

## **Covid-19 Outbreak Management Plan**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1065829/DfE\\_Emergency\\_Guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1065829/DfE_Emergency_Guidance.pdf) describes the principles of managing local outbreaks of COVID-19 (including responding to variants of concern) in education and childcare settings, covering:

- the types of measures that settings should be prepared for
- who can recommend these measures and where
- when measures should be lifted
- how decisions are made

Local authorities / directors of public health (DsPH) / PHE health protection teams (HPTs) can recommend measures described here in individual education and childcare settings – or a small cluster of settings – as part of outbreak management responsibilities. Where there is a need to address more widespread issues across an area, ministers will take decisions on an area-by-area basis.

In most cases a ‘cluster’ will be no more than 3 or 4 settings linked in the same outbreak.

### **Who this guidance is for**

Early years settings, including:

- all providers on the Ofsted early years register
- providers registered with an early years childminder agency
- all pre-reception early years provision in maintained, non-maintained and independent schools

### **Introduction**

The government has made it a national priority that education and childcare settings should continue to operate as normally as possible during the COVID-19 pandemic.

Measures affecting education and childcare may be necessary in some circumstances, for example:

- to help manage a COVID-19 outbreak within a setting
- if there is extremely high prevalence of COVID-19 in the community and other measures have failed to reduce transmission

- as part of a package of measures responding to a Variant of Concern (VoC)

All education and childcare settings are required have outbreak management plans (contingency plans) outlining how they would operate if any of the measures described in this document were recommended for their setting / 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.

## **Principles**

### **Prioritising education**

The impacts of having missed education during the pandemic are severe for children, young people and adults. In all cases, any benefits in managing transmission should be weighed against any educational drawbacks.

Decision-makers should endeavour to keep any measures in education and childcare to the minimum number of settings or groups possible, and for the shortest amount of time possible.

Decision-makers should keep all measures under regular review, and lift them as soon as the evidence supports doing so.

Measures affecting education and childcare settings across an area should not be considered in isolation, but as part of a broader package of measures.

Attendance restrictions should only ever be considered as a last resort.

Where measures include attendance restrictions, the Department for Education (DfE) may advise on any groups that should be prioritised.

The government will try to give as much notice as possible of any changes to the way settings should operate.

### **Collaboration**

Multi-agency collaboration and communication is important in ensuring consistency in approach across England wherever issues occur, so that no group of children, pupils or students is unfairly disadvantaged.

Local authorities, directors of public health (DsPH) and DfE's regional school commissioners should maintain close working relationships through their regional partnership teams (RPTs). These teams are made up of:

- Public Health England (PHE) regional directors
- Contain regional convenors
- Joint Biosecurity Centre (JBC) regional leads

Where decisions about measures in education and childcare settings are made at a national level, DfE will work with the Department of Health and Social Care (DHSC), JBC, NHS Test and Trace, the Chief Medical Officer, PHE and other government departments, as well as relevant local authorities and directors of public health. The government will take into account the available evidence and the judgement of public health professionals.

### **Roles and responsibilities**

Local authorities, directors of public health (DsPH) and PHE health protection teams (HPTs) are responsible for managing localised outbreaks. They play an important role in providing support and advice to education and childcare settings.

Local authorities, DsPH and HPTs can work with their regional partnership teams (RPTs) to escalate issues from the local level into the central Local Action Committee command structure. 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 in light of all available evidence, public health advice and the local and national context.

In rare circumstances, it may be necessary to escalate issues to ministers through other central government committees (for example incident management teams), but this should be by exception only.

### **Measures that settings should plan for**

All education and childcare settings are required to have outbreak management plans outlining how they would operate if any of the measures described below were recommended for 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 are normally entitled.

Measure	Guidance	Responsibility	Dolphins
Testing	Reintroduction of asymptomatic testing sites (ATS) as well as advice to increase use of home testing by staff / pupils	-Directors of public health (DsPH) -PHE health protection teams (HPTs) -Setting	-Test site -Increase home testing
Face Coverings (incl. reasonable exemption)	Face coverings should be worn more widely in the setting including communal areas	-Directors of public health -Setting	-Reintroduce compulsory use of face coverings in line with previous Action Plan
Shielding	Major outbreak / VoC that poses a significant risk to individuals on the shielded patient list (SPL)	-Ministers -Setting	-Impose restrictions -Notify in writing
Visitors	Limits to open days, transition/taster days, parental attendance, performance events, hirers	-Directors of public health (DsPH) -PHE health protection teams (HPTs) -Setting	-Impose restrictions -Remote where possible
Attendance	Limit pupil attendance in line with operational guidance	-Ministers -Setting	-Remote where possible -Prioritise vulnerable / critical workers
Infection Prevention & Control	Enhanced measures	-Directors of public health (DsPH) -PHE health protection teams (HPTs) -Setting	-Impose restrictions -Revert to previous quarantine measures

### Decision making principles

As part of their outbreak management responsibilities, local authorities, DsPH and HPTs may advise individual settings or a cluster of closely linked settings to limit attendance in one of the ways described.

Where local authorities, DsPH or HPTs judge that wider containment action is needed and wish to limit attendance across an area, they should work with their regional partnership team (RPT) to escalate a proposal to the central Local Action Committee command structure.

In most cases a 'cluster' will be no more than 3 or 4 settings linked in the same outbreak, but RPTs should exercise judgement based on the local context.

Cohorts may be used to guide decisions about restricting attendance as well as prioritising groups to return to face-to-face education and childcare.

Early years and primary settings should be prioritised to continue to operate as normal. The DfE may advise that other groups should be prioritised.

Employers should continue to implement the system of controls set out in the COVID-19 coronavirus operational guidance for your education setting. 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.

### **Safeguarding and designated safeguarding leads**

There should be no change to local multi-agency safeguarding arrangements, which remain the responsibility of the 3 safeguarding partners:

- local authorities
- clinical commissioning groups
- chief officers of police

If attendance restrictions are needed in any education or childcare setting, we would expect all local safeguarding partners to 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.

All settings must continue to have regard to any statutory safeguarding guidance that applies to them, including:

- [Keeping children safe in education](#)
- [Working together to safeguard children](#)
- [Early Years Foundation Stage \(EYFS\) framework](#)

Schools and FE providers (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.

It is expected that a trained DSL (or deputy) is available on site. However, it is recognised that for some there may be operational challenges to this. In such cases a trained DSL (or deputy) from the early years setting can be available to be contacted via phone or online video, for example working from home

Where a trained DSL (or deputy) is not on site, in addition to one of the above options, the Duty Supervisor should take responsibility for co-ordinating safeguarding on site.

## **Vulnerable children and young people**

Where vulnerable children and young people are absent settings should:

- 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

If settings have to temporarily stop onsite provision on public health advice, they should discuss alternative arrangements for vulnerable children and young people with the local authority.

## **Educational visits**

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.