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

<p style="text-align:center">Belton CE Primary January 2022</p>

Document control version	Date	Amendment	Authors
1.0	08/07/2021	First draft	Hannah Martin Kelly Evans
1.5	18/08/2021	Amended based on new contingency framework and edits from RW Also included references to EY and childcare services.	Hannah Martin
1.6	20/08/2021	Edits by KME	Kelly Evans
1.7	20/08/2021	Added in risk assessment template to appendices Added in boarding and SEN section	Hannah Martin
2.0	15/12/2021	Updated stage recommendations Updated section on Self-Isolation Service Hub Updated T&T Updated references to Rutland	Anuj Patel

Acknowledgements

This document is based on the Leicestershire County Council Public Health Department Outbreak Management and Prevention Plan and the Leicestershire COVID-19 Incident Management Plan-Universities.

> This plan is based on the Contingency Framework, Contain Framework, Schools Operational Guidance and Actions for Early Years and Childcare Providers. It reflects the latest guidance at the time it was written.
>
> Due to ongoing changes to national guidance, details may be dated once this document is in circulation.
>
> Please check with your Education Effectiveness Partner if you have concerns around guidance.

Contents

1. Glossary of Abbreviations

HPT LCC	Health Protection Team, Leicestershire County Council*
HPT PHE	Health Protection Team, Public Health England*
DPH	Director of Public Health
UKHSA	UK Health Security Agency**
PHE	Public Health England**
LCC	Leicestershire County Council
IPC	Infection Prevention and Control
OCT	Outbreak Control Team
ATS	Asymptomatic Testing Site
LA	Local Authority
SARS-CoV-2	Also known as Covid-19 (Coronavirus)

*Please note these are different groups with different roles and responsibilities. If you are unsure who to contact, contact HPT LCC to enquire.

**Please note: UKHSA will be replacing PHE in the autumn of 2021

2. Key Contacts

Organisation	Contact details	This organisation should be contacted when…
Education Effectiveness	educationeffectiveness@leics.gov.uk 01163053365	**The setting is notified of a COVID-19 case**
Early Years and Childcare	childcare@leics.gov.uk 0116 305 7136	**The setting is notified of a COVID-19 case (if early years and childcare)**
Health Protection Team, Leicestershire County Council	healthprotection@leics.gov.uk 0116 305 0740 Available Monday-Thursday 9-5 & Friday 9-4:30. If support is needed outside these hours, please contact DfE helpline.	*The HPT (LCC) will contact settings*
Infection Prevention and Control Team Leicestershire County Council	infection@leics.gov.uk 0116 305 1525	*The IPC team will contact settings, when requested*
DfE Helpline	Dfe.coronavirushelpline@education.gov.uk 0800 046 8687	**The setting is notified of a COVID-19 case**
Ofsted **(Early Years settings only)**	https://www.gov.uk/guidance/tell-ofsted-if-you-have-a-covid-19-incident-at-your-childcare-business	**The setting is notified of a COVID-19 case**
The UK Health Security Agency (UKHSA)	0344 2254524	*PHE will contact settings*
Rutland Educational development	educationaldevelopment@rutland.gov.uk (schools and early years)	Rutland schools are notified of COVID-19 cases

3. Purpose

This plan is intended to enable agencies in Leicestershire and Rutland to prevent, reduce, manage, and suppress outbreaks of COVID-19 infection within education settings in Leicestershire and Rutland. This plan relates to the control of COVID-19 outbreaks at early years settings, primary and secondary schools including special schools and 16-19 academies. The plan details the support Leicestershire County Council Public Health will provide to education settings in Leicestershire and Rutland. It outlines outbreak management stages and escalation to an Outbreak Control Team.

4. Aim

The aim of this plan is to provide a framework for the multiagency response to Coronavirus (COVID-19) outbreaks that occur in education settings within Leicestershire and Rutland.

Outbreaks in education settings may include, but are not limited to:
- Employees
- Students and children
- Catering facilities
- Accommodation – boarding houses
- Before and after school clubs
- Holiday clubs

4.1 Scope

This plan covers COVID-19 outbreaks only, as part of the COVID-19 local outbreak management plan for Leicestershire. This plan does not cover all other communicable disease outbreaks, the response for which is outlined within the PHE East Midlands Communicable Disease Outbreak Management Plan.

This plan, or aspects of this plan may be used for 'joint' outbreaks of COVID-19 and other illnesses. This will be reviewed based on the circumstances of the specific setting effected. [1]

Variants of concern may arise, which alter the virus properties, such as how easily it spreads, the associated disease severity, or the performance of vaccines, therapeutic medicines, diagnostic tools, or other public health and social measures. The measures listed in this plan are subject to change if variants of concern are detected.

This plan is based on:

- The Contingency Framework
- The Contain Framework
- Schools COVID-19 operational guidance
- Actions for early years and childcare providers during the COVID-19 pandemic

This plan should be read alongside this guidance.

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[1] Contain Framework https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers

5. Roles and Responsibilities

Developing and delivering this outbreak plan requires the involvement and engagement of partners and key stakeholders at strategic and operational levels in line with the governance structures (see diagram below).

Diagram 1: Multi-agency work in outbreak management

5.1 Responsibilities – COVID-19 case in education setting

When a setting is made aware of a COVID-19 case amongst their staff or pupils, they should ensure protocols in their risk assessment are being followed. Risk assessments should include (but are not limited to) protocols for when a staff or pupil becomes symptomatic at setting, including how to isolate them, PPE required, and transport requirements. **The setting should ensure that they keep an accurate record of positive tests and isolation dates.**

PPE can be obtained by contacting lrf.ppesupport@leics.gov.uk (for schools across Leicestershire & Rutland).

Accurate records of COVID-19 cases and contacts will especially be needed for cases in staff. Education settings are no longer required to notify the self isolation hub.

Education settings have a responsibility to develop contingency plans that cover arrangements if staff and pupils test positive, as well as how the setting would operate if they were asked to reintroduce

any measures described in section 8[2]. Settings may wish to retain previous versions of risk assessments for this purpose. Any reinstatements are envisaged to be of short duration but may mean there are frequent changes required. All reinstatements should be on the advice of public health (either LCC or PHE) and settings should tailor any risk assessment reviews to public health advice. The Contingency Framework states that good contingency plans cover; roles and responsibilities; when and how to seek public health advice and details on the types of control measures you might be asked to put in place. For each control measure you should include: actions you would take to put it in place quickly, how you would ensure every child, pupil or student receives the quantity and quality of education and support to which they are normally entitled, and how you would communicate changes to children, pupils, students, parents, carers and staff.[3] See appendices 10.6 for an template Contingency Plan.

COVID-19 is a notifiable disease. Notification of individual cases of COVID-19 is handled by NHS Test and Trace. Test and Trace now has responsibility for all contact tracing, including that within education settings. However, we are aware that staff and teachers within schools, nurseries and colleges can be best placed to quickly and effectively notify close contacts of a positive case. For this reason, we are encouraging education settings to conduct their own contact tracing, and ask staff and pupils to isolate, or take PCR test where appropriate. This is not an education setting responsibility so there is no obligation to do this, however it does help minimise transmission within the school.

Contacts of positive cases are no longer required to isolate if they are fully vaccinated or under 18 years and six months old. Instead, they are asked to perform a daily lateral flow test for 7 days.

Education settings in Leicestershire have a responsibility to notify Leicestershire County Council of any COVID-19 cases at their setting, whether they have taken PCR or LFD tests. Schools contact: Education Effectiveness at educationeffectiveness@leics.gov.uk , 01163053365 Early Years settings contact: childcare@leics.gov.uk, 0116 305 7136. Schools in Rutland should inform educationaldevelopment@rutland.gov.uk. Please see appendices for a template email that can be used for this purpose. All schools have a responsibility to fill out the DfE Daily Attendance. The DfE require the monitoring of attendance in Early Years setting on a monthly basis which the Local Authority will collect. This is subject to changes.

The DfE helpline is operational on 0800 046 8687 and can provide support to settings with COVID-19 cases. There is no legal obligation to inform the DfE helpline of cases.

Education Effectiveness and Early Years Inclusion and Childcare have a responsibility to log reported cases onto the *COVID Case Log Ed Effectiveness* spreadsheet where they can be viewed by the Health Protection Team (LCC).

Only UK Health Security Agency can classify cases in a setting as an outbreak. Due to current pressures UKHSA will not necessarily assess cases in all education settings.

The Health Protection Team (LCC) will assess a setting's COVID-19 cases. The Health Protection Team (LCC) will gather and record information about cases in education settings, this will include a record of conversations with settings and any advice given. Based on this assessment the Health Protection Team (LCC) will recommend which stage of outbreak management the setting should enter. The Health Protection Team (LCC) will provide support for settings entering and exiting outbreak management. Any recommendations will be based on the latest available evidence. The Health

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[2] Contingency Framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings
[3] Contingency Framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings

Protection Team (LCC) have a responsibility to escalate concerns to LCC Public Health Consultants and Director of Public Health (DPH).

Due to UKHSA not assessing cases in all education settings for outbreak classification, outbreak management from HPT LCC will not be dependent on this assessment. This means that settings can be involved in outbreak management with LCC, without being classified as an outbreak by UKHSA. Settings should notify Education Effectiveness (or EY and childcare) of any COVID-19 cases and will hear from HPT LCC if the team feels outbreak management is necessary.

Schools should follow their individual risk assessments and should not wait to implement measures should evidence of transmission within the school be seen. This outbreak management plan can be used as a guide to determine whether measures are proportionate whilst awaiting input from LCC HPT, however much of this will depend on the individual context, and all measures should be in line with DfE contingency framework.

Settings have a responsibility to ensure pupils get the quality and quantity of education that they are entitled to. This includes the Free Early Education Entitlement for Early Years settings. It includes considering remote learning for schools. All settings should consider the continuity of education if the setting is advised to enter an outbreak management stage.

5.2 Boarding and SEN settings
UKHSA will maintain primary responsibility for boarding and SEN settings. These settings can continue to contact HPT LCC, and if they have 2+ cases will be escalated to UKHSA

5.3 Triggers for education settings
Cases identified in the test-on-return period should not trigger extra protective measures. [4]

The Contingency Framework states that mainstream education and childcare settings with more than 20 staff and pupils should seek public health advice if they have 5 children, pupils, students, or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period. Or 10% of children, pupils, students, or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period. [5]

Special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time should seek public health advice if 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period.[6]

Public health advice in these scenarios can be accessed by contacting the Health Protection team (LCC) (via Education Effectiveness Partner or healthprotection@leics.gov.uk, 0116 305 0740) or the DfE helpline (0800 046 8687) .

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[4] Contingency Framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings
[5] Contingency Framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings
[6] Contingency Framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings

Settings are not required to contact the Self-Isolation Service Hub. However, to ensure staff can access Test and Trace support payments, you may consider doing this if you are aware that the person who has tested positive was unable to provide the details of close contacts

All settings should seek public health advice from the DfE helpline if a pupil, student, child, or staff member is admitted to hospital with COVID-19.[7] Where HPT LCC is made aware of a staff, child or student hospitalisation related to COVID-19 they will escalate this to UKHSA.

6. Leicestershire County Council Outbreak Management

Leicestershire County Council Public Health is responsible for the day-to-day managing of outbreaks and incidents in education settings. The Health Protection Team (LCC) will assess COVID-19 cases in education settings. Based on this assessment the Health Protection Team (LCC) will recommend which stage of outbreak management the setting should enter. Many schools are now experienced in implementing fundamental measures, many of which are self-explanatory such as increased cleaning of frequently touched points. LCC Health Protection team will therefore only offer **proactive** support to schools with 10 or more cases that are linked within the setting. They will still respond to queries or concerns regarding COVID-19 from all settings, regardless of the number of cases within each setting.

It is not necessary for a setting to be assessed as in an outbreak by UKHSA for Leicestershire County Council to begin outbreak management.

The Health Protection Team (LCC) will provide support for settings entering and exiting Outbreak Management. The Health Protection Team (LCC) have a responsibility to escalate concerns to the LCC Public Health Consultant and DPH and inform relevant partners of any outbreaks. The Health Protection team (LCC) will escalate the outbreak to PHE if they feel an OCT is needed. There is more information on OCTs in section 7.

For advice in working hours the Health Protection Team (LCC) can be reached at 0116 305 0740 or at healthprotection@leics.gov.uk. For out-of-hours advice, please contact Education Effectiveness on 0116 305 3365. Please note, the out-of-hours number is for urgent queries only.

6.1 Initial Contact with Education setting

When the Health Protection team (LCC) receive notification of COVID-19 cases in an education setting from Education Effectiveness they will decide whether to contact the setting after considering:

- Common factors between cases and/or epidemiological links.
- Formation of a preliminary hypothesis.

6.2 Stages of Outbreak Management

When a setting 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

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[7] Contingency Framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings

4. Protective measures in the setting

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

National guidance states that control measures can be introduced where there is an outbreak in a setting or if central government offers the area an enhanced response package. [8]

Leicestershire County Council Public Health will reintroduce control measures for settings experiencing outbreaks in stages. These stages will usually be applied to individual settings experiencing COVID-19 cases, following an individual assessment of that setting.

Any decisions about the reintroduction of control measures will not be taken lightly and will take account of the detrimental impact measures will have on the delivery of education[9]. Outbreak management stages are flexible, a setting will not automatically enter a stage due to reaching some of the criteria. Settings will be assessed on their individual circumstances and regularly reassessed. Stages will be temporary and applied to the minimum number of groups possible. [10]

The Director of Public Health (DPH) may choose to apply these stages to a small cluster of settings. Any decisions made to address issues across an area will be taken by a Minister.[11]

Education settings will have to consider how they would ensure that every student or child gets the quantity and quality of education and care to which they are entitled during the reintroduction of any protective measures. [12] This includes considering the Free Early Education Entitlement for early years settings.

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

Proactive support will be offered to schools with more than 10 linked cases. For those with fewer cases, you are still expected to put in place measures to reduce further transmission, and the table below may guide your contingency measures. Details on how to establish links can be found in the appendices 10.6.

Settings that enter stages 3 and 4 of outbreak management may take part in Outbreak Control Teams (OCTs) with UKHSA and LCC. Settings will be supported in OCTs with the implementation of measures such as reintroducing bubbles and limiting attendance.

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[8] Contingency Framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-settings
[9] Operational Guidance https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-covid-19-operational-guidance
[10] Contingency Framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-settings
[11] Contingency Framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-settings
[12] Contingency Framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-settings

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 **Settings to maintain ownership at this stage as minimal input from HPT is required for implementation**	Measures to consider at all times: -Ventilation : Keep windows open -Face coverings on school transport -Encourage vaccination for all those eligible -Regularly emphasise guidance around isolating & testing when symptomatic -Regular cleaning of frequently touched points -Remind parents of national & LCC guidance of testing (subject to change) -Close contacts to perform a testing in line with current guidance
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 **Settings to maintain ownership at this stage as minimal input from HPT is required for implementation**	All measures of stage 0 (above), plus: Emphasising and enhancing current measures – cleaning, ventilation, testing etc. Encouraging uptake of asymptomatic testing (secondaries) Consider 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. Specific testing strategies (such as class testing if >5 cases) If cases within indoor activities (such as sports/ singing, ask team to perform daily LFD test for 7 days
Stage 2	11-20 cases within 10 days linked in setting OR approximately 20% of setting tested positive OR setting has medium/high level of cases previously OR medium/high levels in local area **LCC HPT will aim to make contact to ensure measures are appropriate and proportionate**	All measures listed above, plus: Emphasising and enhancing current measures – cleaning, ventilation, testing etc. Encouraging uptake of asymptomatic testing If not already suggested by national guidance, reintroducing face coverings in communal areas (template letter can be provided) Limiting visits, performances etc.
Stage 3	21+ cases within 10 days linked in setting or 25% setting testing positive AND/OR setting has high level of cases previously	All measures listed above, plus: If cases are within one particular club, consider temporary suspension of this activity for 2 weeks Reintroducing ATS (for secondary schools)

		AND/OR high levels in local area **LCC HPT will aim to make contact to ensure measures are appropriate and proportionate**	Communications from LCC about the cases - specific to setting circumstances Reintroducing measures to prevent mixing between class/ year groups Reintroducing facemasks in classrooms (secondaries) Escalation to an OCT where appropriate IPC/HPT LCC visit where appropriate
Stage 4		50+ cases/30% of setting positive within 10 days	All measures listed above, plus: Communications from LCC about the cases-specific to setting circumstances Escalation to an OCT IPC/HPT LCC visit Primaries: Request twice weekly LFD tests for a fortnight 5 or more cases in a class consider offer of remote learning for 10 days. This should be discussed with the health protection team and not used as a prescriptive formula

Details on the measures introduced in these stages are found in section 8 and in this guidance:

- Contingency Framework
- Contain Framework
- Schools COVID-19 Operational Guidance
- Actions for early years and childcare providers during the COVID-19 pandemic

Schools are well placed to risk assess these measures and implement them as they deem appropriate. You do not necessarily need to have sign off from LCC, and if you are considering measures and require support, please discuss with the LCC health protection team.

6.3 Escalation

The initial assessment by HPT LCC will determine the level of response required; this is based on Table 1 for guidance. Organisations responding to the incident or outbreak should activate their own arrangements to manage the additional demand on resources or disruption to services caused by the incident or outbreak i.e. follow the settings business continuity plans.

If further input is required, the outbreak may be escalated to an Outbreak Control Team.

When a decision has been made to declare an outbreak or establish an Outbreak Control Team, the Health Protection Team (PHE/UKHSA) will review the situation at appropriate intervals to determine if the formal declaration of an outbreak or convening of an Outbreak Control Team is subsequently required. This will involve consulting with the other parties, including those in education subgroup to assist with ongoing surveillance and regular updates to the dynamic risk assessment.

7. UKHSA Outbreak Management – Outbreak Control Team

If the setting requires an Outbreak Control Team (OCT). It is expected that DPH and/or UKHSA will lead the establishment and leadership of Outbreak Control Team will exercise the appropriate measures including:

- Communications
- Community engagement
- Deployment of testing
- Enhanced surveillance and contact tracing, where necessary
- Any legal powers where necessary under relevant Public Health Acts and the Coronavirus Act 2020.

Outbreak Control Teams operate at a tactical level, coordinating the operational efforts of each partner organisation. An example agenda is included in the appendices.

7.1 Criteria for Outbreak Classification by UK Health Security Agency

UKHSA assess COVID-19 cases in education settings according to the criteria in Table 3, which is found in the appendices.

It is not necessary for a setting to be assessed as being in an outbreak by UKHSA for Leicestershire County Council to begin outbreak management.

7.2 Triggers for an OCT

An OCT may be triggered by a COVID-19 incident or outbreak in an education setting that meets the definition above in stage 3 and any of the below:
- Requires a multi-agency response.
- Has significant impact on public confidence and anxiety.
- Has significant media interest
- Is considered appropriate or necessary by any multi-agency partner organisation.
- There are identified challenges in ensuring adherence to control measures.
- There are concerns on the safe running of the setting in respect to COVID-19.
- There are other factors that require multi-agency coordination and decision making.

These triggers will continue to be reviewed and developed.

7.3 Communication - OCT

Good communication is key during an outbreak or incident. When a setting is being supported by an OCT, communications will be led by the OCT, and supported by UKHSA and other organisations. The communications lead will be agreed at the first OCT. The Outbreak Control Team will develop a Communication Strategy. Communications Leads should consider the following channels of communication:

- Targeted letters to individuals and groups affected by the incident.
- Local communications led by the education settings.
- Broadcast media, including television, radio, and the press.
- Corporate websites.
- Social media.
- Briefings for elected members and Members of Parliament.

- Dedicated telephone helplines where available and appropriate.

Led by the OCT, Leicestershire County Council communications team and the Health Protection Team (LCC) will support the Health Protection Team (UKHSA) to deliver targeted messaging and community engagement, working with partners across the system including in primary care networks and the voluntary sector.

8. 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 Government. Many of these measures are considered a last resort. Any recommendations from LCC or UKHSA 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.

8.1 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 [13].

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[13] Operational guidance https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-covid-19-operational-guidance

Settings should ensure that their contingency plans cover the possibility of enhancing protective measures [14].

8.2 Additional considerations around current measures

Settings should consider whether any activities could take place outdoors, including exercise, assemblies, or classes[15]. 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[16]. This may be informed by a review of current cleaning practices and any links between cases in the setting.

Ventilation advice

- Ventilation:
    - Comprehensive information on the HSE website
    - Keep windows open where possible – including just top windows when the weather starts to get colder.
    - Purge rooms during break times when pupils are not there or staff rooms during lesson times when staff are not there – open all doors and windows to let the air blow through.

Where space and weather permits, carry out activities outdoors as much as possible

8.3 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. Individuals identified as a contact should conduct daily lateral flow tests before school for 7 days.

8.3.1 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

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[14] Contingency framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings
[15] Contingency framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings
[16] Contingency framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings

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 routine 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. [17]

8.3.2 Reintroducing asymptomatic test sites

If a setting is advised to reintroduce their ATS (once it has been closed following the beginning of term asymptomatic testing programme) the Health Protection Team (LCC) team would consult with the setting to identify the support needed for this. Where reintroduction is requested, the DPH & the school should keep the DfE informed.[18]

Settings should ensure that their contingency plans cover the possibility of reintroducing their ATS. [19] Only settings that have previously run ATS would be asked to reintroduce them.

8.3.3 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.

8.4 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. See appendices 10.6 for a template to use when considering communications during outbreak management.

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.

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[17] Contingency framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings
[18] Contingency Framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-settings
[19] Contingency framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings

8.5 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. [20]. This would only be recommended for staff and secondary-aged children. Any reintroduction will, as before, allow for reasonable exemptions[21]

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.[22]

Settings should ensure that their contingency plans cover this possibility. [23]

8.6 Limiting Visits, Performance, 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. [24]

Local authorities, directors of public health (DPH) and UKHSA health protection teams (HPTs) may recommend these precautions in one setting, a cluster of settings, or across an entire area.[25]

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. [26]

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[20] Operational Guidance https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-covid-19-operational-guidance

[21]Operational Guidance https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-covid-19-operational-guidance

[22] Contingency framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings

[23] Contingency framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings

[24]Contingency framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-settings

[25]Contingency framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-settings

[26] Contingency framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings

8.7 Reintroducing bubbles

Due to the impact on the delivery of education the decision to reintroduce bubbles should not be taken lightly. Settings should have a contingency plan in place to consider how they would reintroduce bubbles temporarily whilst minimising disruption. [27]

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.

8.8 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[28]. 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. [29]

Settings should ensure that their contingency plans cover this possibility, and that they can continue to deliver high-quality remote education. [30]

8.9 Advising Shielding

Only the national government can advise the reintroduction of shielding. [31] However, settings should ensure that their contingency plans cover this possibility. [32]

8.10 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

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[27]Operational Guidance https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-covid-19-operational-guidance
[28] Contingency framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings
[29] Contingency Framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-settings
[30] Contingency framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings
[31] Contingency Framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-settings
[32] Contingency framework https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings

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 visitor's then this should be communicated with the teams and carried out prior to attendance or before the visit commences.

There is a draft agenda for site visits to educational settings in the appendices.

8.11 Legal Powers

Local leaders can draw on the powers set out below. Local authority legal departments will be best placed to advise on the use of such powers:

- Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020: local authorities have the power to close individual premises, close public outdoor places and restrict events with immediate effect if they conclude it is necessary and proportionate to do so, in order to respond to a serious and imminent threat to public health and control the transmission of COVID-19 in its area.
- Public Health (Control of Disease Act) 1984 [sections 45G, 45H and 45I]: local authorities can make an application to a Justice of the Peace in the Magistrates' Court to impose restrictions or requirements to close contaminated premises; close public spaces in the area of the local authority; detain a conveyance or movable structure; disinfect or decontaminate premises; or order that a building, conveyance or structure be destroyed.
- Food Safety Act 1990 [section 12]: the emergency powers in section 12 allow a local authority to close a food business if there is an imminent risk of injury to health (i.e. the 'health risk condition' as set out in the legislation is fulfilled).
- Food Safety and Hygiene (England) Regulations 2013 (SI 2013/2996) [Regulation 8]: local authorities in England could use the power to close a business by way of a Hygiene Emergency Prohibition Notice but only if the Regulations have not been followed and this in itself creates an imminent risk of injury to health.
- The Health Protection (Local Authority Powers) Regulations 2010 (SI 2010/657) [Regulation 8]: local authorities have a limited power to request persons or groups of persons to do or refrain from doing anything by serving a notice for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection or contamination which presents or could present significant harm to public health. [33]

9. Standing Down

9.1 Finalising the response

The decision to finalise the response and stand down outbreak management and any protective measures will be based on the same criteria that the Health Protection Team LCC use to initially assess education settings, which are found in section 6.2.

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[33] *Leicestershire COVID 19 Incident Management Plan – Universities*

9.2 Notification of stakeholders

It is essential that the decision to stand down the response is communicated with all partners and stakeholders unambiguously, including the rationale for the decision and any triggers for reactivating the response.

This may include the provision of information to the public as appropriate. The LRF outbreak control cell and COVID-19 Health protection board will also be notified of the decision to stand down the response.

10. Appendix

10.1 Template email- Notification of COVID-19 cases to Education Effectiveness

To: educationeffectiveness@leics.gov.uk

Subject: Notification of COVID-19 cases at XXXXXXX

Hello,

We have had some cases at XXXXXX. Details below:

ID	Date of positive test taken	LFT or PCR	Staff or Student	Year Group/Work Area	Postcode of case	Is this case linked to any others
1 EXAMPLE	13/07/2021	PCR	Staff	Receptionist	LE2 1WA	Yes- married to the teacher who tested positive on 09/07/2021
2						
3						
4						
5						
6						
7						

Kind regards,

XXXXXXXXXXX

Hello,

We are writing to notify you of some COVID cases at ……………... Details below:

ID	Date of positive test taken	LFT or PCR	Staff, student, or child	Year Group/Work Area	Postcode of case	Is this case linked to any others?
1 EXAMPLE	13/07/2021	PCR	Staff	Receptionist	LE2 1WA	Yes- married to the teacher who tested positive on 09/07/2021
2						
3						
4						
5						
6						
7						

Kind regards,

………………………………………………………………………

10.2   Draft Terms of Reference for Outbreak Control Team

COVID-19 OUTBREAK CONTROL TEAM

…………………………….. SCHOOL OCT

TERMS OF REFERENCE

DATE/TIME

Aim

The overarching aim of the Outbreak Control Team (OCT) is to consider the information relevant to this outbreak, identify risks to public health and agree the actions necessary to reduce the risk to public health.

The OCT must also ensure that the management of this outbreak is undertaken on a confidential basis and that details are shared only on a need-to-know basis.

Objectives

- To secure appropriate leadership, membership of the OCT and agree the role of chair.
- To review the epidemiological, virological, and environmental evidence and verify an outbreak is occurring.
- To regularly conduct a full dynamic risk assessment whilst the outbreak is ongoing.
- To develop a strategy to deal with the outbreak and allocate responsibilities to members of the Outbreak Control Team based on the risk assessment.
- To agree appropriate further epidemiological, virological, and environmental investigations as required.
- To ensure that appropriate control measures are implemented to prevent further primary and secondary cases by:
  - Continuing to raise awareness of Covid-19 amongst pupils, parents, and staff, including the risk of transmission to others and offering support to minimise this risk
  - Continuing to review infection prevention and control measures in place to control the spread of Covid-19 and prevent further transmission
- To discuss, agree and where necessary arbitrate any extraordinary funding requirements. Escalating unresolved issues as appropriate.
- To communicate as required with other professionals, the media and the public providing an accurate, timely and informative source of information.
- To make recommendations regarding the development of systems and procedures to prevent a future occurrence of similar incidents and where feasible enact these.
- To determine when the outbreak can be considered over based on ongoing risk assessment.
- To produce a report or reports at least one of which will be the final report containing lessons learnt and recommendations.

Membership

Membership of the Outbreak Control Team must be appropriate to the incident or outbreak and will be reviewed in advance of each meeting.

Members must be prepared to represent their organisations and have the delegated authority to agree to the mobilisation of resources and allocation of required funding.

Any conflicts of interest should be declared by members as soon as they become apparent.

Leadership[34]

Local Authorities in England have a lead role in protecting and improving the health of the population across their jurisdiction. The Director of Public Health has a responsibility for the Local Authority contribution to health protection matters.
The Outbreak Control Team will normally be chaired by a Consultant in Communicable Disease Control or Senior Health Protection Practitioner unless otherwise agreed by members.

Administration

Administrative support to the Outbreak Control Team will normally be provided by the Public Health England Centre. Where the chair of the Outbreak Control Team is not employed by Public Health England, alternative arrangements for administrative support may be agreed.

Minutes will be taken for all meetings and circulated to members and other stakeholders as agreed during the meeting. Minutes will include a log of all risk assessments made, decisions taken, and actions agreed. Where appropriate a risk register will be used to record and monitor risks and their agreed controls.

All documentation relating to the incident will be uploaded to HPZone and a reference number made available.

Meetings

The frequency of meetings will be determined by the initial and ongoing dynamic risk assessment.

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[34] Leicestershire Local COVID Outbreak Prevention and Control Plan

Public Health England: While it has a much broader remit nationally, a specific role of Public Health England is to 'deliver the specialist health protection function including the response to incidents and outbreaks'. Public Health England is a Category One responder under the Civil Contingencies Act 2004.

Leicestershire County Council: The Director of Public Health has a statutory role for the Local Authority contribution to health protection, including preparing for and responding to incidents that present a threat to Public Health. Public Health teams provide support for these functions.

Meetings may be either Skype, Microsoft Teams agreed by the group.

Depending on the nature and scale of the incident or outbreak, and the number and level of responders, it may be necessary and more efficient to separate the clinical discussions from the operational and logistical discussions by holding separate meetings or activating smaller task and finish groups to support the ICT. In these circumstances the Incident Control Team will always have primacy.

10.57 Agenda for Infection Prevention and Control/Health Protection Team (LCC) Visit

Agenda for IPC/HPT (LCC) site visit to ………………………………….

Date:

Time:

Venue:

Aims of Visit: 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

During the site visit:

    10. Introductions, aims and purpose of visit

    10. Discussion of outbreak and previous cases

    10. Asymptomatic testing site

    10. Communal areas and staff rooms

    10. 'Pinch-points'- any areas where large numbers of pupils gather/cross-over, or areas where the setting building restricts social distancing

    10. Toilets

    10. Classrooms or play rooms

    10. Cleaning cupboards

    10. Storage areas

    10. Review of actions and concerns

10.90 Table 3: Outbreak Classification Criteria from UKHSA

Table 3: *Criteria to declare and to end*

	Criteria to declare	Criteria to end
Cluster	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days.	No confirmed cases of COVID-19 with onset dates in the last 14 days.
Outbreak	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days AND ONE OF: Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case OR (when there is no sustained community transmission or equivalent JBC risk level) absence of alternative source of infection outside the setting for initially identified cases	No confirmed cases of COVID-19 with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters).

10.126 10.2 Contingency Plan Template[35]

It is important to use this template alongside:

1. Current Government guidance to Educational Settings

2. Your COVID-19 Risk Assessment and infection control measures

3. Any relevant Business Continuity Plans

~~This Outbreak Management Plan template is a guide only. Please modify this template according to the needs and context of your setting.~~

~~Remember to keep your Outbreak Management Plan template current. Review the plan and test arrangements as the situation evolves. Share and communicate the plan with employees and other relevant stakeholders.~~

Setting Name: BELTON CE PRIMARY SCHOOL

Outbreak Management Plan Version: 2

Date Completed: 4.1.2022   Review Date: ONGONG

Plan Owner: JSCOTT

Scope

Outline what is in and out of scope for this document. For example:

- 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.

Within scope of this plan	Outside of scope of this plan

Governance

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

Consider:

- who will be the main contact point for Education Effectiveness, HPT LCC, PHE etc?

- who will lead the response and be the ultimate decision-maker?

- who will coordinate the response?

- what committees/forums are in place to support the response?

- who will participate on an internal outbreak response team, to undertake activities 'on the ground' in the setting to help contain the virus?

- who will represent the setting on any multiagency OCT meetings to manage an outbreak.

Related resources

List guidance, emergency plans and documents that are specific to this setting/sector/organisation and relate to this Plan.

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.

List the key stakeholders for your facility/setting and their outbreak management role relevant to your Outbreak Management Plan (if any). Change or add groups and details in the table below as needed.

Key stakeholder	Role for outbreak management
Staff (includes employees, and volunteers)	
Pupils	
Parents/carers	
Visitors	
Contractors and delivery personnel *(eg cleaners, catering staff)*	
Where to seek Local Outbreak Advice	• Education Effectiveness or Early Years Inclusion and Childcare available to support with advice and guidance when there is a confirmed case(s) associated with the Setting. • DfE helpline also available
Other relevant stakeholders	• —

Communications

For consistency and accuracy of messages, and as part of the coordinated response, communications activities will be coordinated by the setting with support from the local authority and PHE or DFE as necessary.

List the key stakeholders that you will communicate with as part of your response to COVID-19 infections. Change or add groups and details in the table below as needed or refer to a more detailed communication plan. Include what information you will provide, and how, and the contact information – or where to find contact information – for each stakeholder.

Key stakeholder	What they need to know	How we'll communicate	Contact information
Staff (includes employees and volunteers)	• Number of cases linked to an outbreak • The importance of hand hygiene, respiratory hygiene • Any changes to policies and procedures; outbreak control measures being implemented, including changed arrangements for accessing the setting • Membership of the internal outbreak response team • Arrangements for managing any self-isolation requirements • Expectations about not attending work if symptomatic • Changes to staffing/rostering arrangements • Arrangements to support staff health and wellbeing	• Meetings • Staff newsletter • Text messages • Staff Intranet • Signage	•
Pupils			
Parents and Carers			
Local Community			

Visitors			
Contractors and delivery personnel (e.g. cleaners, electricians)			

Response to an Outbreak

In the event of an outbreak, first check:

1. Are positive cases isolating?
2. Are protective measures in line with current guidance? E.g. ventilation, cleaning, face coverings, hand hygiene, and respiratory hygiene
3. Has the setting contacted education effectiveness to notify them of all cases?
4. Does the setting have any concerns or questions that they need to contact Education Effectiveness about?

Then you can use pre-existing risk assessments from the last academic year to prepare for the measures that might be reintroduced- outlined in section 8. Or you can use the table below- list the response activities that are relevant to your setting. Consider activities and consequences that are specific to your setting and actions needed if outside normal hours or where many or key staff are absent.

The HPT LCC will help guide your response.

Date	Action	How will you do this?	Any resources required?	Who will do this?	When will this happen?	Recommended by	Date of review

Establishing links within the schools

Identifying a group that is likely to have mixed closely will be different for each setting. Identifying a group that is likely to have mixed closely will be different for each setting. Examples are available for each sector, but a group will rarely mean a whole setting or year group.

For early years, this could include:

- a childminder minding children, including their own
- childminders working together on the same site
- a nursery class
- a friendship group who often play together
- staff and children taking part in the same activity session together

For schools, this could include:

- a form group or subject class
- a friendship group mixing at breaktimes
- a sports team
- a group in an after-school activity

Soft intelligence can also be used to identify links, such as knowledge of birthday parties.

Look at the distribution of cases. For this, it may be helpful to look back at cases earlier than the last 10 days to get a broader picture but specifically look at

a. Distribution by year group (particularly secondary schools)
b. Distribution by classes (particularly primary schools)
    i. Secondary schools can look at cases within specific classrooms which may be identified as having lower attendance

This information can be used to target specific measures to specific groups. For example, you may suggest face masks to be used in a specific classroom or for a specific year group. Or perhaps advising a particular class does not mix with other classes within the school.

Also consider links on buses to and from schools. Face coverings are expected to be worn on public transport by all secondary aged pupils.

If links are established in school clubs such as indoor sports or singing, it may be sensible to recommend a temporary suspension of these activities for 2 weeks.

The following would **not** be considered as linked **within** a setting:

- Positive siblings or staff/students from the same family (though note that this should not be ignored/discounted if there is a wider outbreak as it may be a potential route of transmission across classes/year groups).
- Students or staff who have tested positive but who have not been at school for at least seven days before onset of symptoms or date of positive test (whichever is earliest).
- Positive cases in different year groups or classes where there has been no close mixing between classes/year groups. These cases will be scattered across the school.

Household links on their own should not be used to implement measures, as this transmission is likely to have happened at home. The aim of the additional measures is to prevent transmission within the school. So, if a sibling tests positive, the aim is to avoid further transmission within their classroom.

Schools should ensure close contacts have a PCR test (e.g. those sitting next to the case, within the same friendship group or those who have been in close contact as part of a club), and a lateral flow test on day 5. LFD may be used for both if unable to access a PCR test.