



Name of Setting: Lighthorne Heath Primary School

Outbreak Plan Management Version No. 1

Date completed: 06/09/21

Review Date:

Plan Owner: Executive and Associate Head Teacher (Juliette Westwood and Jill Manley)

Scope of Plan

Outbreak prevention is partly within scope of this plan but is mostly covered by our COVID-19 Risk Assessment.

Related Resources

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>
<https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>

School Covid Risk Assessment

Introduction

This plan outlines how **Lighthorne Heath Primary School** will manage single cases and clusters of COVID-19, as well as how we would operate if we are required to reintroduce measures/mitigations to prevent transmission of COVID-19 if there is an outbreak either in the setting or within the local area. This includes how we would ensure every child receives the quantity and quality of education and care to which they are normally entitled.

A local outbreak is defined as two or more linked cases within a 14-day period:

<https://www.gov.uk/government/publications/covid-19-epidemiological-definitions-of-outbreaks-and-clusters>

Outbreaks can differ significantly with regard to scale and significance from 2 linked cases in a group of children to multiple cases across the setting to outbreaks linked with new variants of concern. Whilst the measures used to manage outbreaks will be the same, the number of measures and extent of measures taken, alongside the degree to which they become necessary requirements will vary.

Triggers for Local Outbreak Management Plan Response

These local triggers will remain under review, and are defined below:

Setting raises concern about 2+ *linked* cases

3+ cases within a group in the setting within 5 days

5+ cases across a setting within 5 days

3+ staffing cases, or fewer if impacting on the capacity of the setting to operate

In the case of a local outbreak we will work with the Local Authority, Public Health and Public Health England Health Protection Teams. Set out below are 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 carefully balance the impact on children's access to early education and care with the need to minimise transmission.

Any measures will only ever be considered for the shortest time possible, to allow the outbreak to be managed and minimise transmission of COVID-19. In all cases measures / mitigations will only be implemented to prevent larger scale setting closure.

Please see Appendix A for close contact definitions and definition of infectious period

Governance Arrangements

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

Key Contact Details

Agency/Individual(s)	Contact details
Local Authority	earlyyearsadvisors@warwickshire.gov.uk (between 8am and 5pm Monday to Friday) dphadmin@warwickshire.gov.uk (Sat, Sun)
Public Health England (PHE) Health Protection Teams (NB PHE will become part of UK Health Security Agency (UKHSA) in October 2021).	wm.2019cov@phe.gov.uk or 0344 225 3560 Option 0 Option 2
Setting Response Lead/Decision maker	Executive Head Teacher - Juliette Westwood
Committees/Trusts/Bodies supporting the response	Associate Head Teacher – Jill Manley Governing Body – Chair: Richard Butler
Outbreak response team (internal and for attending external Incident Management Team meetings (IMTs))	Executive Head Teacher - Juliette Westwood Associate Head Teacher – Jill Manley

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
Owner/Proprietor/Registered Provider	To advise the Senior Leadership Team
Staff (including employees and volunteers)	To read and adhere to the risk assessment and guidance
Pupils	To follow the risk assessment as instructed
Parents/carers	To read and adhere to the risk assessment
Visitors	To read and adhere to the risk assessment. Contact limited wherever possible
Contractors and delivery personnel	To read and adhere to the risk assessment. Contact limited wherever possible
Where to receive local outbreak advice	To advise and create the risk assessment in accordance with guidelines and expectations

Communications

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

Key Stakeholder	What they need to know	Communication media
Owner/Proprietor/Registered Provider	Any confirmed cases Risk assessment is in place	Telephone / email.
Staff (including employees and volunteers)	Any confirmed cases (where relevant) Risk assessment	Telephone / email / staff meetings / online briefings / staff WhatsApp group
Children	Any confirmed cases Risk assessment is in place	From class teacher / SLT face to face where possible / assemblies
Parents/carers	Any confirmed cases (where relevant), risk assessment	Email / text messages on Teachers2Parents / telephone in certain circumstances
Visitors	Any confirmed cases Risk assessment is in place	Telephone / email School website
Contractors and delivery personnel	Any confirmed cases (where relevant) Risk assessment	Telephone / email
Local Outbreak Teams (LA and regional Health Protection Teams)	Any confirmed cases Risk assessment is in place	School website
GPs/allied health practitioners providing services to people within the setting	N/A	N/A

Preventing transmission within the setting

Our refreshed risk assessments include how vaccination and good hand hygiene will be promoted among staff and parents, how cleaning regimes and good ventilation will be maintained, and how we will operate from a social distancing perspective.

Information about drop-in clinics across Coventry and Warwickshire and all vaccinations sites that you can book into can be found in the links below:

<https://www.happyhealthylives.uk/coronavirus/covid-19-vaccination/vaccination-drop-in-clinics/>

<https://www.happyhealthylives.uk/coronavirus/covid-19-vaccination/vaccination-sites/>

Children and staff who are unwell will be advised that they should not attend the 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, as outlined in the Early Years operational guidance.

Our updated risk assessment can be found here (embed):

Reporting individual cases and those where the trigger thresholds have been met

All positive cases in the setting are reported to the Warwickshire County Council alongside alerting the local authority when any of the triggers outlined in the above guidance have been met.

Response to positive cases

Fully vaccinated adults (more than 14 clear days after day of second dose of vaccination at the point of exposure) and children under 18yrs and 6 months are not required to isolate unless symptomatic or they test positive. Parents of close contacts and staff contacts will be informed if there is a positive case in the setting and advised to get a PCR test, alongside twice weekly LFT testing (LFT testing for children if acceptable to parents. Staff contacts who have not had both vaccinations more than 14 clear days before the day of contact with the positive case will also need to isolate for 10 clear days following the day of last contact with the case.

If there is more than one case in the same class/group in a short time period, it may be recommended that parents/staff are notified, and an additional PCR test recommended 4-7 days after that notification. Further actions may also be recommended by the LA.

Reintroduction of consistent groups

It may become necessary to reintroduce 'consistent groups' for a temporary period, to reduce mixing between groups and stop the spread of Covid-19.

Reintroduction of face coverings

Consideration will be given to whether face coverings should temporarily be worn in communal areas or playrooms by staff and visitors within the setting (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.

Reintroduction of testing/Additional PCR testing

Consideration will be given to recommending increased use of home LFT testing by staff, parents and children as appropriate.

Where these measures are necessary, it will be important to work jointly with the LA and Public Health 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 setting site and children are invited to take a PCR test or additional PCR tests may be organised through other means.

Contact tracing / isolating

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

Other restrictions

We may need to limit access to parents and carers into the setting (other than for drop off and pick up) e.g. open days, open evenings. We may reintroduce staggered start and finish times if needed, to minimise the number of people on the site at various times of the day.

Clinically Extremely Vulnerable

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

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

Current guidance on clinically extremely vulnerable individuals can be found here:

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

Attendance Restrictions

As a last resort, we may need to introduce attendance restrictions. We will provide high-quality remote education experiences for all children who are not able to attend the setting. First priority for onsite attendance will always be given to vulnerable children and children of critical workers.

In out-of-school settings/wraparound childcare where attendance restrictions are in place, vulnerable children and children of critical workers 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 parents going to or seeking work, attendance at a medical appointment, or to undertake education and training.

Vulnerable children

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

If we have to 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 and young people are absent or do not take up a place offered to them, we will:

- follow up with the parent or carer to explore the reason for absence and discuss their concerns, working with the local authority and social worker where applicable.
- encourage the parent to allow the child to attend the setting, particularly where a Social Worker and/or the Virtual School Head agrees that the child attendance would be appropriate
- focus the discussions on the welfare of the child and ensure that the child is able to access appropriate education and support while they are at home
- have in place procedures to maintain contact with the child and family and ensure that the child's needs are being met

Staffing Capacity

Where staffing capacity is impacting on our ability to open fully we will follow the principles outlined in the attendance restrictions above.

Response and stand down action plan

For information on how we will respond to a confirmed 'outbreak' (confirmed by Local Authority) please see our COVID action plan at:

Appendix A

ISOLATION PERIODS, DEFINITIONS OF CLOSE CONTACT AND INFECTIOUS PERIOD FOR COVID-19

- ❖ Positive person: isolate from **day symptoms started/day of test (if no symptoms) and for the next 10 full days AND until well and fever free for 48 hours**
- ❖ Identify **ALL** close contacts in infectious period (see below definitions) – all to isolate for **10 full days after day of last contact with case, unless exempt (see below)**
- ❖ **Exception: positive cases and contacts** who are residents/patients in care homes/hospitals/anyone discharged who receives care - to isolate for **14 days (cases and contacts)**
- ❖ **Exemptions from self-isolation as a close contact (except health and care workers):**
 - ❖ Fully vaccinated - *i.e.* more than 14 clear days after day of second dose of UK COVID-19 vaccination
 - ❖ Under 18 years and 6 months
 - ❖ Part of COVID-19 vaccine clinical trial or medically exempt from vaccination (seek separate advice)
 - ❖ Those exempt should undertake a PCR test, regular twice weekly lateral flow testing, limit social contact and wear a face covering
 - ❖ **Note the above exemption rules are not the same for health and care workers (separate guidance has been issued)**
- ❖ Follow "[Guidance for contacts of people with confirmed COVID-19](#)" guidance

DEFINITIONS

CLOSE CONTACTS	INFECTIOUS PERIOD
Direct physical contact (any duration)	If symptomatic: 2 clear days before day on which symptoms start – and for 10 days after
Face-to-face contact under 1m (any duration)	
Close contact under 1m for 1 minute or more	No symptoms: 2 clear days before the day of the test – to 10 days after
1-2m for 15 minutes or more (cumulative over 24 hrs)	
Travel in a vehicle	