

COVID-19: Outbreak Management Plan – Trinity Catholic School

Outbreak Plan Management Version: 1

Date completed: 20/09/21

Review Date: 20/10/21

Plan Owner: Mrs B Morris

Introduction

This plan outlines how we will manage single cases and clusters 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 is mostly covered within our COVID-19 Risk Assessment.

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 two linked cases in a class, to multiple cases across multiple year groups, 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 outbreak management plan

- School raises concern about 2+ linked cases
- 5 children, pupils or staff within a year group/group test positive for COVID-19 within a 10-day period
- 10 children, pupils or staff over a number of year groups test positive for COVID-19 within a 10-day period
- 5+ staffing cases, or fewer if impacting on the capacity of the school to operate

Key Contact Details

Agency/Individual(s)	Contact details
Local Authority	education-corona@warwickshire.gov.uk (Mon – Fri) 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 Tel: 0344 225 3560 Option 0 Option 2
Response Lead/decision maker	Mr M Alton
Committees/Fora supporting the response	Trinity Senior Leadership Team – Mrs B Morris, Mr P Foley, Mrs D Hayden

Key Stakeholders

Stakeholders	Role(s) in Outbreak Management
Staff (including employees and volunteers)	Reporting positive cases of Covid-19 in addition to ensuring that the Risk Assessment is adhered to
Pupils	Aligning to the Risk Assessment
Parents/carers	Reporting positive cases of Covid-19
Visitors	Aligning to the Risk Assessment
Contractors and delivery personnel	Aligning to the Risk Assessment

Communications

Key Stakeholder	What they need to know	Communication media
Staff (including employees and volunteers)	Outbreaks of Covid-19 within the school. Action to take when there is a positive case	Email
Pupils	Outbreaks of Covid-19 within the school. Action to take when there is a positive case	Bromcom - Email
Parents/carers	Outbreaks of Covid-19 within the school. Action to take when there is a positive case	Bromcom - Email
Visitors	Outbreaks of Covid-19 within the school. Action to take when there is a positive case	Bromcom - Email
Contractors and delivery personnel	Outbreaks of Covid-19 within the school. Action to take when there is a positive case	Bromcom - Email

Local Outbreak Teams (LA and regional Health Protection Teams)	Communication of outbreaks within the school	Telephone
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Preventing school transmission

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

Information about drop-in clinics across Coventry and Warwickshire and all vaccinations sites that you can book into can 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 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>

Reporting cases and when trigger thresholds have been met

We will continue to report all positive cases to the local authority alongside alerting the local authority when any of the triggers outlined in the above guidance have been met

Response to positive cases

1. **Senior Assistant Principal** - On receiving news of a confirmed case log on CPOMS (in the case of a student case) with as much detail as possible.
2. **Head of Year** – to identify name date of birth for all students; note the nature of symptoms; when the symptoms started, the day they took the test, the last time they were present in school - date in school.
3. **Senior Assistant Principal** Inform the **Head of School** and agree strategy to manage the school.
4. **Attendance Manager** - Call PHE on **0344 225 3560** inform them of details and follow their advice
5. **Attendance Manager** to update COVID-19 Case Management Spreadsheet
6. **Attendance Manager** - General letters to be sent home regarding the positive case
7. **Senior Assistant Principal** - communicate with staff
8. **Attendance Manager** to update staff contact spreadsheet and update student contact sheet
9. **Head of Year** - to coordinate remote learning and liaise with parents regarding safeguarding and remote learning protocols. Identify students who require paper resources posting
10. **Head of Year** - to monitor engagement with remote learning
11. **Attendance Manager** Inform WCC via [Reporting positive COVID-19 case to WCC](#)
12. **Attendance Manager** – send daily list of self isolating students to teaching staff

Phased introduction of controls

The introduction of controls and restrictions will depend on the number of cases within the school community or direction received from PHE

Phase 1 - 5 children, pupils or staff within a year group/group test positive for COVID-19 within a 10-day period

Phase 2 - 10 children, pupils or staff over a number of year groups test positive for COVID-19 within a 10-day period

Phase 3 – Multiple Cases which cause the closure of Year Groups

Reintroduction of consistent groups 'bubbles'

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

Action	Action detail	Lead	Dates	Supplies/resources required	Other considerations
Bubble Phases	Implement Year/Form Group bubbles across the school: <ul style="list-style-type: none">- Phase 1 = Lunchtimes only- Phase 2 = Before/After School, Breaktime, Lunchtime, One Way Systems	SLT	<i>When required</i>	Signage for one way systems	

	- Phase 3 = <u>Form Group Bubbles</u> Before/After School, Breaktime, Lunchtime, One Way System, Lessons				
Communication	Communication with Staff, students and parents <ul style="list-style-type: none"> - Staff – Staff meeting via Teams - Students – Information to parents via Bromcom. Briefing during line up 	M.Alton	<i>When required</i>	Bromcom, Teams	
Walk through	Arrangements for Year Groups to practice the movement and arrangements within bubbles <ul style="list-style-type: none"> - During lessons to avoid mixing of bubbles 	M.Alton	<i>When required</i>	None	

Reintroduction of face coverings

Consideration will be given to whether face coverings should temporarily be worn in communal areas or classrooms. 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 disabled pupils to support them to access education successfully. Where appropriate, you should discuss with pupils and parents the types of reasonable adjustments that are being considered to support an individual.

Action	Action detail	Lead	Dates	Supplies/resources required	Other considerations
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Mask Phases	Identify the extent of face coverings across the school: <ul style="list-style-type: none"> - Phase 1 = Staff only in classrooms - Phase 2 = Staff/Students in classrooms only - Phase 3 = Staff/Students whilst on the school site 	SLT	<i>When required</i>	Supplies of face coverings in reception	
Communication	Communication with Staff, students and parents <ul style="list-style-type: none"> - Staff – Staff meeting via Teams - Students – Information to parents via Bromcom. Briefing during line up 	M.Alton	<i>When required</i>	Bromcom, Teams	

Reintroduction of testing/Additional PCR testing

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

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). Where onsite testing is reintroduced we will look to do this in a way that does not negatively impact on the education for pupils.

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.

Action	Action detail	Lead	Dates	Supplies/resources required	Other considerations
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LFT Testing Phases	Set up LFT Testing site in accordance with the following three phases: <ul style="list-style-type: none"> - Phase 1 – Single LFT Testing Hub (Medical Room). Test students who are unable to test at home or who need assistance - Phase 2 – Multiple LFT Testing Hub (Dance Gym). Test student groups who are close contacts - Phase 3 – Multiple LFT Testing Hub (Dance Gym). Test all students routinely twice weekly 	M.Alton	<i>When required</i>	Additional LFT testing resources as required	
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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 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. We may reintroduce isolation of pupils who have been a close contact of a direct case for a limited time period. Please also see section re response to positive case

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).

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 staffing 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 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>

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).

First priority for onsite attendance will always be given to vulnerable children and young people and children of critical workers.

At Trinity Catholic School priority will be given to pupils in years 10, 11, 12 and 13, and other pupils who were due to take external exams this academic year.

In Out-of-school settings/wraparound childcare where attendance restrictions are in place, vulnerable children and young people 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 and young people safe, particularly as more children and young people will be learning remotely.

If we have to temporarily stop onsite provision on public health advice, we will discuss any alternative arrangements necessary for vulnerable children and young people 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, working with the local authority and social worker (where applicable), to explore the reason for absence and discuss their concerns
- encourage the child or young person 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 or young person'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 are able to 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

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	
1-2m for 15 minutes or more (cumulative over 24 hrs)	No symptoms: 2 clear days before the day of the test – to 10 days after
Travel in a vehicle	