommodation. This is then demonstrated every 7 days in accordance with the conditions set for accommodation providers. You only need to show proof of completed vaccinations or illness once before starting your stay.

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