

COVID-19: Outbreak Management Plan (Updated December 2021)



This plan outlines how we will manage single cases, clusters and outbreaks of COVID-19. It also provides detail on how we plan to 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 that every child / pupil receives the quantity and quality of education and care to which they are normally entitled.

An 'outbreak' is where **two or more** test confirmed (PCR+ve) cases of COVID-19 occur that are associated with an education setting with illness onset dates within 14 days and one of the following:

- Identified direct exposure between at least two of the test-confirmed cases in that setting during the infectious period of one of the cases.
- No sustained local community transmission & the absence of an alternative source of infection outside the setting for the initially identified case.

An '**incident**' has a broader meaning and refers to events or situations which warrant investigation to determine if corrective action or specific management is needed.

Outbreaks can differ significantly in terms of numbers of cases and locations of cases within an education setting. We will continue to report any cases, clusters / outbreaks to Public Health in Shropshire Council so that they can provide us with assistance in risk assessing when we have reached the **Threshold** for initiating targeted interventions as described in the [Contingency Framework for education & childcare settings](#) & Shropshire Council's SOP for schools and early year settings (Appendix 3).(See page 6 below.)

In the case of a local outbreak we will work with Shropshire Local Authority Public Health and Public Health England Health Protection Teams. 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. Most importantly any measures will only ever be considered for the shortest time possible, to allow the outbreak to be managed and minimise transmission of COVID-19. In all cases, measures / mitigations will only be implemented to prevent larger scale school closure.

COVID-19: Outbreak Management Plan (Updated December 2021)

Preventing school transmission

Our refreshed risk assessments include how to promote COVID-19 vaccination uptake, effective hand hygiene, cleanliness of the environment and improving ventilation where possible.

Reporting cases and when trigger thresholds have been met

We will continue to report **all** cases, clusters and outbreaks to Shropshire Public Health as per SOP for management of cases, clusters and outbreaks in education & early years settings and will work with their health protection team to risk assess when the thresholds described in the Contingency Framework should initiate targeted interventions. We will also receive notification of positive cases from the health protection team and keep records of all confirmed cases. We will attend and contribute to incident management meetings with Shropshire Local Authority and PHE when required.

Response to positive cases

Pupils & staff who have **mixed closely** with positive cases (note that interrogation of seating plans will not be required) will be asked to have a PCR test, in addition to the routine twice weekly LFD testing of staff. Examples of what is considered as mixing closely can be found in the annex of the [Contingency Framework](#). Staff [contacts](#) will be identified and will isolate for 10 full days following their last contact with the confirmed case if they do not meet the requirement for self-isolation exemption (please refer to table 1 & 2 of SOP – and see page 7 below). Exemption to self-isolation does not apply to suspected, possible / probable cases of COVID-19. It only applies to contacts.



COVID-19: Outbreak Management Plan (Updated December 2021)

Reintroduction of 'bubbles'

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

Reintroduction of face coverings

Consideration will be given to whether face coverings should temporarily be worn in communal areas or classrooms by staff and visitors (unless exempt).

The use of face coverings may have an impact on those who rely on visual signals for communication. Those who communicate with/provide support to those who do are exempt from any recommendation to wear face coverings in education/childcare settings.

Reintroduction of increased testing / Additional PCR testing

Consideration will be given as to whether increased use of LFD home testing by staff is necessary and whether twice weekly asymptomatic testing is required for all pupils.

Where these measures are necessary, it will be important to work jointly with the LA and PH to identify any support required (e.g. supply of additional tests).

There may also be occasions where a mobile symptomatic testing unit / service is made available on the school site and pupils are invited to take a PCR test, or additional PCR tests may be organised through other means.

Contact tracing / isolating

From the 16th August people who are fully vaccinated against COVID-19 (second dose more than 14 clear days prior to day of last contact with case), and children and young people under the age of 18 and 6 months are no longer required to isolate when they are a close contact / household contact of a positive case. We will keep records of vaccination doses to allow us to identify those who are exempt from self-isolation. It may be necessary for us to provide additional records of confirmed cases and their contacts during an outbreak to allow the Local Authority Public Health Team to help us manage an outbreak.

COVID-19: Outbreak Management Plan (Updated December 2021)

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. parents' evenings, performances to parents. We may also reintroduce staggered start and finish times 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 / residential visits). This could also include any activities bringing together pupils from a few different schools (e.g. transition/taster days).

Clinically Extremely Vulnerable

Shielding is currently paused. In the event of a major outbreak or variant of concern that poses a significant risk to individuals on the shielded patient list (SPL), ministers can agree to reintroduce shielding. Shielding would be considered in addition to other measures to address the residual risk to people on the SPL, once the wider interventions are considered. Shielding can only be reintroduced by national government.

In the event of a reintroduction of shielding we would need to review staffing capacity to ensure we could continue to operate staffing in a safe manner. Any attendance reductions as a result of this would be in line with the principles below.

Attendance Restrictions

As a last resort, we may need to introduce attendance restrictions. We will provide high-quality remote education for all pupils not able to attend.

Where attendance restrictions are necessary, there will be an order of priority applied in terms of which pupils would continue to attend on-site provision. The only deviation to this will be where they are required to isolate (either as a result of testing positive or as a result of a local reintroduction of close contact isolation – see above).

Priority for onsite attendance will always be given to vulnerable children and children of critical workers.

COVID-19: Outbreak Management Plan (Updated December 2021)

In breakfast and after-school clubs where attendance restrictions are in place, vulnerable children will continue to be allowed to attend. For all other children, face-to-face provision will be provided for a limited set of essential purposes, such as going to or seeking work, attendance at a medical appointment, or to undertake education and training.

Where attendance restrictions are needed, we will be vigilant and responsive to all safeguarding threats with the aim of keeping vulnerable children safe, particularly as more children will be learning remotely.

If we must temporarily stop onsite provision on public health advice, we will discuss any alternative arrangements necessary for vulnerable children with the local authority. Where vulnerable children are absent or do not take up a place offered to them, we will:

- follow up with the parent or carer, working with the local authority and social worker (where applicable), to explore the reason for absence and discuss their concerns
- encourage the child to attend educational provision, working with the local authority and social worker (where applicable), particularly where the social worker agrees that the child's attendance would be appropriate
- focus the discussions on the welfare of the child or young person and ensuring that the child or young person is able to access appropriate education and support while they are at home
- have in place procedures to maintain contact, ensure they can access remote education support, as required, and regularly check if they are doing so

Staffing Capacity

Where staffing capacity (following use of available supply teaching capacity) is impacting on our ability to open fully, we will follow the principles outlined in the attendance restrictions above.

Free School Meal provision

We will continue to provide free school meals support in the form of meals or lunch parcels/vouchers for pupils who are eligible for benefits related free school meals and who are not attending school because they:

- are self-isolating
- have had symptoms or a positive test result themselves

COVID-19: Outbreak Management Plan (Updated December 2021)

Thresholds

- 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

Identifying a group that is likely to have mixed closely will be different for each setting. Examples of these are provided in the [Contingency Framework](#) (annex) which gives examples for each sector, but a group will rarely mean a whole setting or year group.

Education settings do not have to wait until thresholds have been reached to contact Shropshire Public Health Team.

Notifying the LA of COVID-19 cases in schools

Schools should notify Shropshire Public Health at the LA of all positive cases that are **confirmed by a PCR test** by completing the [online form](#). They can also be contacted at shropshirepublichealth@shropshire.gov.uk or 01743 252633.

Schools will not need to do any contact tracing unless the threshold to trigger additional targeted interventions is reached (5 cases or 10% of school population, whichever is reached first, in 10 days) – see above and appendix 3 of SOP.

NHS test and trace will carry out contact tracing in most cases – parents may need to be reminded to supply the contacts of each positive case in a household when contacted. Close contacts should be encouraged to have PCR tests.

COVID-19: Outbreak Management Plan (Updated December 2021)

Self-isolation exemption

Table 1: From 16 August, you will not be required to self-isolate if you live in the same household as someone with COVID-19 and any of the following apply:

- you are fully vaccinated (see Table 2)
- you are below the age of 18 years 6 months
- you have taken part in or are currently part of an approved COVID-19 vaccine trial
- you are not able to get vaccinated for medical reasons

Table 2: Fully vaccinated means that you have been vaccinated with an MHRA approved COVID-19 vaccine in the UK, and at least 14 days have passed since you received the recommended doses of that vaccine