



Southfields Community Primary School

COVID-19: Outbreak Management Plan Guidance and Template

January 2022

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 January 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-coronavirus-outbreak/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 for close contacts of positive cases.

Positive cases

Positive cases should isolate from the day symptoms started/day of test (if no symptoms) and for the next 7 days (minimum).

A day 6 and day 7 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.

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

Close contacts

Adults who are fully vaccinated and all children and young people aged between 5 and 18 years and 6 months identified as a contact of someone with COVID-19 are strongly advised to take a LFD test every day for 7 days and continue to attend their setting as normal, unless they have a positive test result.

Daily testing of close contacts applies to all contacts who are:

- fully vaccinated adults – people who have had 2 doses of an approved vaccine

- all children and young people aged 5 to 18 years and 6 months, regardless of their vaccination status
- people who are not able to get vaccinated for medical reasons
- people taking part, or have taken part, in an approved clinical trial for a COVID-19 vaccine

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.

Children under 5 years are exempt from self-isolation and do not need to take part in daily testing of close contacts. *Locally we are recommending daily LFTs if possible, but otherwise a PCR test and regular LFT tests.*

Please also see updated national guidance for cases and close contacts:

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

<https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>

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-outbreaks-and-clusters>

Outbreak definition:

Two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential 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.

The definition of infectious periods and of close contact can be found here (please also see Appendix A)

<https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>

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 isolate with their household 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.

Please note that from the 14th December 2021 onwards, close contacts guidance as set out above applies.

Where pupils in year 7 and above are educated, it is recommended that face coverings should be worn by pupils, staff and adult visitors when moving around the premises (such as in corridors and communal areas). The current national recommendation is that pupils, staff, and visitors also wear face coverings in classrooms. Pupils must also wear a face covering when travelling on public transport and should wear it on dedicated transport to and from school.

In primary schools, it is recommended that face coverings should be worn by staff and adults (including visitors) when moving around in corridors and communal areas. 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, use of face coverings (latter now a national recommendation). 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 from 16th August 2021 onwards, and has been updated for January 2022.

We worked in partnership with Public Health, and the Coventry Education Partnership to identify what will trigger outbreak management plan responses (over and above those identified for single cases or small clusters of unlinked cases) for an individual school or clusters of schools. These local triggers are consistent with the national position but will remain under review, and are defined below:

Triggers

Mainstream School

- 5 children, pupils or staff within a year group/group test positive for COVID-19 within a 10-day period
- 10 children, pupils or staff over a number of year groups test positive for COVID-19 within a 10-day period
- 5+ staffing cases, or fewer if impacting on the capacity of the school to operate

Special School

- 2 children, pupils or staff, who are likely to mix closely, test positive within a 10 day period
- 5+ staffing cases, or fewer if impacting on the capacity of the school to operate

Please note that action should be triggered as soon as the case threshold is reached if before 10 days.

If it is established that cases are not linked then extra mitigations may not be required

Positive cases, testing and contact tracing

Following the initial on-site testing, secondary settings will continue to issue staff and pupils with LFTs for twice weekly testing. Primary settings will also issue LFTs to staff for twice weekly testing, *and we will continue to encourage all primary-age pupils to continue to test on a regular basis.*

When you are managing outbreaks/have met the triggers in the national DfE contingency framework (see above), *our local advice is to identify all close contacts and recommend them to undertake daily LFD testing in line with the latest national guidance. (advise that there is a positive case and recommend other pupils who have been in contact to undertake daily LFD testing (for 7 days).*

The school will ensure that we are aware and log all pupils in the school who have tested positive for COVID-19, including dates for onset of symptoms (if relevant) and test dates, as well as any known links and exposures inside or outside of school. As there is no longer isolation required for doubly vaccinated close contacts and those under 18 years and 6 months, this will be a key

mitigation to try and avoid outbreaks in schools from escalating, and the local authority will continue to work with schools to reinforce this with parents and the wider school community.

We will ask all class contacts that the case may have had in their infectious period (2 clear days prior to day of symptoms onset/test - if no symptoms – through to 10 days afterwards), alongside any other close contacts the pupil has had (break times, lunch times, before and after school (including transport) to follow the close contact testing guidance above, and then continue with twice weekly LFD testing (this would be recommended in primary settings with cases also). Please note that this will not require the interrogation of seating plans but will require talking to the pupil/staff about non-class contacts. We will let the LA know about potential transport contacts.

When there are numerous cases, it may be recommended that parents/staff are notified and daily LFTs recommended for a longer period, followed by continuing with regular LFTs. Further actions may also be recommended by the LA.

Where schools adopt this approach to respond to an outbreak / or where they meet the triggers in the national DfE contingency framework (see above) it is intended to complement the work of NHS Test and Trace who will talk to cases (or their parents) directly about any close contacts they know about in the setting. It will also be important to identify staff close contacts who have not had both vaccinations more than 14 clear days prior to contact with the case, as they will need to isolate for 10 clear days after the day of last contact with the case (they may also undertake daily LFD testing, but must continue to isolate even with negative results)

Please note that the above local recommendations will be kept under review in the light of changing national/regional guidance and direction.

When you are managing outbreaks/have met the triggers in the national DfE contingency framework, *the local authority will also locally support headteachers/managers who choose to ask parents of children who are contacts of a positive case within the same household – i.e. the case could be a sibling or a parent, to keep their child at home until they have tested negative on a PCR, alongside undertaking daily LFTs.*

For travel and quarantine related advice, please see:

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

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

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.

We ask that you continue to notify the Schools COVID-19 inbox of positive cases in school. This will enable us to continue to log numbers of pupil and staff testing positive in schools and will ensure that we can jointly ascertain situations where we need to activate the local outbreak management.

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. Reinforcing messages with the school community in relation to regular LFTs, and daily LFTs for close contacts will be absolutely key.

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.

The Omicron variant is highly transmissible and case numbers are doubling every one and a half to two days. Although the rate of transmission is having a significant impact on the NHS in terms of admissions, emerging evidence suggests that overall people are experiencing milder illnesses; however, the rate of transmission is still of concern for those that experience more serious complications. This will be taken into account when considering where schools require IMTs, and additional external intervention.

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.

- Recommending *household contacts (e.g. siblings) to stay at home until they have tested negative on a PCR, alongside undertaking daily LFTs.*
- Reintroduction of zoning.
- Measures in relation to contact tracing and isolation
- 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:	Version Two
Date completed:	4 th January 2022
Review Date:	Ongoing /as required
Plan Owner:	James Gale - Headteacher
Scope of Plan	

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.

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. Outbreak prevention is partly within scope of this plan but should be mostly covered by your COVID-19 Risk Assessment.

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

Mainstream School

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- 5 children, pupils or staff within a year group/group test positive for COVID-19 within a 10-day period
- 10 children, pupils or staff over a number of year groups test positive for COVID-19 within a 10-day period
- 5+ staffing cases, or fewer if impacting on the capacity of the school to operate

Special School

- 2 children, pupils or staff, who are likely to mix closely, test positive within a 10 day period
- 5+ staffing cases, or fewer if impacting on the capacity of the school to operate

Please note that action should be triggered as soon as the case threshold is reached if before 10 days.

If it is established that cases are not linked then extra mitigations may not be required

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 COVID-19. 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	Headteacher: James Gale Tel: 07807 680313 Email: headteacher@southfields.coventry.sch.uk

<p>Committees/For supporting the response</p>	<p>DHT: Jas Ashan; email: deputyhead@southfields.coventry.sch.uk AHT: Sylvia Boyd; email: sylvia@southfields.coventry.sch.uk AHT: Tarina Slater; email: tarina@southfields.coventry.sch.uk SBM: Berni Bates; email: admin@southfields.coventry.sch.uk DSL: Lucy Ledbrooke email: lledbrooke@southfields.coventry.ch.uk</p>
<p>Outbreak response team (internal and for attending external Incident Management Team meetings)</p>	<p>Headteacher: James Gale DHT: Jas Ashan AHT: Sylvia Boyd AHT: Tarina Slater SBM: Berni Bates</p>

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
<p>Staff (including employees and volunteers)</p>	<p>Informed and aware of regarding increased mitigations and additional procedures. Ensure rigorous hand hygiene and respiratory hygiene of pupils. Take professional responsibility for adherence to all mitigations and procedures. Take professional responsibility to ensure all colleagues adhere to mitigations and procedures. Ensure twice weekly LFT testing and reporting. Report any symptoms immediately and take required action. Ensure high quality remote learning where required.</p>

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Pupils	Maintain rigorous hand hygiene routines
Parents/carers	Keep symptomatic children at home for 7 / 10 days isolation period. Ensure PCR testing- reporting test results to school as soon as possible. Inform Track & Trace of close contacts. Visit school only if necessary and prebook in advance whenever possible
Visitors	Delay visits if not essential. Read school guidance and be informed of mitigations and procedures in school. Restrict contact with staff or pupils to minimum.
Contractors and delivery personnel	Delay visits if not essential.
Where to receive local outbreak advice	Parent letters / email / text message School website Twitter School Facebook
Others	

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)	Information regarding the outbreak and if they may have been in close contact and therefore need to book PCR test. The up levelling of mitigations and procedures due to break out – group/class bubbles, restricted movement around school, no large group gatherings, restrictions on staff meeting places e.g. meetings/staffroom. Responsibilities and accountability for providing high quality remote	Email communication Staff meeting – virtual SLT reinforcing & supporting

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	learning. Volunteers to suspend attendance at school. Outcomes of discussion with LA, PHE,	
Pupils	<p>Reassured it is safe to attend school unless they show symptoms.</p> <p>Informed of where outbreak has occurred and how they may be affected. To report to staff if feeling unwell or think they have symptoms. Informed and reminded of any reintroduced or new mitigations or procedures. Rigorous hand hygiene. Maintaining group isolation around school as directed.</p>	<p>Staff</p> <p>Classroom information posters</p> <p>Virtual assembly</p>
Parents/carers	How many cases and where in school. If their child is a possible contact and advised to book PCR test and report result as soon as possible. Ensure child attends school unless showing any symptoms and/or test result is positive.	<p>Letters/email to parents.</p> <p>School website</p>
Visitors	Rearrange visit if not essential. Be provided with school risk assessment to read and be informed of school mitigations and procedures.	Telephone/email contact if prebooked.
Contractors and delivery personnel	Informed of school outbreak. Adjustment of attendance and provision of service as appropriate. Restrict contacts with staff and pupils. Adherence to school mitigations and procedures.	Telephone/email contact if prebooked. School COVID guidance leaflet provided.
Local Outbreak Teams (LA and regional Health Protection Teams)	Numbers of positive cases and dates of symptoms/positive test results. Details of classes and year groups where positive cases have occurred. Family linked cases. Groups identified as close contacts. Staff wellness and attendance at school. Mitigations in place.	
GPs/allied health practitioners providing services to people within the setting	SW when appropriate Family Hub as appropriate	Family Support Team make contact – telephone call/email LAC Lead inform with Virtual School – telephone call/email

Preventing school transmission

Our refreshed risk assessments include how vaccination and good hand hygiene will be promoted among staff, and pupils and parents, how cleaning and good ventilation will be maintained, and how the school will operate 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 COVID-19 symptoms (new continuous cough, high temperature, loss/change in taste/smell), irrespective of how mild, will be asked to isolate with their household 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/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-covid-19-operational-guidance#travel>

Southfields Primary School has completed a revised risk assessment valid for school opening from 4th January 2022 and will be updated as government / LA advice changes.

Reporting cases and when trigger thresholds have been met

We will continue to report all positive cases to the COVID19schools@coventry.gov.uk, alongside alerting the local authority when any of the triggers outlined in the above guidance have been met

Response to positive cases

When managing outbreaks or where we meet the triggers outlined above, full class groups (note that interrogation of seating plans will not be required), and lunch time, break time and afterschool contacts (including on transport) will be asked to daily LFD test (for 7 days following contact). Staff contacts who have not had both vaccinations more than 14 clear days before the day of contact with the positive case will also be identified, as they will need to isolate for 10 clear days following the day of last contact with the case. If additional cases are identified in the same class/group, it may be recommended that additional communications are sent to parents/staff to recommend extending the daily LFD testing period. Further actions may also be recommended by the LA.

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

Face coverings have been reintroduced temporarily in January 2022 in classrooms and communal areas for secondary age pupils, staff, and visitors (unless exempt), and for staff and visitors in primary schools in communal areas/whilst circulating inside

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. The national guidance also states that Secondary schools should also retain a small asymptomatic testing site (ATS) on-site so they can offer testing to pupils who are unable to test themselves at home.

We will also continue with our local recommendation that all pupils in early years and primary settings take twice weekly asymptomatic testing.

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.

All close contacts of positive cases will be asked to take daily LFTs for 7 days.

Contact tracing / isolating

From 14 December 2021:

Adults who are fully vaccinated and all children and young people aged between 5 and 18 years and 6 months identified as a contact of someone with COVID-19 are strongly advised to take a LFD test every day for 7 days and continue to attend their setting as normal, unless they have a positive test result.

Daily testing of close contacts applies to all contacts who are:

- fully vaccinated adults – people who have had 2 doses of an approved vaccine

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- all children and young people aged 5 to 18 years and 6 months, regardless of their vaccination status
- people who are not able to get vaccinated for medical reasons
- people taking part, or have taken part, in an approved clinical trial for a COVID-19 vaccine

If daily LFD testing is not possible (e.g. some special school cohorts) 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

Children under 5 years are exempt from self-isolation and do not need to take part in daily testing of close contacts. Locally we will be recommending daily LFDs if possible, but otherwise a PCR test and regular LFD tests.

When you are managing outbreaks/have met the triggers in the national DfE contingency framework, household contacts of positive cases may be asked to take a PCR test (as well as daily LFT testing) and stay at home until they have had a negative PCR result.

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-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#school-college-and-other-educational-settings>

We will ensure all vulnerable staff and pupils have their risk assessments reviewed in the light of Omicron. 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
- 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.

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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.

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

Action	Action detail	Lead	Dates	Supplies/resources required	Other considerations
Reintroduce Bubbles	Children will return to ‘bubble’ groups to minimise mixing across the school. This will take the form of year group bubbles that operate throughout the day and will include separate play areas / lunch areas and virtual assemblies.	HT / SLT / Lunch time staff in collaboration with LA	At the point of outbreak trigger	Staffing / additional zoning resources e.g. cones / tape / signage.	Staff costs / cover requirements / immediate communication with all school stakeholders
Restricted movement around school - staff	Staff to have breaks / use facilities in allocated areas of school to minimise contact between groups of people.	HT /SLT	At the point of outbreak trigger	Signage / planning / staff communication	Staff wellbeing / access to facilities for food / toilets etc
Face coverings	Face coverings may be reintroduced for staff in communal areas to minimise the spread of infection.	HT / SLT in collaboration with LA	At the point of outbreak trigger	Additional PPE purchased / staff communication to be increased	Material costs / immediate communication with all school stakeholders
Additional Home Testing	Additional LFT testing may be introduced for staff and for pupils to quickly identify those positive cases and rapidly isolate cases.	HT /SLT in collaboration with LA	At the point of outbreak trigger	Additional testing requested and distributed to staff and pupil groups if required / advice to parents	immediate communication with all school stakeholders
Limited isolation	Small groups of pupils linked to positive cases may be asked to isolate for a short period of time to minimise spread of infection. These pupils will immediately access home learning.	HT /SLT in collaboration with LA	At the point of outbreak trigger / if	Pupil remote learning provision -devices allocated / teachers providing home	immediate communication with all school stakeholders

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Action	Action detail	Lead	Dates	Supplies/resources required	Other considerations
			outbreak advances	learning / blended learning provision	
Restrict all meetings on site / performances	Meetings held on site and parent visits to site are suspended.	HT / SLT in collaboration with LA	At the point of outbreak trigger	Parent communication -	immediate communication with all school stakeholders
Wider attendance restrictions	Attendance of pupils on site is restricted for a period following a wider outbreak. This will correspond with an immediate switch to remote learning – following the school remote learning policy.	HT / SLT in collaboration with LA	if outbreak advances	Remote learning devices / internet access for pupils / free school meal provision provided for FSM pupils eligible.	immediate communication with all school stakeholders
Stand Down of measures	Following the reduction in cases and a return to 'normal' operation – school will reduce measures from most stringent to least stringent in that order – ensuring high quality education in school and staff safety is prioritised.	HT / SLT in collaboration with LA	At stand-down point of measures		immediate communication with all school stakeholders

Appendix A

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

- ❖ Positive person: isolate from **day symptoms started/day of test (if no symptoms) and for the next 7 days (minimum). Day 6 and Day 7 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 and limit contact with vulnerable individuals if deisolate. See exceptions re health and care settings below.**
- ❖ Identify **ALL** close contacts in infectious period (see below definitions in table) – all to isolate for **10 full days after day of last contact with case, unless exempt (see below in green)**
- ❖ **Exceptions: positive cases and contacts who are residents/patients in care homes/hospitals/anyone discharged who receives care - to isolate for 14 days (cases and contacts). Also, positive health/care workers to isolate for 10 days unless business critical**
- ❖ **Exemptions from self-isolation as a close contact (see special rules health and care workers):**
 - ❖ *Fully vaccinated - i.e. more than 14 clear days after day of second dose of UK COVID-19 vaccination*
 - ❖ *Under 18 years and 6 months*
 - ❖ *Part of COVID-19 vaccine clinical trial or medically exempt from vaccination (seek separate advice)*
 - ❖ *Those exempt should undertake daily lateral flow testing for 7 days, limit social contact and wear a face covering. For children under 5, recommend a PCR test and regular LFT testing (if acceptable to parent)*
 - ❖ **Additional requirements for health and care workers: 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	