



COVID-19: Outbreak Management Plan

September 2021
The Romero Catholic Academy

COVID-19 Outbreak Management Plan

Introduction

This Outbreak Management Plan Guidance and Template is designed to support school leaders in developing their responses to single cases, clusters, and outbreaks of COVID-19 from September 2021 onwards.

Local recommendations are highlighted in italics throughout the document, which will be regularly reviewed in the light of changing national guidance and the local positions.

The [national COVID-19 operational guidance](#) explains the continuing actions school leaders should take to reduce the risk of transmission of coronavirus (COVID-19) in their school.

Where there is an outbreak (see definitions below) further actions will need to be taken. [The DfE contingency framework](#) describes the principles of managing local outbreaks of COVID-19 (including responding to variants of concern) in education and childcare settings.

Please note that the above contingency framework refers to measures that could be taken in a range of outbreak scenarios from small to larger or more significant outbreaks (see definitions below).

New guidance has also been published explaining self-isolation rule changes for some close contacts from 16th August 2021 onwards:

- <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>

This local outbreak plan guidance and template is aligned with national guidance and our local arrangements, and all advice given will be considered in line with this plan.

All education and childcare settings should have outbreak plans outlining how they will operate if additional measures are recommended in their setting or area. This includes how they would ensure every child, pupil or student receives the quantity and quality of education and care to which they would normally be entitled. A template outbreak management plan is included below.

Definitions

The national technical definitions for clusters and outbreaks can be found [here](#).

Outbreak definition:

Two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within 14 days, and one of:

- identified direct exposure between at least 2 of the test-confirmed cases in that setting (for example under one metre 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

Please note that outbreaks can differ significantly with regard to scale and significance from 2 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.

The definition of infectious periods and of close contact can be found [here](#) (please also see Appendix A)

Symptoms of COVID-19 are a new continuous cough, high temperature, loss/change in taste/smell. Anyone with one or more of these symptoms (irrespective of how mild) should isolate with their household and book a [PCR test](#).

Settings should also be aware of the range of **less common symptoms of COVID-19 are a headache, sore throat, fatigue, muscle aches, blocked/runny nose**, particularly if you have an outbreak in your setting/you are seeing higher numbers of cases.

National Position

Currently the national position means the majority of measures/mitigations that schools have implemented up to now will no longer be required from September. *However, we will continue to support and encourage schools who wish to keep certain mitigations/measures in place.*

It is expected that schools will continue to:

- Promote full vaccination of all staff, alongside promoting vaccination among appropriate pupils and parents.
- Ensure good hygiene for everyone.
- Maintain appropriate cleaning regimes.
- Keep occupied spaces well ventilated.
- Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19.

This position changes if there is an outbreak in your school or local area. Local authorities, directors of public health (DsPH) and health protection teams (HPTs) (from Public Health England, which will become the UK Health Security Agency in October 2021) are responsible for managing localised outbreaks. They play an important role in providing support and advice to education and childcare settings. At this point Local authorities, directors of public health (DsPH) and health protection teams (HPTs) can recommend additional measures in individual education and childcare settings – or a small cluster of settings – as part of their outbreak management responsibilities. A ‘cluster’, as it applies to settings rather than cases of COVID-19, is defined in most cases as being no more than 3 or 4 settings linked in the same outbreak.

Please note that from the 16th August 2021 onwards, close contacts who have had both doses of vaccination (more than 14 clear days prior to date of exposure to case) and those aged under 18 years and 6 months will not be required to self-isolate (unless they are symptomatic or test positive), but will be asked to take a [PCR test](#). They will also continue to be asked to consider continuing with twice weekly LFT testing, limiting their social contact, and wearing face coverings in indoor public spaces.

Local authorities, DsPH and HPTs will also work with their regional partnership teams (RPTs) to escalate issues from the local level into the central government Local Action Committee command structure (gold, silver, bronze). RPTs support local areas in managing outbreaks and provide advice and insights from across the country to the Chief Medical Officer and the Secretary of State for Health and Social Care to inform decision making.

Through the Local Action Committee command structure, ministers consider and take decisions on measures on an area-by-area basis (and can direct local authorities to act) in light of all available evidence, public health advice and the local and national context.

Local Position

The Coventry Education Partnership has worked hard during the pandemic to maintain consistency across schools in the city. At times we have also taken heed of national guidance, but taken action locally, based on local knowledge and context.

The Local Authority and local Public Health will continue to encourage schools that want to keep some mitigations/measures in place to minimise/prevent transmission of infection, such as consistent groupings, staggered start and finish times, minimising bringing parents onto site, use of face coverings.

As a MAC, we will continue to take our lead from the LA in shaping our Outbreak plan. We will keep this position under review based on infection rates in the city and any other relevant considerations.

Triggers for Local Outbreak Management Plan

This Outbreak Management Plan Guidance and Template supports school leaders in designing their response to single cases, clusters and outbreaks of COVID-19 from 16th August 2021 onwards.

We have worked in partnership with Public Health, and the school's partnership to identify what will trigger outbreak management plan responses (over and above those identified for single cases or small clusters of unlinked cases) for an individual school or clusters of schools. These local triggers will remain under review, and are defined below:

Triggers:

- 5+ pupil cases within a year group within 5 days
 - 10+ pupil cases across a school across a number of year groups within 5 days
 - 5+ staffing cases, or fewer if impacting on the capacity of the school to operate
- Or, if there are specific issues of concern triggers maybe outside this list*

Positive Cases, testing and contact tracing

Following the initial on-site testing, Secondary settings will continue to issue staff and pupils with LFTs for twice weekly testing. Primary settings will also issue LFTs to staff for twice weekly testing, *and we will continue to encourage all primary-age pupils to continue to test on a regular basis*. As there will no longer be isolation for doubly vaccinated close contacts and those under 18 years and 6 months, this will be a key mitigation to try and avoid bringing the infection into schools, and we will continue to work with schools to reinforce this with parents and the wider school community.

Actions for schools

- School will be aware and log all pupils in the school who have tested positive for COVID-19 including dates for onset of symptoms (if relevant) and test dates, as well as any known links and exposures inside or outside of school. NHS Test and Trace should have been in contact with the positive case to ascertain some of the known close contacts and recommended any contacts to get a PCR test.
- In such cases, we would notify parents that there is a positive case and recommend other pupils get a PCR test. In schools we have continued with some local measures and mitigations (such as consistent groupings or zoning) that should aid identify potential contacts easily. Where this is not the case, we would suggest as a minimum that we will contact all class contacts that the case may have had in their infectious period (2 clear days prior to day of symptoms onset/test - if no symptoms - through to 10 days afterwards), alongside any other close contacts the child has had (break times, lunch times, before and after school (including transport) to go for a PCR test, and continue with twice weekly LFT testing (this would be recommended in primary settings with cases also). Please note that this will not require the interrogation of seating plans but will require talking to the pupil/staff about non-class contacts. Please let the LA know about potential transport contacts.
- 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, alongside continuing with regular LFT tests. Further actions may also be recommended by the LA.
- This approach is intended to complement the work of NHS Test and Trace who will talk to cases (or their parents) directly about any close contacts they know about in the setting. It will also be important to identify staff close contacts who have not had both vaccinations more than 14 clear days prior to contact with the case, as they will need to isolate for 10 clear days after the day of last contact with the case (alongside taking a PCR test).

Please note that the above local recommendations will be kept under review in the light of changing national/regional guidance and direction. It may be that a change is made from recommending PCR testing to LFT testing, for instance for the broad potential close contact groups identified.

Travel and quarantine related advice can be found [here](#)

Governance, communications and actions to take for single cases and where you are concerned for Local Outbreak

Please consider the governance arrangements for your outbreak plan. Include contact details, and roles and responsibilities of internal and external teams/individuals in your plan. Consider how to ensure appropriate communication with all key stakeholders. See template plan.

Action for schools

- We will continue to notify the Schools COVID-19 inbox of positive cases in school. This will enable the LA to continue to log numbers of pupil and staff testing positive in schools and will ensure that we can jointly ascertain situations where we need to activate the local outbreak management.

Following schools meeting the threshold/triggers set out above; an initial discussion will be had with the school and, if necessary, an Incident Management Team (IMT) meeting will be arranged within 24 hours to include colleagues from the school, Local Authority, Public Health and regional HPTs (as appropriate). In these meetings the positive cases will be reviewed, existing mitigations/ measures will be understood, and the general attendance and wellness of staff/pupils attending school will be discussed. You should attend having this information to hand.

Where there is concern about levels of, and spread of, the infection additional measures can be recommended as set out below and in line with the school's outbreak management plan. Where additional measures have been in place a further IMT will be held to jointly review the position before they are removed.

Additional Mitigations/ Measures

Where we are required to activate the local outbreak plan, we will recommend additional measures that should be put in place. These may be one or more of the following and will be set out in the school's outbreak management plan.

- Reintroduction of zoning
- Measures in relation to contact tracing and isolation
- Reintroduction of face coverings (communal areas, classrooms)
- Re-introduction of on-site LFT testing, or increased home testing
- Additional PCR testing
- Partial closure or closure of the school
- Other measures based on local context of the school

Any additional measures recommended to benefit managing transmission will be weighed against any impact on educating the pupils.

Outbreak Management Plan: The Romero Catholic Academy. Version 1

Date completed: 1st September 2021
Review Date: 22nd October 2021
Plan Owner: Helen Quinn, CSEL

Scope of Plan

The Romero Catholic Academy has eight schools across the North East of the city. Outbreak prevention is partly within scope of this plan but should be mostly covered by your COVID-19 Risk Assessment. The schools are Corpus Christi, Good Shepherd, Sacred Heart, SS Peter and Paul, Saint Gregory, Saint John Fisher, Saint Patrick, Cardinal Wiseman.

Related Resources

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

<p>Covid-19-response-summer-2021-roadmap Health-and-safety-advice responsibilities-and-duties-for-schools Actions-for-schools: Covid19 -operational-guidance 17th August 21 Air conditioning and ventilation during the coronavirus outbreak COVID-19: cleaning of non-healthcare settings COVID-19: cleaning in non-healthcare settings Keeping-children-safe-in-education--2021 Safe-working-in-education-childcare-and-childrens-social-care Self-isolation-and-treatment/when-to-self-isolate-and-what- to-do Guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19 Travel and quarantine for pupils</p>	<p>Coronavirus-covid-19-asymptomatic-testing-for-staff-in-primary-schools-and-nurseries Covid-19-home-test-kits-for-schools-and-fe-providers Coronavirus-covid-19-asymptomatic-testing-in-schools-and-colleges Covid-19 vaccination-drop-in-clinics/ Covid-19-vaccination sites Advice-for-pregnant-employees Free-school-meals-guidance Health and safety risk checklist for classrooms E-bug posters HSE working-safely/talking-to-your- workers Get-help-with-remote-education.education.gov.uk Protective-measures-for-holiday-or-after-school-clubs-and-other-out-of-school-settings-for-children-during-the-coronavirus-covid-19-outbreak</p>
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Introduction

This plan outlines how we will manage single cases and clusters of COVID-19, as well as how we would operate if we were 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.

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

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+ pupil cases within a year group within 5 days
- 10+ pupil cases across a school across a number of year groups within 5 days
- 5+ staffing cases, or fewer if impacting on the capacity of the school to operate

In the case of a local outbreak, we will work with the Local Authority, Public Health and 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 carefully balance 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. In all cases measures / mitigations will only be implemented to prevent larger scale school closure.

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	COVID19schools@coventry.gov.uk
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	Helen Quinn, CSEL Mobile 07713 256575 h.quinn@romeromac.com
Committees/For a supporting the response	Academy Committee – H and S rep and / or Chair at local level
Outbreak response team (internal and for attending external Incident Management Team meetings)	CSEL and Principal from the school under review will attend an IMT

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)	<ul style="list-style-type: none"> • Read and implement Risk Assessment • Attend training and update sessions on outbreak management as and when required • Ensure pupils and wider stakeholders are following requirements in the OMP (e.g. washing of hands, wearing masks) • Deliver Remote education where required in partial or full closure
Pupils	<ul style="list-style-type: none"> • Following the control measures outlines in the RA and OMP • Following the behaviour policy
Parents/carers	<ul style="list-style-type: none"> • Following any egress/ access arrangements • Using communication on phone or email where possible • Following advice on pupils symptomatic • Taking child to PCR test if requested • Keeping child at home (accessing remote education if appropriate) if there is a partial or full closure
Visitors	<ul style="list-style-type: none"> • For non urgent situations, call the school or email where possible • Make appointments to attend school only when there is an absolute requirement to meet (e.g. EHCP or urgent maintenance on site) • Follow RA emailed in advance of arrival
Contractors and delivery personnel	<ul style="list-style-type: none"> • Make appointments to attend school to ensure it is safe to access site • Follow RA emailed in advance of arrival
Where to receive local outbreak advice	<ul style="list-style-type: none"> • Local Authority and Public Health
Others	<ul style="list-style-type: none"> • Governors, Parish Priests and local community will follow the RA and OMP as required; stakeholders will also support the wider communication where needed

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
Staff (including employees and volunteers)	<ul style="list-style-type: none"> • Where to find the RA • How to get the up-to-date information on text or email • Partial or full closure information 	<ul style="list-style-type: none"> • Facebook/ Twitter etc • Email system • Posters and signs in school
Pupils	<ul style="list-style-type: none"> • What to bring to school • What to wear (eg PE Kits / masks at Secondary where directed) 	<ul style="list-style-type: none"> • Facebook/ Twitter etc • Email system • Posters and signs in school
Parents/carers	<ul style="list-style-type: none"> • Where to find the RA • How to get the up-to-date information on text or email • Partial or full closure information 	<ul style="list-style-type: none"> • Facebook/ Twitter etc • Email system • Posters and signs in school
Visitors	<ul style="list-style-type: none"> • Where to find the RA • How to get the up-to-date information on text or email • Partial or full closure information 	<ul style="list-style-type: none"> • Facebook/ Twitter etc • Email system • Posters and signs in school
Contractors and delivery personnel	<ul style="list-style-type: none"> • How to arrive/ leave site and control measures in place during visit 	<ul style="list-style-type: none"> • Email prior to arrival • Leaflet on arrival • Comms whilst on site (possibly verbal)
Local Outbreak Teams (LA and regional Health Protection Teams)	<ul style="list-style-type: none"> • Cases • Date information 	<ul style="list-style-type: none"> • IMT • Email
GPs/allied health practitioners providing services to people within the setting	<ul style="list-style-type: none"> • Cases • Date information 	<ul style="list-style-type: none"> • Email and telephone calls

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 be found in the links below:

- [Drop-In Clinics](#)
- [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](#).

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](#).

Our updated risk assessment can be found [here](#)

Reporting cases and when trigger thresholds have been met

We will continue to report all positive cases to the COVID19schools@coventry.gov.uk, alongside alerting the local authority when any of the triggers outlined in the above guidance have been met

Response to positive cases

- Full class groups (note that interrogation of seating plans will not be required), and lunch time, break time and afterschool contacts (including on transport) will be asked to have a PCR test, alongside twice weekly LFT testing for all contacts.
- Staff contacts who have not had both vaccinations more than 14 clear days before the day of contact with the positive case will also be identified, as they will need to isolate for 10 clear days following the day of last contact with the case. If additional cases are identified in the same class/group, it may be recommended that additional communications are sent to parents/staff to recommend one further PCR test 4-7 days after notification, alongside continuing LFT testing. Further actions may also be recommended by the LA.

Reintroduction of consistent groups/zoning

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

Reintroduction of face coverings

Consideration will be given to whether face coverings should temporarily 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 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.

Reintroduction of testing/Additional PCR 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. We will also continue with our local recommendation that all pupils in early years and primary settings take twice weekly asymptomatic testing.

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.

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. 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 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 because of this would be in line with the principles below.

Current guidance on clinically extremely vulnerable individuals can be found [here](#)

Attendance Restrictions and Remote Education

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 because

- they have tested positive for COVID-19 but are well enough to learn from home; or
- attendance at their setting has been temporarily restricted

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 because of testing positive or because of a local reintroduction of close contact isolation; please see above).

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

In primary schools second priority will be given to pupils in key stage 1, and in secondary schools second 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. Special schools should follow the same prioritisation as mainstream schools.

In exceptional circumstances, (special schools and alternative provision only) if usual interventions and provision at adequate staffing ratios or using staff with vital specialist training cannot be provided, we will seek to resume as close as possible to the specified provision for the child or young person as soon as possible.

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 must 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 can 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

Response and stand down action plan

The table below outlines how we will respond to single cases, clusters 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/zoning, 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
Decision	Principal and Chair with CSEL make decision, to scale back the mitigation measures over a specified timeline	CSEL	.		
Communication					
Action					

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	