

COVID-19: Outbreak Management Plan (Bournebrook C of E Primary School)

Outbreak Plan Management Version: One

Date completed: 2nd September 2021

Review Date: 4th October 2021

Plan Owner: Alison Patchett

Scope of Plan

This plan includes multiple sites within the scope of this plan. Outbreak prevention is partly within scope of this plan but is covered by our COVID-19 Risk Assessment.

Related Resources

Risk Assessment

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

WCC's Education Setting COVID19 Guidance – Post 16th August 2021

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 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 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 with regard to 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

School raises concern about 2+ linked cases dependant on circumstances

In the case of a local outbreak we will work with the Local Authority, Public Health and regional Health Protection Teams (HPTs). 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	education-corona@warwickshire.gov.uk (Mon – Fri) dphadmin@warwickshire.gov.uk (Sat – Sun)
Public Health England (PHE) Health Protection Teams (NB PHE will become part of UK Health)	wm.2019cov@phe.gov.uk Tel: 0344 225 3560 Option 0 Option 2

Security Agency (UKHSA) in October 2021).	
Response Lead/decision maker	Alison Patchett
Committees/Fora supporting the response	Tony Moriarty
Outbreak response team (internal and for attending external Incident Management Team meetings	N/A

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	
Staff (including employees and volunteers)	
Pupils	
Parents/carers	
Visitors	
Contractors and delivery personnel	
Where to receive local outbreak advice	
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.

COVID-19 Outbreak Management Plan– September 2021

Key Stakeholder	What they need to know	Communication media
Staff (including employees and volunteers)	<p>Locality of positive case (generalised for whole staff/specific class)</p> <p>Location for individuals impacted</p> <p>Identification of close contacts</p> <p>Organisational arrangements including any increased measures if appropriate</p> <p>Need for PCR Testing (initial then 4-7 days after)</p> <p>Reassurance</p>	Email
Pupils	<p>Organisational arrangements</p> <p>Reminder of action to reduce transmission</p>	Word of Mouth
Parents/carers	<p>Confirmation of positive case – Letter</p> <p>Steps to be taken to reduce transmission (externally)</p> <p>Organisational arrangements including any increased measures if appropriate (internally)</p> <p>Request to continue with LFTs</p> <p>Request to arrange PCR for child (initial then 4-7 days after)</p>	Email/Text (link to letter)
Visitors/Contractors and delivery personnel	<p>Confirmation of positive case</p> <p>Organisational arrangements including any increased measures if appropriate (internally)</p> <p>Request to continue with LFTs</p> <p>Remind of operational procedures</p> <p>Completion of Visitor Declaration Disclaimer</p> <p>Request to arrange PCR for child (initial then 4-7 days after)</p>	Phonecall/email
Local Outbreak Teams (LA and regional Health Protection Teams)	<p>Locality of positive case</p> <p>Organisational arrangements</p> <p>Action to date</p> <p>Case narrative (links/timelines/dates)</p>	Email/Phonecall
GPs/allied health practitioners providing services	<p>Confirmation of positive case</p> <p>Organisational arrangements including any increased measures if appropriate (internally)</p> <p>Request to continue with LFTs</p> <p>Remind of operational procedures</p>	Email/Phonecall

to people within the setting	Completion of Visitor Declaration Disclaimer Request to arrange PCR for child (initial then 4-7 days after)	
------------------------------	--	--

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, blocked/runny nose, diarrhoea and vomiting, 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>

Reporting cases and when trigger thresholds have been met

We will continue to report all positive cases to the local authority alongside alerting the local authority when any of the triggers outlined in the above guidance have been met

Response to positive cases

Full class groups, friends from across the year group and afterschool contacts (including on transport) will be asked to have a PCR test, alongside twice weekly LFT testing. 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 one further PCR test 4-7 days after notification, alongside continuing LFT testing. Further actions may also be recommended by the LA.

Reintroduction of consistent groups ‘bubbles’

It may become necessary to reintroduce ‘bubbles’ for a temporary period, to reduce mixing between groups.

Reintroduction of face coverings

Consideration will be given to whether face coverings should temporarily be worn in classrooms (currently staff making own choice on this)

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

We will continue with our local recommendation that all pupils take twice weekly asymptomatic testing.

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.

Contact tracing / isolating

From the 16th August people who are double vaccinated (second dose more than 14 clear days prior to day of last contact with case), and children and young people under the age of 18 years and 6 months are no longer required to isolate where they are a close contact of a positive case. We may reintroduce isolation of pupils who have been a close contact of a direct case for a limited time period. Please also see section re response to positive case

Other restrictions

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).

Clinically Extremely Vulnerable

Shielding is currently paused. 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>

Attendance Restrictions

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.

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).

First priority for onsite attendance will always be given to vulnerable children and young people and children of critical workers.

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. 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 have to 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 provide free school meals parcels for pupils who are eligible for benefits related free school meals and who are not attending school because they:

- are self-isolating due to class closure
- have had symptoms or a positive test result themselves

Response and stand down action plan

The risk assessment 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 'bubbles', reintroduction of face coverings, other restrictions, attendance restrictions, staffing capacity and free school meals.

We will "stand down" following an outbreak, following the advice of PHE.

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 10 full days AND until well and fever free for 48 hours**
- ❖ Identify **ALL** close contacts in infectious period (see below definitions) – all to isolate for **10 full days after day of last contact with case, unless exempt (see below)**
- ❖ **Exception: 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)**
- ❖ **Exemptions from self-isolation as a close contact (except 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 a PCR test, regular twice weekly lateral flow testing, limit social contact and wear a face covering*
 - ❖ *Note the above exemption rules are not the same for health and care workers (separate guidance has been issued)*
- ❖ Follow "[Guidance for contacts of people with confirmed COVID-19](#)" guidance

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	
1-2m for 15 minutes or more (cumulative over 24 hrs)	No symptoms: 2 clear days before the day of the test – to 10 days after
Travel in a vehicle	