



COVID-19: Outbreak Management Plan and Guidance

March 2022

SEVA SCHOOL

Coventry Education Partnership COVID-19 Outbreak Management Plan Guidance and Template

Introduction

This Outbreak Management Plan Guidance and Template is designed to support school leaders in developing their responses to single cases, clusters and outbreaks of COVID-19. This version has been updated for March 2022.

Local recommendations are highlighted in italics throughout the document, which will be regularly reviewed in the light of changing national guidance and the local positions.

The national COVID-19 operational guidance explains the continuing actions school leaders should take to reduce the risk of transmission of coronavirus (COVID-19) in their school:

<https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirusoutbreak/schools-covid-19-operational-guidance>.

Where there is an outbreak (see definitions below) further actions will need to be taken. The DfE contingency framework describes the principles of managing local outbreaks of COVID-19 (including responding to variants of concern) in education and childcare settings:

<https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-settings>

Please note that the above contingency framework refers to measures that could be taken in a range of outbreak scenarios from small to larger or more significant outbreaks (see definitions below).

New guidance has also been published explaining self-isolation rules for positive cases and the removal of mandatory isolation/daily testing for close contacts of positive cases. However, it is important to note that this has been replaced with strong recommendations regarding isolation of cases, and that household/overnight contacts are notified of cases, to allow them to take a range of precautionary measures:

<https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-theircontacts/covid-19-people-with-covid-19-and-their-contacts>

Positive cases

Positive cases should isolate from the day symptoms started/day of test (if no symptoms) and for the next 5 days (minimum).

A day 5 and day 6 negative LFD test (24 hours apart) is required for de-isolation (staff/children must also be well and not have a high temperature before returning to school/the setting).

Schools/settings should ask parents for the results of those tests prior to children returning.

It is recommended that due to the increased vulnerability of some pupils in special schools, specifically those who have complex learning disabilities and/or medical needs cases, cases in these settings should isolate for the full 10 days. This is in recognition of the difficulty pupils may have in taking COVID-19 tests but also the clinical vulnerability of some of these cohorts.

National guidance also indicates that individuals who deisolate prior to the end of 10 full days should limit social contact, particularly with vulnerable individuals, wear a face covering and work from home if able.

There is no longer a legal requirement for people with coronavirus (COVID-19) infection to self-isolate, however if you have any of the main symptoms of COVID-19 or a positive test result, the public health recommendation is to stay at home and avoid contact with other people.

<https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-theircontacts/covid-19-people-with-covid-19-and-their-contacts>

Close contacts

Although there is no legal requirement for close contacts to isolate or test (irrespective of vaccination status), we are still advising settings with positive cases, where possible, to inform any close contacts that they have been near a COVID-19 case, to allow them to take any precautions they deem necessary – e.g. being vigilant for symptoms, accessing LFT testing, avoiding vulnerable individuals.

We recommend that close or household contacts in SEND schools should do LFTs for 7 days if possible.

We also advise that adults who are close or household contacts work from home if they are able. If daily LFT testing is not possible for some special school cohorts we would advise as a minimum a PCR test and any additional LFT testing that they can undertake. Please also see updated national guidance for cases and close contacts:

<https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-theircontacts/covid-19-people-with-covid-19-and-their-contacts>

This local outbreak plan guidance and template is aligned with national guidance and our local arrangements and all advice given will be considered in line with this plan.

All education and childcare settings should have outbreak plans outlining how they will operate if additional measures are recommended in their setting or area. This includes how they would

ensure every child, pupil or student receives the quantity and quality of education and care to which they would normally be entitled. A template outbreak management plan is included below.

Definitions

The national technical definitions for clusters and outbreaks can be found here:

<https://www.gov.uk/government/publications/covid-19-epidemiological-definitions-of-outbreaksand-clusters> *Outbreak definition:*

Two or more test-confirmed cases of COVID-19 among individuals associated with a specific nonresidential setting with illness onset dates within 14 days, and one of:

- identified direct exposure between at least 2 of the test-confirmed cases in that setting (for example under one metre face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases
- when there is no sustained local community transmission – absence of an alternative source of infection outside the setting for the initially identified cases

Please note that outbreaks can differ significantly regarding scale and significance from 2 linked cases in a class, to multiple cases across multiple year groups, to outbreaks linked with new variants of concern. Whilst the measures used to manage outbreaks will be the same, the number of measures and extent of measures taken, alongside the degree to which they become necessary requirements will vary.

Symptoms of COVID-19 are: new continuous cough, high temperature, loss/change in taste/smell. Anyone with one or more of these symptoms (irrespective of how mild) should stay at home, avoid contact with others, and book a PCR test: <https://www.gov.uk/get-coronavirus-test>

Settings should also be aware of the range of less common symptoms of COVID-19: headache, sore throat, fatigue, muscle aches, shortness of breath, blocked/runny nose, diarrhoea and vomiting and cold-like symptoms - particularly if you have an outbreak in your setting/you are seeing higher numbers of cases.

National Position

In addition to the national position and recommendations we will continue to support and encourage schools who wish to keep certain mitigations/measures in place.

It is expected that schools will continue to:

- Promote full vaccination of all staff, alongside promoting vaccination among appropriate pupils and parents.
- Ensure good hygiene for everyone.
- Maintain appropriate cleaning regimes.
- Keep occupied spaces well ventilated.
- Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19.

This position changes if there is an outbreak in your school or local area. Local authorities, directors of public health (DsPH) and health protection teams (HPTs) (from the UK Health Security Agency) are responsible for managing localised outbreaks. They play an important role in providing support and advice to education and childcare settings. At this point local authorities, directors of public health (DsPH) and health protection teams (HPTs) can recommend additional measures in individual education and childcare settings – or a small cluster of settings – as part of their outbreak management responsibilities. A 'cluster', as it applies to settings rather than cases of COVID-19, is defined in most cases as being no more than 3 or 4 settings linked in the same outbreak.

In line with the criteria in the DfE contingency framework, when schools have outbreaks we may recommend:

- that face coverings are worn temporarily in classrooms and communal areas for secondary settings (staff, pupils, visitors). This also applies to school and public transport.
- that face coverings are worn by staff and adults temporarily in communal areas and when moving around the school/setting in primary and early years settings. Advice continues to be that pupils in primary schools should not be asked to wear face coverings.

Local authorities, DsPH and HPTs will also work with their regional partnership teams (RPTs) to escalate issues from the local level into the central government Local Action Committee command structure (gold, silver, bronze). RPTs support local areas in managing outbreaks and provide advice and insights from across the country to the Chief Medical Officer and the Secretary of State for Health and Social Care to inform decision making.

Through the Local Action Committee command structure, ministers consider and take decisions on measures on an area-by-area basis (and can direct local authorities to act) in light of all available evidence, public health advice and the local and national context.

Local Position

The Coventry Education Partnership has worked hard during the pandemic to maintain consistency across schools in the city. At times we have also taken heed of national guidance, but taken action locally, based on local knowledge and context.

The Local Authority and local Public Health will continue to encourage schools that want to keep some mitigations/measures in place to minimise/prevent transmission of infection, such as consistent groupings, staggered start and finish times, minimising bringing parents onto site. We will continue to keep this position under review based on infection rates in the city and any other relevant considerations.

Triggers for Local Outbreak Management Plan

This Outbreak Management Plan Guidance and Template supports school leaders in designing their response to single cases, clusters, and outbreaks of COVID-19 and has been updated for March 2022.

National guidance on when settings should seek Public Health advice and consider further action: (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1057141/Contingency_framework_education_and_childcare_settings_February_2022.pdf)

- a higher than previously experienced and/or rapidly increasing number of staff or student absences due to COVID-19 infection
- evidence of severe disease due to COVID-19, for example if a pupil, student, child or staff member is admitted to hospital due to COVID-19
- a cluster of cases where there are concerns about the health needs of vulnerable staff or students within the affected group

For special schools, alternative provision, SEND/AP units within schools and colleges, open and secure children's homes and settings that operate with 20 or fewer children, pupils, students and staff at any one time:

- 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period and/or there are concerns about the health needs of vulnerable individuals within the affected group

Governance, communications and actions to take for single cases and where you are concerned about a Local Outbreak

Settings are no longer required to report individual cases to the COVID19schools inbox; however this inbox will remain open for queries about cases and outbreaks. Settings to inform the COVID19schools inbox when they have an outbreak that triggers the outbreak management plan, or if they are concerned and need advice.

Please consider the governance arrangements for your outbreak plan. Include contact details, and roles and responsibilities of internal and external teams/individuals in your plan. Consider how to ensure appropriate communication with all key stakeholders. See template plan below.

Following schools meeting the threshold/triggers set out, school leadership will need to review their current measures and assess whether further measures/mitigations are required to prevent transmission.

If the LA and Public Health are concerned about the level of cases an initial discussion will be had with the school and if necessary, an Incident Management Team (IMT) meeting will be arranged to include colleagues from the school, Local Authority, Public Health and regional HPTs (as appropriate). In these meetings the positive cases will be reviewed, existing mitigations/measures will be understood, and the general attendance and wellness of staff/pupils attending school will be discussed. You should have this information to hand.

Where there is concern about levels and spread of the infection, additional measures can be recommended as set out below and in line with the school's outbreak management plan. Where additional measures have been in place a further IMT will be held to jointly review the position before they are removed.

Additional Mitigations/ Measures

Where we are required to activate the local outbreak plan, we will recommend additional measures that should be put in place. These will always include school contact tracing and may also be one or more of the following and will be set out in the school outbreak management plan.

- Reintroduction of zoning
- Measures in relation to contact tracing and isolation
- Reintroduction of face coverings for staff/Secondary pupils
- Re-introduction of on-site LFT testing, or enhanced focus on home testing
- Additional PCR testing
- Partial closure or closure of the school
- Other measures based on local context of the school

Any additional measures recommended to benefit managing transmission will be weighed against any impact on educating the pupils.

Template COVID-19: Outbreak Management Plan (Insert school Name/Logo)

Outbreak Plan Management Version:	2
Date completed:	08.03.2022
Review Date:	3 monthly or regularly as needed
Plan Owner:	S. Sanghera Head, J. Kaur Operations Manager, B. Sturmey DSL
Scope of Plan	Seva School (N.O.R: 608)

Some educational organisations may have multiple sites included within the scope of this plan. Outbreak prevention is partly within scope of this plan but should be mostly covered by your COVID-19 Risk Assessment. *Locally recommended actions are highlighted in italics.*

Related Resources

List relevant national and local guidance, plus other relevant documents and plans.

Introduction

This plan outlines how we will manage single cases and clusters of COVID-19, as well as how we would operate if we are required to reintroduce or enhance measures/mitigations in our setting or area to prevent transmission of COVID-19 in the context of an outbreak. This includes how we would ensure every child, pupil or student receives the quantity and quality of education and care to which they are normally entitled. A local outbreak is defined as two or more linked cases within a 14-day period:

<https://www.gov.uk/government/publications/covid-19-epidemiological-definitions-of-outbreaks-and-clusters>

Outbreaks can differ significantly regarding scale and significance from two linked cases in a class, to multiple cases across multiple year groups, to outbreaks linked with new variants of concern. Whilst the measures used to manage outbreaks will be the same, the number of measures and extent of measures taken, alongside the degree to which they become necessary requirements will vary.

Triggers for outbreak management plan

- a higher than previously experienced and/or rapidly increasing number of staff or student absences due to COVID-19 infection

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- evidence of severe disease due to COVID-19, for example if a pupil, student, child or staff member is admitted to hospital due to COVID-19
- a cluster of cases where there are concerns about the health needs of vulnerable staff or students within the affected group

For special schools, alternative provision, SEND/AP units within schools and colleges, open and secure children’s homes and settings that operate with 20 or fewer children, pupils, students and staff at any one time:

- 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period and/or there are concerns about the health needs of vulnerable individuals within the affected group

In the case of a significant local outbreak we will work with the Local Authority, Public Health and regional Health Protection Teams (HPTs) where necessary. Below sets out all the possible measures/mitigations that will be considered in the case of a local outbreak. The actual measures implemented will be determined jointly and based on the specific situation. They will also balance carefully the impact on the delivery of education with the need to minimise transmission.

Any measures will only ever be considered for the shortest time possible, to allow the outbreak to be managed and minimise transmission of COVID19. In all cases measures / mitigations will only be implemented to prevent larger scale school closure.

Governance Arrangements

Outline the governance arrangements for your setting responding to COVID-19 outbreaks. This should align with other governance and/or emergency management structures/arrangements/ business continuity in place for your setting, where possible. **Key Contact Details**

Agency/Individual(s)	Contact details
Local Authority	COVID19schools@coventry.gov.uk
UK Health Security Agency (UKHSA) Health Protection Teams	wm.2019cov@phe.gov.uk Tel: 0344 225 3560 Option 0 Option 2
Response Lead/decision maker	S. Sanghera (Head)
Committees/Fora supporting the response	Amarjit Basra (Chair of Trustees)

<p>Outbreak response team (internal and for attending external Incident Management Team meetings)</p>	<p>S. Alcock (Family Welfare & Attendance Officer DDSL) J. Kaur (Operations and HR Manager) B. Sturmeay (DSL)</p>
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Key Stakeholders

Key stakeholders include those that attend the facility/setting (routinely or occasionally), those who will need to know what is happening and those that have a role in outbreak management in your setting.

Stakeholders	Role(s) in Outbreak Management
Staff (including employees and volunteers)	Understand and follow the school risk assessment and ensure that they implement the mitigating actions as part of their role
Pupils	Follow the preventative measures as instructed and outlined in the school risk assessment including (but not exhaustively): hand and respiratory hygiene, telling an adult at home if they feel unwell, keeping a social distance whenever possible and in communal areas such as toilets
Parents/carers	Understanding the national guidance around COVID 19 symptoms, isolating, testing and test and trace and working with school to limit the chances of transmission within the school community.
Visitors	Follow the guidance and summary of mitigating measures as set out in the visitor school risk assessment summary leaflet
Contractors and delivery personnel	As for visitors.

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Where to receive local outbreak advice	The Coventry Local Authority COVID Outbreak response team Regional Health Protection Teams (HPTs).
Others	Trustees: to work with school leadership as a critical friend in the review of the safe operation of the school, including representation on the Health and Safety committee.

Communications

Communications activities will be coordinated by the setting with support from LA local outbreak control team and regional Health Protection Teams in close liaison with the setting outbreak management coordination team.

Key Stakeholder	What they need to know	Communication media
Staff (including employees and volunteers)	Full details of the school Risk Assessment document. Reassurance that any concerns and/or suggestions for improvements will be listened to and considered as part of the consultation process for this live and shared document.	Summary of recent updates in staff training (e.g. September 2021 INSET training, staff meetings throughout the year and regular briefings). Email communication to share risk assessment document and minor updates.
Pupils	Day-to-day rules and expectations from the risk assessment, including for hand and respiratory hygiene, social distancing in corridors and toilets.	Class teachers give return to school reminders after any holiday period and regular reminders throughout the school day/week. School leaders include reminders and celebrations of good practice in assemblies (virtual)
Parents/carers	Summary of school risk assessment and key information for parents and carers. Availability of full risk assessment on the school website. Links shared to latest government guidance on symptoms, isolation, testing, Test and Trace. Notification of positive cases. If their child is identified as a close contact, parents asked to book a PCR test for their child and continue regular (twice weekly recommended) LFT tests.	Parent and Carer Information Risk Assessment shared on school website. Newsletter shared via text message. Letter (LA template) to parents of identified close contact children as needed.
Visitors	Visitor school risk assessment summary leaflet. Any notification as necessary if identified as a contact of a positive case.	Handed paper version on arrival. Phone call to advise as necessary – contact details always shared prior to arriving onsite.
Contractors and delivery personnel	As for visitors if coming into the school building.	See above

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Local Outbreak Teams (LA and regional Health Protection Teams)	Family Attendance Welfare Officer to share details of any positive cases with the local authority. If 2+ linked cases, contact will be made with the local outbreak team to seek advice, including whether further advice from the regional HPTs and activation of this Outbreak Management Plan is needed.	Emailed document from the office to the Coventry Team COVID19schools@coventry.gov.uk Phone contact with Local Outbreak Team and regional HPTs as necessary
GPs/allied health practitioners providing services to people within the setting	Notification of positive cases if school has already been informed by parents (or staff member) of underlying health conditions or vulnerability of child (or adult).	Phone

Preventing school transmission

Vaccination and good hand hygiene will be promoted among staff, and pupils and parents. Cleaning and good ventilation will be maintained, and the school has reviewed how it operates from a distancing perspective

Information about drop-in clinics across Coventry and Warwickshire and all vaccinations sites that you can book into can found in the links below:

<https://www.happyhealthylives.uk/coronavirus/covid-19-vaccination/vaccination-drop-in-clinics/> <https://www.happyhealthylives.uk/coronavirus/covid-19-vaccination/vaccination-sites/>

Children and staff who are unwell will be advised that they should not attend school/setting. Any child or staff member with one or more of the COVID19 symptoms (new continuous cough, high temperature, loss/change in taste/smell), irrespective of how mild, will be asked to stay at home, avoid contact with others, and book a PCR test: <https://www.gov.uk/get-coronavirus-test>

We are aware of the range of less common symptoms of COVID-19: headache, sore throat, fatigue, muscle aches, shortness of breath blocked/runny nose, diarrhoea and vomiting, cold-like symptoms - and will take this into consideration in an outbreak scenario, and when we are seeing a larger number of COVID-19 cases.

We will ensure that we remain informed about the latest travel and quarantine advice:

<https://www.gov.uk/guidance/travel-to-england-from-another-country-during-coronavirus-covid-19>

Action	Action detail	Lead	Dates	Supplies/resources required	Other considerations
<p>Single Case</p>	<p>Notify all cases to COVID19schools@coventry.gov.uk</p> <p>Actions in relation to a positive case are outlined in the school risk assessment document, including all identified contacts being asked to take a PCR test.</p>	<p>Family Attendance Welfare Officer maintain COVID19 register and send notification of any positive case.</p> <p>School leadership team Family & Attendance Officer to assist in identification of close contacts and support office in contact with parents.</p>		<p>Maintenance of COVID 19 school list.</p>	

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<p>A Cluster 2-4 linked cases</p>	<p>A0. Call LA outbreak team A1. Check ventilation and increase air flow (via further opening of windows and internal/external doors as necessary) A2. Check cleaning regimen and standards and conduct enhanced clean of affected classrooms/ areas A3. Further revisit of clear and consistent reminders (verbal and visual) to full school community for thorough hand washing and respiratory hygiene A4. Strengthen communication to further encourage parents and pupils to conduct twice weekly LFT testing A5. Identified contacts asked to take LFT for 7 days.</p>	<p>Family & Attendance Welfare Officer Operations Manager Site Services (caretaker) SSO Class teachers DSL Newsletter communication to parents by office.</p>		<p>Co2 Tester Refreshed Hand Washing Posters</p>	<p>Ensure adequate heating through winter months even with fully opened windows. Also ensure regular movement breaks and pupils reminded to bring in school jumpers with coats.</p>
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Action	Action detail	Lead	Dates	Supplies/resources required	Other considerations
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<p>B. Outbreak 5 or more linked cases within a phase group</p>	<p>B0. Call Local Health Protection team to agree need for planned mitigating actions as outlined here and seek any further advice. B1. Face Masks compulsory for staff and visitors in communal areas. B2. Outdoor play to be zoned B3. Toilet use with strict enforcement of socially distant queueing B4. Direct communication to further encourage parents and pupils to conduct twice weekly LFT testing <i>Consider, depending on the nature of the links within groups/between cases and upon advice from the above:</i> <i>B5. Physical exercise (PE) and any singing to be in outdoor spaces only</i> <i>B7. Reducing/postponing extra-curricular clubs</i> <i>B8. Cancelling/Postponing any scheduled day or residential trips/visits</i></p>	<p>DSL to implement with Family & Attendance Welfare Officer ensuring actions completed and guidance followed. Parent Mail letter directly to affected phase group from office. Decision to be made by Head or Operations Manager after advice from B0 and then actions B5 – B8 to be distributed within school leadership as necessary.</p>		<p>Disposable face coverings available for any staff member or visitor who doesn't have their own. Floor tape to demarcate 2m+ teaching area in classrooms.</p>	<p>Contact outside of normal working week/hours and during holidays? B5 – B8 represent significant disruption to the wider school experience and the possible detrimental impact on pupils' Well-being (physical and mental) should be very carefully considered before implementation.</p>
<p>C. Wider Outbreak 10 or more linked cases (either within a phase group, or across the whole school if linked)</p>	<p>C0. Call Local Health Protection team to agree need for planned mitigating actions as outlined here and discuss/agree the need to call Regional Health Protection Teams (HPTs) to gain further advice on consideration of groups/bubble learning remotely for determined period. Complete actions as in B1 - 4 above. Consideration (with advice from the HPTs) given to B5 – B8 and to:</p>	<p>Head or Operations Manager after advice from C0. Any agreed actions B5 – B8 and C1 to be distributed within school leadership as necessary.</p>		<p>The school remote learning systems (MS Teams) will be maintained – for example with occasional homework set using those platforms, so that they are ready to be used again if needed.</p>	<p>As above for the consideration needed in regards to the disruption to the children's experience for B5 – B8 and C1.</p>

Action	Action detail	Lead	Dates	Supplies/resources required	Other considerations
	C1. re-arranging affected classes so that desks are facing forwards, with a 2m+ clear teaching area facing children and clear seating plan for reference if needed for further cases.	If C2 enacted, communication distributed to all			Restricting onsite attendance (C2) will only be considered as a last resort. It would be for an
D. Staffing Outbreak 5 or more teaching staff positive	D0 Contact the local Health Protection Team and seek advice from the Coventry Local Authority and risk assess the school ability to continue to offer the highest standard of education with reduced teaching staff capacity. (This will be informed by the availability of support staff and availability and appropriateness of using external supply staff). Consider actions outlined in B and C above to reduce likelihood of continuation of transmission, including C2 if necessary.	Head, Operations Manager, DSL and Family & Attendance Welfare Officer		Support staff leading teaching in groups Supply Staff and subsequent costs	Wellbeing of all staff and impact on pupils from removing support staff to lead teaching in a group. Risk to widen transmission from bringing external staff in to lead teaching in groups.

Reporting cases and when trigger thresholds have been met

We will alert the local authority on COVID19schools@coventry.gov.uk when any of the triggers outlined in the above guidance have been met, or when in need of support/advice with our outbreaks. **Response to positive cases**

We will continue to follow national guidance on the isolation of positive cases, and will ask any child or staff member who is unwell to stay at home.

We will inform any close contacts that they have been near a COVID-19 case, to allow them to take any precautions they deem necessary – e.g. being vigilant for symptoms, accessing LFT testing, avoiding vulnerable individuals. Adult household contacts will be asked to work from home wherever possible. All close contacts of positive cases in Special schools will be asked to take daily LFTs for 7 days. If daily LFD testing is not possible we will advise as a minimum a PCR test and any additional LFD testing that the individuals can undertake. Also for settings with children with complex learning difficulties and/or medical needs, we will look to isolate positive cases for 10 days where possible.

Reintroduction of consistent groups/zoning

It may become necessary to reintroduce 'zoning' for a temporary period, to reduce mixing between groups.

Reintroduction of face coverings

The use of face coverings may have a particular impact on those who rely on visual signals for communication. Those who communicate with or provide support to those who do, are exempt from any recommendation to wear face coverings in education and childcare settings.

No pupil or student will be denied education on the grounds of whether they are, or are not, wearing a face covering.

Reasonable adjustments will be made for disabled pupils to support them to access education successfully. Where appropriate, you should discuss with pupils and parents the types of reasonable adjustments that are being considered to support an individual.

Reintroduction of testing/Additional PCR testing

Consideration will be given as to whether the reintroduction of onsite asymptomatic LFD testing (secondary settings) or increased use of home testing by staff, and pupils is necessary.

Where these measures are necessary, it will be important to work jointly with the LA and Public Health to identify any support required (e.g. supply of additional tests). Where onsite testing is reintroduced, we will look to do this in a way that does not negatively impact on the education for pupils.

There may also be occasions where a mobile symptomatic testing unit/service is made available on the school site and pupils are invited to take a PCR test, or additional PCR tests may be organised through other means.

Other restrictions

We may need to limit activities that require bringing parents and carers onto site (other than for drop off and pick up) e.g. open days, performances, open evenings. We may also reintroduce staggered start and finish times (if not already in operation) to minimise the number of people on the school site at the start and finish of the day.

We will also review any activities bringing pupils together in addition to the normal school day, or that required transportation for larger numbers of pupils (e.g. school trips / holidays - including residential educational visits). This could also include any activities bringing together pupils from a number of schools (e.g. transition/taster days/sports fixtures).

Clinically Extremely Vulnerable

Shielding has currently ended. In the event of a major outbreak or variant of concern that poses a significant risk to individuals on the shielded patient list (SPL), ministers can agree to reintroduce shielding. Shielding would be considered in addition to other measures to address the residual risk to people on the SPL, once the wider interventions are taken into account. Shielding can only be reintroduced by national government.

In the event of a reintroduction of shielding we would need to review staffing capacity to ensure we could continue to operate staffing in a safe manner. Any attendance reductions as a result of this would be in line with the principles below.

Current guidance on clinically extremely vulnerable individuals can be found in the link below.

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-onshielding-and-protecting-extremely-vulnerable-persons-from-covid-19#school-college-and-other-educational-settings> Guidance for people whose immune systems mean that they are at higher risk of COVID-19 can be found here:

<https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk/covid-19-guidancefor-people-whose-immune-system-means-they-are-at-higher-risk>

We will ensure all vulnerable staff and pupils have their risk assessments reviewed in the light of the current situation. In some circumstances, a child or young person may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice.

Attendance Restrictions and Remote Education

As a last resort, we may need to introduce attendance restrictions.

We will provide high-quality remote education for all pupils not able to attend because

- they have tested positive for COVID-19 but are well enough to learn from home; or
- attendance at their setting has been temporarily restricted

Where attendance restrictions are necessary there will be an order of priority applied in terms of which pupils would continue to attend on-site provision. The only deviation to this will be where they are required to isolate (either as a result of testing positive or as a result of a local reintroduction of close contact isolation – see above).

Priority for onsite attendance will always be given to vulnerable children and young people and children of critical workers. The national definition of vulnerable children has been updated. The previous definition included three categories of children and young people who should benefit from on-site provision:

- those with a social worker
- those with an Education, Health and Care Plan
- a group of children considered locally, including by settings and local authorities, to be ‘otherwise vulnerable’

The guidance on children of critical workers and vulnerable children who can access school or education settings has been expanded to include a broader definition of children classified as vulnerable. In addition to the above, this list now includes:

- children known to children’s social care services in the past

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- children whose home circumstances might be particularly challenging because of domestic abuse, parental offending, adult mental health issues, and drug and alcohol addiction

For more information go to: <https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision>

In primary schools second priority will be given to pupils in key stage 1, and in secondary schools second priority will be given to pupils in years 10, 11, 12 and 13, and other pupils who were due to take external exams this academic year. Special schools should follow the same prioritisation as mainstream schools.

In exceptional circumstances, (special schools and alternative provision only) if usual interventions and provision at adequate staffing ratios, or using staff with vital specialist training cannot be provided, we will seek to resume as close as possible to the specified provision for the child or young person as soon as possible.

In out-of-school settings/wraparound childcare where attendance restrictions are in place, vulnerable children and young people will continue to be allowed to attend unless the public risks are too high. For all other children, face-to-face provision will be provided for a limited set of essential purposes, such as going to or seeking work, attendance at a medical appointment, or to undertake education and training.

Where attendance restrictions are needed, we will be vigilant and responsive to all safeguarding threats with the aim of keeping vulnerable children and young people safe, particularly as more children and young people will be learning remotely.

If we must temporarily stop onsite provision on public health advice, we will discuss any alternative arrangements necessary for vulnerable children and young people with the local authority. Where vulnerable children and young people are absent or do not take up a place offered to them, we will:

- follow up with the parent or carer, working with the local authority and social worker (where applicable), to explore the reason for absence and discuss their concerns
- encourage the child or young person to attend educational provision, working with the local authority and social worker (where applicable), particularly where the social worker and the Virtual School Head (where applicable) agrees that the child or young person's attendance would be appropriate
- focus the discussions on the welfare of the child or young person and ensuring that the child or young person is able to access appropriate education and support while they are at home
- have in place procedures to maintain contact, ensure they are able to access remote education support, as required, and regularly check if they are doing so

Staffing Capacity

Where staffing capacity (following use of available supply teaching capacity) is impacting on our ability to open fully we will follow the principles outlined in the attendance restrictions above.

Free School Meal provision

We will continue to provide free school meals support in the form of meals or lunch parcels/vouchers for pupils who are eligible for benefits related free school meals and who are not attending school because they:

- are self-isolating
- have had symptoms or a positive test result themselves.

Response and stand down action plan

The table below outlines how we will respond to single cases, clusters and outbreaks in our setting, outlining how we will put in place the above outlined measures (see headings above in outbreak plan) related to: reporting cases and responding to cases, reintroduction of consistent groups/zoning, reintroduction of face coverings, other restrictions, attendance restrictions, staffing capacity and free school meals.

It also outlines how we will “stand down” following an outbreak, including undertaking a review of our mitigation measures and of this plan.

Appendix A

ISOLATION PERIODS, DEFINITIONS OF CLOSE CONTACT AND INFECTIOUS PERIOD FOR COVID-19

Local recommendations in italics

- ❖ Positive person: isolate from **day symptoms started/day of test (if no symptoms) and for the next 5 days (minimum)**. **Day 5 and Day 6 negative LFT test (taken 24 hours apart) required for deisolation (must also be well and not have a high temp)**. *Work from home if able, limit contact with vulnerable individuals if deisolate prior to 10 days. See exceptions re health and care settings below.*
- ❖ **Exceptions: positive cases and contacts who are residents/patients in care settings/hospitals/anyone discharged who receives care - to isolate for 10 days minimum (cases and contacts). Also, positive health/care workers to isolate for 10 days unless business critical. Separate guidance issued for care settings.**
- ❖ Identify close contacts in infectious period (see below definitions in table) – advised to **take additional precautions for 10 days after last contact with case, including working from home if able to, limit close contact with other people outside their household, avoid contact with anyone at higher risk, wear a face covering in indoor places and regularly LFT test if possible (daily LFT tests for 7 days for staff and children in special educational needs settings)**. *It is nationally recommended for precautions to be taken for household/overnight contacts, but locally we recommend for wider close contacts where appropriate/possible also.*
- ❖ **Additional requirements for health and care workers who are close contacts: to stay at home until result of PCR test, and do daily lateral flow tests for 10 days and ensure do not have contact with other staff or particularly vulnerable individuals during the 10 day high risk period.**

DEFINITIONS

CLOSE CONTACTS	INFECTIOUS PERIOD
Direct physical contact (any duration)	If symptomatic: 2 clear days before day on which symptoms start – and for 10 days after
Face-to-face contact under 1m (any duration)	
Close contact under 1m for 1 minute or more	No symptoms: 2 clear days before the day of the test – to 10 days after
1-2m for 15 minutes or more (cumulative over 24 hrs)	
Travel in a vehicle	