



OUTBREAK MANAGEMENT PLAN

CHECKS AND BALANCES: RESPONDING TO COVID-19

Updated 12.12.21 | DMoss revision 1.5

Reviewed 12.12.21 | DMoss

Staying COVID Secure – Our Commitment

- We recognise the risk posed by Coronavirus (COVID-19) to our staff, pupils and their families. Control measures to minimise the risk of infection and the transmission of the virus are provided in this Risk Assessment.
 - We will put in place appropriate protective measures to ensure, as far as is reasonably practicable, the Health, Safety and Wellbeing of our staff and pupils.
 - We will share this Risk Assessment and its findings with employees and consult on its contents.
 - We will continue to comply with all relevant Health and Safety Legislation.
 - We will have regard to statutory guidance in particular the guidance issued by the Department of Education regarding school reopening and implementing protective measures in education and childcare settings against COVID-19.
 - We have regard to advice and guidance issued by Public Health England.
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COVID-19: Outbreak management plan

Please note: this document is an appendix to the school's main risk assessment; it should be undertaken in conjunction with the school guidance updated by the Department for Education on 17th August 2021 as follows: [Actions for schools during the coronavirus outbreak](#). It outlines how schools would operate if any of the approaches for easing and tightening of measures, including possible attendance restrictions, become necessary in their local area. This includes how they would ensure every child, pupil or student receives the quantity and quality of education and care to which they are normally entitled, whether onsite or remotely.

ACTIONS SHOULD ONLY BE INSTIGATED IF ADVISED DIRECTLY BY DfE, PHE or the LA.

Assessment conducted by:	D Moss	Job title:	H&S Lead & SLT	Covered by this assessment	Staff, pupils, contractors, visitors, volunteers
Date of assessment:	03.09.21	Review interval:	4 weeks or value triggers	Date of next review:	Not after 12.01.22

Related documents

<p>School/Trust/Local Authority documents/ :</p> <p>Full Return RA</p> <p>CO2 Monitoring</p> <p>First Aid RA</p>	<p>Government guidance:</p> <p>https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-coronavirus-covid-19-operational-guidance</p> <p>https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-settings</p> <p>This framework is separate to the processes in place for managing outbreaks and operational challenges. Any restrictions on education are always a last resort and should only be initiated following a ministerial decision. Any measures will be kept under review and should be lifted as soon as the public health and scientific advice says it is appropriate to do so.</p>
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Record of Review

Review Date Reviewed 05.09.21, 01.10.21, 01.11.21, 01.12.21, 12.12.21	Next Review 12.01
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Risk matrix

Risk rating High (H), Medium (M), Low (L)		Likelihood of occurrence		
		Probable	Possible	Remote
Likely impact	Major: Causes major physical injury, harm or ill-health.	H	H	M
	Severe: Causes physical injury or illness requiring first aid.	H	M	L
	Minor: Causes physical or emotional discomfort.	M	L	L

Areas for concern	Risk rating prior to action (H/M/L)	Control measures	Y/N/NA	Further actions/comments needed only if N is put by a bullet point	Residual risk rating (H/M/L)
1. Minimising Transmission					
1.1 General					
Direct or Indirect transmission of COVID-19 virus	M	<ul style="list-style-type: none"> The main risk assessment, detailing the prevention and response system of controls in place, continues to be reviewed on a two weekly basis or sooner. 	Y		M
1.2 Directed to restrict attendance					
Extremely high prevalence of COVID-19 and existing measures have failed to reduce community transmission	H	<ul style="list-style-type: none"> If there is significant concern that existing or recently introduced measures in an area have failed to mitigate community transmission, or that a more robust response is required to contain the outbreak of a VoC it may be necessary to limit the number of children and young people in education or childcare settings through attendance restrictions. No educational setting should move to implement restrictive measures of the kind set out in the contingency framework without the explicit approval of DfE/PHE/LA. 	<p>All control measures will be NA until directed to action by DfE/PH/LA</p> <p>Y</p>		M
1.3 Asymptomatic testing of staff					
Extremely high prevalence of COVID-19 / variant of concern (VoC)	M	<ul style="list-style-type: none"> When a variant of COVID-19 is classed as a variant of concern (VoC), DHSC will increase targeted testing in that geographical area to help suppress and control any possible new cases and better understand the new variants. An increased use of home testing by staff may also be advised. 	<p>Y</p> <p>All control measures will be NA until directed to action by DfE/PH/LA</p>		L
1.4 Face Coverings					
Extremely high prevalence of COVID-19 / variant of concern (VoC)	M	<ul style="list-style-type: none"> Temporary re-introduction of face coverings. In all cases any educational drawbacks in the recommended use of face coverings should be balanced with the benefits in managing transmission and 	<p>Y</p> <p>All control</p>	Face covering to cover mouth and nose and be put on and	L

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		<ul style="list-style-type: none"> should allow for reasonable exemptions for their use. Where social distancing cannot be maintained in indoor locations, face coverings will be worn by staff and visitors, unless they are exempt. Face visors or shields will not be worn as an alternative to a face covering. They will only be worn where they have been identified as appropriate following risk assessment and will be thoroughly cleaned between uses. Those who rely on visual signals for communication, or communicate with or provide support to such individuals, are currently exempt from any requirement to wear face coverings but can, if they choose, wear transparent face coverings. 	measures will be NA until directed to action by DfE/PH/LA	removed as per HSE guidance.	
1.5 Out-of-school settings and wraparound childcare					
Extremely high prevalence of COVID-19 / variant of concern (VoC)	M	<ul style="list-style-type: none"> Providers who run community activities, holiday clubs, breakfast or after-school clubs, tuition and other out-of-school or childcare provision (including wraparound childcare), for children over the age of 5 should be able to continue to open for both indoor and outdoor provision. If attendance restrictions are needed, vulnerable children should be allowed to attend. For all other children, parents and carers should only be allowed to access these providers for face-to-face provision for their children for a limited set of essential purposes, such as to allow them to go to or seek work, attend a medical appointment, or undertake education or training. 	Y All control measures will be NA until directed to action by DfE/PH/LA		L
1.6 Educational visits					
Extremely high prevalence of COVID-19 / variant of concern (VoC)	M	<ul style="list-style-type: none"> Any attendance restrictions should be reflected in the visits risk assessment and setting leaders should consider carefully if the educational visit is still appropriate and safe. Only children who are attending the setting should go on an educational visit. Education settings should consult the health and safety guidance on educational visits when considering visits 	Y	Reviewed by EVC & H&S prior to approval.	L
1.7 Clinically extremely vulnerable pupils					
Extremely high prevalence of COVID-19 / variant of concern (VoC)	H	<ul style="list-style-type: none"> Shielding was paused on 1 April 2021, and those who are clinically extremely vulnerable (CEV) are no longer advised to shield. In the event of a major outbreak or VoC 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. Settings should make sure their outbreak management plans cover this possibility. Shielding can only be reintroduced by national government. 	Y All control measures will be NA until directed to action by DfE/PH/LA		M
1.8 Education workforce					
Extremely high prevalence of COVID-19 /	M	<ul style="list-style-type: none"> Employers should continue to implement the system of controls set out in our guidance. 	Y	Staff meetings / online	L

variant of concern (VoC)		<ul style="list-style-type: none"> • They should explain to staff the measures they are putting in place to reduce risks to staff, including how these protective measures have been reviewed as part of an updated workplace risk assessment. • Employers should have regard to the guidance on clinically extremely vulnerable people. • Schools should also consider if the COVID-19 education contingency framework offers more opportunities for staff to work at home, given reduced numbers of pupils onsite and the use of remote education for pupils scheduled to be at home. • Employers should have regard to staff work-life balance and wellbeing. • This includes considering how best to balance the demands of on-site teaching and support for remote education, which should be done within the terms and conditions of teachers' and staff employment. • Whole school staff meeting held on 02.09,21 and updates to follow. 		platform to give updates as required.	
1.9 Remote Education					
Extremely high prevalence of COVID-19/ variant of concern (VoC)	M	<ul style="list-style-type: none"> • High quality remote education should be provided for all pupils not attending. • Refer to Remote Learning policy 	Y		L
1.10 Other measures					
Extremely high prevalence of COVID-19/ variant of concern (VoC)	M	<ul style="list-style-type: none"> • Settings should make sure their outbreak management plans cover the possibility they are advised to limit: <ul style="list-style-type: none"> - residential educational visits - open days - transition and taster days - parental attendance in settings - performances in settings • Local authorities, DSPH and PHE Health Protection Teams may recommend these precautions in one setting, a cluster of settings, or across an entire area 	Y		L
1.11 Safeguarding and designated safeguarding leads					
Extremely high prevalence of COVID-19/ variant of concern (VoC)	M	<ul style="list-style-type: none"> • If restrictions are implemented in any education or childcare setting, we would expect all local safeguarding partners to be vigilant and responsive to all safeguarding threats and ensure vulnerable children and young persons are safe, particularly as more children and young people will be learning remotely. • Schools (ideally led by the designated safeguarding lead (DSL) or a deputy) should review their child protection policy so that it reflects the local restrictions and remains effective. In some cases, a COVID19 annex or addendum that summarises any key local restriction related changes might be more effective than re-writing and reissuing the whole policy. • It will be important that all staff working in the school or FE provider are aware of the revised policy 	Y		L

1.11 Vulnerable children					
Extremely high prevalence of COVID-19 / variant of concern (VoC)	M	<ul style="list-style-type: none"> Where vulnerable children are absent, education settings should: <ul style="list-style-type: none"> 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 and the Virtual School Head (where applicable) agrees that the child's attendance would be appropriate focus the discussions on the welfare of the child and ensuring that the child is able to access appropriate education and support while they are at home have in place procedures to maintain contact, ensure they are able to access remote education support, as required, and regularly check if they are doing so If settings have to temporarily stop onsite provision on public health advice, they should discuss alternative arrangements for vulnerable children with the local authority 	Y		L
2. Additional site-specific issues and risks					
Settings to add any site-specific issues/arrangements here and ensure mitigation strategies are in place to address them					
Extremely high prevalence of COVID-19 / variant of concern (VoC)	M	<ul style="list-style-type: none"> See full return risk assessment for guidance notes pertaining to what classifies as an outbreak. Contact pre-established with WLHPT and case file open from June 2021. Direct number available for advice. SLT to reconvene based on outbreak advice and engage stakeholders. Staff vaccination status held confidentially by school records. Utilisation of DfE helpline where required. 	Y		L
Scenario 1 – Single Confirmed Case	M	<ul style="list-style-type: none"> Students will be advised to maintain the regime of hand cleaning and the 'catch it, bin it, kill it' protocol. The School will, as always, be regularly cleaned especially high contact areas. Occupied spaces will be kept well-ventilated whilst balancing this with a comfortable temperature for teachers and students. Students are advised not to come into school if they have 	Y		L

	<p>had a positive test result or if there are other reasons requiring them to stay at home due to the risk of them passing on COVID19 (for example, they are required to quarantine)</p> <ul style="list-style-type: none"> ● The confirmed case will remain isolated until they can return home to isolate ● Close contacts will now be identified via NHS Test and Trace. Schools will no longer be expected to undertake contact tracing. ● If the case is confirmed via a home test, the result will be recorded on the NHS Test and Trace site. ● The individual will isolate immediately and should order a confirmatory PCR test as soon as possible ● The child / family will be contacted by NHS with the test result. If it is positive, the individual must continue to self-isolate. ● The child / family should inform the School of the positive PCR result. ● NHS T&T contact tracers will then contact those who test positive – or their parent or legal guardian if they are under 18 years – to identify close contacts. NHS T&T will ask a series of questions to help identify any close contacts. ● From 16th August, close contacts who are fully vaccinated or those under 18 will not need to self-isolate. ● Instead, the School will ask anyone identified as a close contact to book a PCR test. ● Individuals identified as close contacts will not need to self-isolate while they are awaiting the results of their test. ● If the PCR result is positive, the individual must isolate, and NHS Test and Trace will work with them to identify their own close contacts. ● High quality remote learning will be implemented for those with a positive PCR test but who do not feel unwell. This may be blended learning. Students will also be encouraged to participate in extra-curricular activities. 			
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		<ul style="list-style-type: none"> ● Students will also be supported with regular contact from key workers, care staff and therapists and liaison with parents/ carers. ● The School's COVID Risk Assessment will be evaluated in light of any learning from the new case. 			
Scenario 2 – Outbreak within setting	H	<p>The definition of an outbreak: Two or more test-confirmed cases of COVID-19 amongst individuals associated with a specific setting with illness onset dates within 14 days, and one of the following:</p> <ul style="list-style-type: none"> ● identified direct exposure between at least 2 of the test-confirmed cases in that setting (for example under one meter face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases. ● when there is no sustained local community transmission - absence of an alternative source of infection outside the setting for the initially identified cases. An outbreak is deemed to last 28 days from the last positive diagnosis. The best way to avoid an outbreak is to ensure preventative measures are in place. <p>Within the School the following are in place:</p> <ul style="list-style-type: none"> ● A risk assessment that reflects the current Government Guidance ● Hand sanitiser and soap is freely available ● Regular hand washing will be encouraged ● Lateral Flow tests are available for staff (home testing 3-5 days apart) ● Face coverings are used on transport and in school vehicles ● All rooms are cleaned daily ● Staff are asked to ventilate rooms by opening doors and windows ● Anti-bacterial wipes are provided for wiping down areas and equipment between usage. 	Y		M

		<p>The School may be contacted in exceptional cases to help with identifying close contacts where there is a local outbreak, as currently happens in managing other infectious diseases.</p> <p>If the School is contacted or if the School notes that we seem to have met the threshold for an outbreak within the setting, the school will:</p> <ul style="list-style-type: none"> ● Liaise with, or contact the Local Health Protection team if we have not been contacted, and pass on the relevant information. ● In collaboration with UKHSA, a decision will be made as to whether school can remain open and if so who should remain in school. ● The School will risk-assess the workforce required onsite and assess whether it is appropriate for some staff to work remotely and will prioritise clinically vulnerable employees. ● The School will be ready to limit, transfer online or cease: <ul style="list-style-type: none"> ○ residential educational visits ○ open days ○ transition or taster days ○ parental / carer attendance in settings ○ performances ○ visitors ● DfE and LA will be informed if the school is to close. ● There will be increased and clear communication with the school community. ● At the request of UKHSA, 'bubbles' and restricted movement may be reinstated. ● High quality remote learning will be implemented for those with a positive PCR test but who do not feel unwell. This may be online lessons or blended learning. Students will also be encouraged to participate in extracurricular activities. ● Vulnerable students will be supported with regular mental health checks and liaison with parents/ guardians. 			
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		<ul style="list-style-type: none"> External visits to the school will be limited or cease until it is deemed safe to resume normal activity. The School's COVID Risk Assessment will be evaluated in light of any learning from new cases. 			
<p>Scenario 3 – The setting is affected by a package of national or local measures.</p>	H	<p>The COVID situation is ever changing as are the directed responses. The School will ensure that it implements any Local or National restrictions and guidance. The School will work in collaboration with all stakeholders to limit the impact on educational delivery as well as mental health and wellbeing. This will include working with the following:</p> <ul style="list-style-type: none"> Parents/carers Students Public Health Local Authority Social Care DfE <p>The following plans are in place to support the continued delivery of education under local or National measures:</p> <ul style="list-style-type: none"> All students have access to Teams. Tutorial video on website. All staff, students and parents / carers have access to step-by-step instruction and guides to use of remote access via Teams. Staff: The School will risk assess the workforce required onsite and assess if it is appropriate for some staff to work remotely; clinically vulnerable employees will be prioritised. LFTS: The school ensures that it remains well stocked with LFTs and PPE in case there is a requirement to increase home or on-site testing. Face Coverings: Face Coverings will be kept in stock in school in case measures change. Shielding: Should shielding be reintroduced, those on the shielded patient list will be supported to follow guidance. If this is a student, then the remote learning plan would be implemented. Shielding staff will be supported to work from home and measures put in place to support their wellbeing. Attendance Restrictions: If some attendance restrictions are needed, all vulnerable children and young people should 	Y		M

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		<p>still be allowed to attend. If attendance is restricted further, vulnerable children and young people will be assessed. COVID plans will be reinstated.</p> <ul style="list-style-type: none"> ● EHCPs: Where students have EHCPs and cannot attend school a risk assessment will be undertaken to assess if they should remain in school. 			
Safeguarding	H	<p>We will have either the DSL, or Deputy DSLs, on site during a general school closure; if this is not possible a senior leader will take on the responsibility for coordinating safeguarding.</p> <ul style="list-style-type: none"> ○ Wellbeing video calls, phone calls and emails will be made regularly (in line with individual risk assessments) to ensure that students are safe and well at home. Part of the wellbeing calls will be to monitor access to the remote learning so that support can be given as required. ○ All students are briefed on the remote learning protocols such as wearing appropriate clothing in an appropriate setting, not taking or recording images, keeping cameras on and engaging with online lessons, and parents / carers not being on screen/earshot of video calls. ○ Any virtual lesson, meeting or 1:1 where staff are alone with a student will follow protocols. ○ All students are taught through, PSHE, IT and RSE, about the dangers of online activity including excessive use of IT, cyberbullying, sharing inappropriate words or images. ○ All students are guided on how to maintain good mental health and wellbeing through exercise, healthy social and familial interactions, good sleep routines, healthy eating and more. 	Y		M

School Leadership Use Only

Approved by (Head Teacher/ Chair of Governors)		Date of Approval	12.12.21 D MOSS
		Date of Review	12.01.22 Or upon guidance change