

COVID-19: Outbreak Management Plan

Badgerbrook Primary School

Approved by:	Mitzi Moran	Date:	1.9.21
Last reviewed on:	8.11.21 by SLT		
Next review due by:	1.12.21		

1. Introduction

This plan is based on the contingency framework for managing local outbreaks of COVID-19 and the schools operational guidance from step 4, provided by the Department for Education (DfE).

We will only implement some, or all, of the measures in this plan in response to recommendations provided by our local authority (LA), director of public health (DsPH), Public Health England (PHE) health protection team or the national government.

It may be necessary to implement these measures in the following circumstances, for example:

- To help manage a COVID-19 outbreak within the school
- If COVID-19 infection rates in the community are extremely high, and other measures have failed to reduce transmission
- As part of a package of measures responding to a 'variant of concern' (VoC)

We will notify Leicestershire County Council of all COVID-19 cases within our school (through Education Effectiveness). The notifications will be viewed by the Health Protection Team (LCC) who will collaborate with the school to recommend measures appropriate for the school.

The Headteacher will be the main point of contact for Education Effectiveness, Public Health England etc and will lead the outbreak management response. The Senior Leadership Team will coordinate the response. We will use the pre-existing risk assessments from the previous academic year to prepare for measures that might be re-introduced.

We will continue to communicate with staff and parents via email and/or text messages.

2. Shielding

We will adhere to national guidance on the reintroduction of shielding, which would apply to those on the shielded patient list (SPL).

We will speak to individuals required to shield about additional protective measures in school or arrangements for home working or learning.

3. Other measures

If recommended, we will limit:

- Residential educational visits
- Open days
- Transition or taster days
- Parents coming into school
- Live performances

If recommended, we will reintroduce:

- Bubbles, to reduce mixing between groups
- Face coverings in communal areas and classrooms for staff and visitors (unless exempt)

4. Attendance restrictions

Attendance restrictions will only be recommended as a last resort. If recommended, we will implement the measures in this section. We will refer to local guidance regarding the number of pupils who can be safely accommodated in the school dependent on size of classrooms and staffing resources.

4.1 Eligibility to remain in school

In the first instance, we will prioritise:

- Vulnerable pupils
- Children of critical workers
- Reception, Year 1 and Year 2 pupils

If further restrictions are recommended, we will prioritise:

- Vulnerable pupils
- Children of critical workers

4.2 Education and support for pupils at home

All other pupils will be required to stay at home and will receive remote education.

We will aim to deliver remote education that meets the same quality and quantity of education that pupils would receive in school, as outlined in our remote learning policy.

The school will continue to provide meals or lunch parcels for pupils eligible for benefits-related free school meals while they are not attending school because of COVID-19 isolation guidelines.

Lunch parcels for pupils will be available for parents to collect from school

4.3 Wraparound care

We will limit access to before and after-school activities and wraparound care during term time and the summer holidays to those that need it most.

We will communicate who will be eligible to attend once the restrictions are confirmed.

4.4 Safeguarding

We will review our child protection policy to make sure it reflects the local restrictions and remains effective.

We will aim to have a trained DSL or deputy DSL on site wherever possible. However, when this is not possible:

- a trained DSL (or deputy) from the school will be available to be contacted via phone or online video, for example when working off site;
- Where a trained DSL (or deputy) is not on site, in addition to the above, a senior leader will take responsibility for co-ordinating safeguarding on site.
- Staff will continue to report all safeguarding concerns in the usual way (including allegations and safeguarding concerns about adults working in school) and be thoroughly briefed about any changes that are required

5. Stages of Outbreak Management

When the Health Protection team (LCC) receive notification of COVID-19 cases in the school from Education Effectiveness they will decide whether to contact the school.

When the school needs outbreak management, the Health Protection Team (LCC) will contact the setting and assess the COVID-19 cases based on:

1. Number of current positive and symptomatic cases
2. Number of previous cases at the setting

3. Rates and cases in the local area
4. Protective measures in the setting

Based on this assessment the Health Protection Team (LCC) will recommend which stage of outbreak management the school requires.

The table below outlines the criteria and measures that HPT LCC will consider for schools who require outbreak management. Stages outlined in this table are flexible and will be recommended after consultation between HPT LCC and the school. Any protective measures recommended will be subject to restrictions and exemptions (e.g. primary aged children will not take part in asymptomatic testing)

Schools that enter stages 3 and 4 of outbreak management are likely to be taking part in Outbreak Control Teams (OCTs) with PHE and LCC. The school will be supported in OCTs with the implementation of measures such as reintroducing bubbles and limiting attendance.

Table 1: Criteria and Measures for Outbreak Management Stages

Stage	Criteria	Measures that may be introduced
Stage 0	0-4 cases, unlinked, or linked outside of setting within 10 days Setting has not had high case numbers previously Low cases in local area Setting in line with current guidance	None (if setting not in line with current guidance- LCC HPT will advise that they should be)
Stage 1	5- 10 cases within 10 days- linked in setting OR 10% of staff and pupils test positive within 10 days, and are linked OR setting has medium level of cases previously OR medium levels in local area	Emphasising and enhancing current measures – cleaning, ventilation, testing etc. Encouraging uptake of asymptomatic testing Activities taking place outdoors, including exercise, assemblies, or classes One-off enhanced cleaning focussing on touch points and any shared equipment Communications from the setting to the community about current cases.
Stage 2	11-20 cases within 10 days linked in setting OR setting has medium/high level of cases previously OR medium/high levels in local area.	Emphasising and enhancing current measures – cleaning, ventilation, testing etc. Encouraging uptake of asymptomatic testing Activities taking place outdoors, including exercise, assemblies, or classes One-off enhanced cleaning focussing on touch points and any shared equipment Communications from LCC about the cases Reintroducing face coverings in communal areas Limiting visits, performances etc. IPC/HPT LCC visit
Stage 3	21+ cases within 10 days linked in setting AND/OR setting has high level of cases previously AND/OR high levels in local area	Emphasising and enhancing current measures – cleaning, ventilation, testing etc. Activities taking place outdoors, including exercise, assemblies, or classes One-off enhanced cleaning focussing on touch points and any shared equipment Reintroducing ATS Surge testing

		Communications from LCC about the cases - specific to setting circumstances Reintroducing bubbles Reintroducing facemasks in classrooms Limiting visits, performances etc. Escalation to an OCT IPC/HPT LCC visit
Stage 4	50+ cases/30% of setting positive within 10 days	Emphasising and enhancing current measures – cleaning, ventilation, testing etc. Activities taking place outdoors, including exercise, assemblies, or classes One-off enhanced cleaning focussing on touch points and any shared equipment Limiting attendance Reintroducing ATS Surge testing Communications from LCC about the cases-specific to setting circumstances Escalation to an OCT IPC/HPT LCC visit

6. Monitoring and Review

This policy will be reviewed by the Senior Leadership Team, along with the school's COVID-19 Risk Assessment, at least monthly and when required by changing circumstances in school.

7. Implementation

Partial implementation 5.11.2021 due to outbreak in Year 3 class (**Stage 2**):

Class in Year 3 returned to a 'bubble', for period of 2 weeks - separate break and lunch areas, lunches in classrooms, use of separate toilet, staggered arrival & collection procedures, parents of all Year 3 pupils advised to get PCR tests for their children as have been identified as close contacts of positive cases. All parents advised of positive cases and reminded to remain vigilant for symptoms of coronavirus. All staff reminded about ventilation in classrooms, Hall etc, social distancing from other adults and face coverings in communal areas such as corridors.

Appendix 1

Leicestershire and Rutland COVID-19 Outbreak Management Plan for Education Settings.

1. Leicestershire County Council- Public Health Control Measures

This section addresses the practical implications of reintroducing control measures associated with the stages of outbreak management. The reintroduction of these measures is in line with the [Contingency Framework](#), [Schools COVID-19 Operational Guidance](#), and [Actions for Early Years and Childcare Providers during the COVID-19 pandemic](#) from the national government. Many of these measures are considered a last resort. Any recommendations from LCC or PHE will be carefully considered in collaboration with the setting and keep these measures to the minimum number of people possible, for the shortest time possible.

1.1 Enhancing current measures

If a setting is advised to enhance or emphasise their current measures, they should review their current risk assessment to ensure that this is up-to-date and in line with current guidance.

To enhance current measures, it may be necessary to remind the settings community about the increased need for hand and respiratory hygiene. The setting may wish to introduce routines that encourage a better uptake of hand hygiene, for example checking that pupils are washing hands after breaks. It may also be beneficial to educate on hygiene, for example using E-Bug resources.

To enhance cleaning, a setting should consider if there are any areas of the setting that are not cleaned frequently enough. Touchpoints such as light switches, door handles, and banisters should be cleaned more regularly than other areas of the setting. The setting may wish to increase cleaning hours to support this.

The setting should consider increasing ventilation, for example opening more windows and introducing systems to ensure windows and doors are kept open. The setting should encourage staff and pupils to bring extra layers of clothing to ensure thermal comfort whilst increasing ventilation.

Communications about COVID-19 symptoms and testing requirements are a valuable way to enhance the setting's protective measures. For example, sending regular text messages to staff and pupils to remind them to take lateral-flow tests twice weekly. Staff and pupils should be aware that isolation is required if they have any COVID-19 symptoms, even if they have not yet taken a COVID-19 test. The setting should ensure that they have robust processes in place to isolate symptomatic staff and pupils.

Settings should ensure that their contingency plans cover the possibility of enhancing protective measures.

1.2 Additional considerations around current measures

Settings should consider whether any activities could take place outdoors, including exercise, assemblies, or classes. This will depend on the amount of outdoor space a setting has and the limitations of the curriculum. Education settings should also consider the impact of outdoor activities on movement around the setting. Increasing the amount of time spent outdoors, even if this is not for the whole duration of an activity can be beneficial.

Settings should also consider one-off enhanced cleaning focussing on touch points and any shared equipment. This may be informed by a review of current cleaning practices and any links between cases in the setting.

1.3 Testing

Individuals with COVID-19 symptoms of a cough, fever, or change/loss of taste/smell should access a PCR test here: <https://www.gov.uk/get-coronavirus-test>

Staff and pupils who are asymptomatic, secondary-age, and have not tested positive in the last 90 days or been identified as a contact in the last 10 days can take part in their setting's asymptomatic testing programme.

1.3.1 Encouraging uptake of asymptomatic testing

If a setting is advised to encourage uptake of asymptomatic testing, they should send out communications to the setting's community about how frequently testing is required, for example a text message on the days on which the setting wants them to test. Staff should encourage testing in the school day, for example asking students if they have tested during registration. Communications should go out to parents reminding them that if they think or have been told their child is a close contact to a confirmed positive case, their child should have a PCR test. The setting should tell parents how they can access asymptomatic testing.

Only staff members and children secondary age and above should take part in asymptomatic testing.

If a setting does not have enough lateral-flow tests for twice weekly testing, they may be supported with deliveries of LFTs from LCC. If a setting has issues with other aspects of this, they should contact the Health Protection Team (LCC) for support.

Settings should ensure that their contingency plans cover the possibility of encouraging uptake and increased frequency of asymptomatic testing.

1.3.2 Surge Testing

Public Health England or the Local Authority Public Health Department will risk assess the situation and use this to inform a decision on the requirement for surge testing. Where surge testing is required, the instigating organisation will work closely with the setting to provide the necessary support.

1.4 Communications

The Health Protection Team (LCC) may advise that the setting circulates communications from the DPH. The Health Protection Team LCC will consult with setting leaders about the communications required and may be able to provide these communications. If an OCT is convened, the OCT will decide which body is providing communications to support the setting.

Setting leaders are welcome to approach the Health Protection Team (LCC) about any specific communications needed even if this isn't part of their outbreak management plan stage.

1.5 Reintroducing Face coverings

The Health Protection Team (LCC) may advise that face coverings are reintroduced in communal areas such as staff rooms, or both classrooms and communal areas. This would only be recommended for staff and secondary-aged children. Any reintroduction will, as before, allow for reasonable exemptions:

If a setting is advised to reintroduce face coverings in communal areas, they should communicate with their community about why this has been recommended. The setting should identify which area they are including in this request- e.g. dining hall, corridors etc. The setting may be supported with communications from Health Protection Team LCC.

If a setting is advised to reintroduce face coverings in classrooms and communal areas such as staff rooms, they should communicate with their community about why this has been recommended. The setting may be supported in this with communications from Health Protection Team LCC.

Face coverings would be reintroduced for two weeks in the first instance.

Settings should ensure that their contingency plans cover this possibility.

1.6 Limiting Visits, Performances, etc.

Any requests to limit visits, performances etc. would cover: residential educational visits, open days, transition or taster days, parental attendance in settings, performances in settings.

Local authorities, directors of public health (DPH) and PHE health protection teams (HPTs) may recommend these precautions in one setting, a cluster of settings, or across an entire area.

If this is advised, the setting should communicate with staff and pupils about why these measures have been introduced. Any impacts on the curriculum would be discussed with the setting prior to recommendation.

Settings should ensure that their contingency plans cover the possibility these limitations are advised.

1.7 Reintroducing bubbles

Due to the impact on the delivery of education the decision to reintroduce bubbles would not be taken lightly. Settings should have a contingency plan in place to consider how they would reintroduce bubbles temporarily whilst minimising disruption.

If settings were advised to reintroduce bubbles, they may wish to return to the model they used in the 2020/21 academic year. Any reintroduction of bubbles should minimise movement and mixing of different groups where possible whilst delivering a full curriculum. Education settings may wish to have class, year group or cohort bubbles depending on their curriculum and may wish to consider zoning so that bubbles are not using the same spaces.

1.8 Limiting attendance

Limiting attendance would only be considered in an extreme circumstance and as a last resort. A DPH may advise introducing short-term attendance restrictions in a setting, such as sending home a class, year group, or cohort. High-quality, remote education should be provided for all pupils or children not attending. In all circumstances, priority should continue to be given to vulnerable children and young people and children of critical workers to attend to their normal timetables.

Settings should ensure that their contingency plans cover this possibility, and that they can continue to deliver high-quality remote education.

1.9 Advising Shielding

Only the national government can advise the reintroduction of shielding. However, settings should ensure that their contingency plans cover this possibility.

1.10 IPC/ Health Protection Team (LCC) Visit

The Health Protection Team (LCC) may decide a visit to the setting is necessary. Visits are conducted with the IPC team and Health Protection Team (LCC) The aim of a visit would be:

1. To support the setting in implementing protective measures
2. To gain context of the difficulties the setting is having
3. To gather evidence for hypotheses around routes of transmission

Visits are supportive and in collaboration with settings. Before a visit the IPC or Health Protection Team (LCC) team may ask for further details of COVID-19 cases in the setting. Settings can use visits to raise concerns and seek specific advice around the context of their setting. The IPC and Health Protection Team (LCC) team will discuss any concerns during the site visit and also write a report for the setting to use when acting upon on measures recommended during the visit. Any visit to a setting should be agreed by the necessary senior staff in the setting. If the setting is carrying out lateral flow device testing for visitors, then this should be communicated with the teams and carried out prior to attendance or before the visit commences.