

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

## Outbreak Plan Management Version:

Date completed:

Review Date:

Plan Owner:

## 1. Scope of Plan

Some educational organisations may have multiple sites included within the scope of this plan. Outbreak prevention is partly within scope of this plan but should be mostly covered by your COVID-19 Risk Assessment.

## 2. Related Resources

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

National guidance for each setting published on GOV.UK (links below):

[Early years](#) [Schools](#) [FE colleges and providers](#) [Contingency Framework](#)

## 3. Introduction

This plan outlines how we will manage cases 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.

Outbreaks can differ significantly with regard to scale and significance. 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.

#### 4. Triggers for outbreak management plan

This plan is enacted when any of the thresholds below are met:

- **5 children, pupils, students or staff, who are likely to have mixed closely, tested positive for COVID-19 within a 10-day period (2 in a special school or setting with fewer than 20 people (including children/young people and staff)?**  
**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**  
**WHICHEVER IS REACHED FIRST**  
**OR**
- **A confirmed Covid-19 case hospitalised or died**

In the case of a local outbreak we will work with the Solihull Council Public Health and/or 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.

#### 5. 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.*

##### 5.1 Key Contact Details

Agency/Individual(s)	Contact details
Local Authority	Solihull Council Public Health - <a href="mailto:contacttracing@solihull.gov.uk">contacttracing@solihull.gov.uk</a> Covid-19 Response Line: 0121 704 6892  <i>Outbreak management actions will not need to be taken out-of-hours with decisions taken and advice given in school/office hours only</i>

Public Health England (PHE) Health Protection Teams (NB PHE will become part of UK Health Security Agency (UKHSA) in October 2021).	<a href="mailto:wm.2019cov@phe.gov.uk">wm.2019cov@phe.gov.uk</a> Tel: 0344 225 3560 Option 0 Option 2
Response Lead/decision maker	
Committees/Fora supporting the response	
Outbreak response team (internal and for attending external Incident Management Team meetings)	

## 5.2 Key Stakeholders

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

Stakeholders	Role(s) in Outbreak Management
Staff (including employees and volunteers)	
Pupils	
Parents/carers	
Visitors	
Contractors and delivery personnel	
Others	

## 6. Communications

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

Key Stakeholder	What they need to know	Communication media
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Staff (including employees and volunteers)		
Pupils		
Parents/carers		
Visitors		
Contractors and delivery personnel		
Local Outbreak Teams (Council and regional Health Protection Teams)		
GPs/allied health practitioners providing services to people within the setting		

## 7. Preventing in-school transmission of COVID-19

### 7.1 Risk assessment and infection prevention

Our refreshed risk assessments include how vaccination and good hand and respiratory hygiene will be promoted among staff, and pupils and parents, how cleaning and good ventilation will be maintained.

Vaccination is the single, most effective means we have for protecting people from Covid-19 and reducing transmission risk in educational settings. We will continue to encourage vaccination uptake for eligible students and staff whenever possible.

Information on COVID-19 vaccination can be found at <https://www.birminghamandsolihullcovidvaccine.nhs.uk/>

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>

Our updated risk assessment can be found here *[embed]*

Action	Action detail	Lead	Dates	Supplies/resources required	Other considerations

### 7.2 Reporting cases and when trigger thresholds have been met

We will record confirmed COVID-19 cases in a case log [here](#) [link] and report outbreaks to Solihull Council Public Health when the threshold on page 2 is reached. A range of actions will be considered which, if community prevalence is high may include ‘watch and wait/ no immediate further action’ as well as the measures described below. **If we are contacted by Public Health following a notification of a ‘variant of concern’ (VOC) at the school/setting, advice must be followed immediately.**

### 7.3 Response to positive cases

The 'Procedure for managing confirmed COVID-19 cases in educational settings in Solihull' can be found [here](#) [link].  
The following actions may be advised upon by Solihull Council Public Health:

### 7.3.1 Reintroduction of consistent groups 'bubbles'/zoning

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

### 7.3.2 Reintroduction of face coverings

Consideration will be given to whether face coverings should temporarily be worn in communal areas or classrooms (by pupils in - secondary settings only, but by staff and visitors in all school settings (unless exempt)).

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 pupils with special educational needs and disabilities which would include a risk assessment on the use of face coverings in special schools if a re-introduction more widely was advised.

### 7.3.3 Reintroduction of testing

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

### 7.3.4 Contact tracing / isolating

Close contacts who are double vaccinated (second dose more than 14 clear days prior to day of last contact with case), not able to be vaccinated for medical reasons, in an approved vaccination trial 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 but need to access a free PCR test.

In **extreme cases, and as a last resort where all other risk mitigations have not broken chains of in-school transmission**, a Director of Public Health may advise introducing **short-term attendance restrictions in a setting**, such as sending home a class or year group (as they could any workplace experiencing a serious infectious disease outbreak).

Please also see section re response to positive case.

### **7.3.5 Other restrictions**

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

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

## **8. Clinically Extremely Vulnerable (CEV) Staff and Pupils with Medical Conditions**

### **8.1 CEV Staff**

Shielding is currently paused (*as of August 2021*). 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.

For queries on CEV staff, we will contact our HR provider.

### **8.2 Children/young people with medical conditions**

Clinical studies have shown that children and young people, including those originally considered to be clinically extremely vulnerable (CEV), are at very low risk of serious illness if they catch the virus. The UK Clinical Review Panel has recommended that all children and young people under the age of 18 should no longer be considered CEV and should be removed from the Shielded Patient List, the national database of people considered clinically extremely vulnerable.

All children and young people should continue to follow the same guidance as everyone else, which can be found at [www.gov.uk/coronavirus](http://www.gov.uk/coronavirus). For a very few individual children specific clinical advice may be given and this should continue to be followed. The Department for Health and Social Care have developed an [FAQ](#) that can be accessed online.

Whilst attendance is mandatory, we will work collaboratively with families with children who have medical conditions to reassure them. Discussions will have a collaborative approach, focusing on the welfare of the child or young person and responding to the concerns of the parent, carer or young person. In the event of a large Covid-19 outbreak in the school/setting, there may be a need to have a discussion with families with a child/young person with a medical condition to remote learn at home in exceptional cases where needed or advised by the pupil's medical specialist.

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>

## 9. Attendance Restrictions

**In extreme cases, and as a last resort where all other risk mitigations have not broken chains of in-school transmission, a Director of Public Health may advise introducing short-term attendance restrictions in a setting, such as sending home a class or year group** (as they could any workplace experiencing a serious infectious disease outbreak).

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.

## 10. 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.

## 11. Free School Meal provision

We will continue to provide free school meal support to any pupils who are eligible for benefits-related free school meals and who are learning at home during term time.



## 12. Response and stand down action plan

The table below outlines how we will respond to Covid-19 cases 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.

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

Action	Action detail	Lead	Dates	Supplies/resources required	Other considerations