

## The Harlington and Sundon Academy Trust (HASAT)

### Outbreak Management Plan

#### **Context**

The Department for Education published [a Contingency framework for education and childcare settings](#) in June and this 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) and 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 their 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.

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 should have outbreak management plans (sometimes called contingency plans) outlining how they would operate if any of the measures described in this document 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.

The framework identifies three principles for these outbreak management plans

- Prioritising education
- Collaboration
- Roles and responsibilities

#### **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.

### **When and how to seek public health advice**

We will monitor COVID cases through out school internal reporting procedures and when the following thresholds are met.

For most education and childcare settings, whichever of these thresholds is reached first:

- 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period; or
- 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period

For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time:

- 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period

Schools will contact their local HPT to identify any additional measures that need to be put in place.

We will seek public health advice if a pupil, student, child or staff member is admitted to hospital with COVID-19 by phoning the DfE helpline (0800 046 8687, option 1).

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

The contingency framework describes the measures that all education and childcare settings should have in their 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.

The rest of this Outbreak Management Plan for the Harlington and Sundon Academy Trust details our operational intentions in relation to each of the measures identified by the contingency framework and needs to be read in conjunction with the most recent risk assessment for school.

We recognise that this is fluid and transitional period and that schools play a vital role in helping their immediate and wider communities come to terms with learning to live with Covid 19. This plan will be updated as and when government advice changes.

Extra actions will only be considered after the 2 initial tests are complete. Cases identified in the test on the return period should not trigger extra measures or escalation to the DfE helpline.

### **Testing**

As a primary school, we have not been required to introduce an Asymptomatic Testing Site. We will continue to support all staff by providing home testing kits. We will follow all guidelines and advice issued by Public Health.

Staff should undertake twice weekly home tests whenever they are on site until the end of September, when this will also be reviewed.

We may strengthen communication to encourage secondary age pupils to undertake twice weekly rapid asymptomatic home testing and reporting.

### **Face Coverings**

Staff will continue to wear face coverings in communal areas where social distancing cannot be guaranteed and on the school playground when greeting or dismissing children in line with our risk assessment.

In general we will follow all guidelines and advice issued by Public Health.

We may reintroduce face coverings temporarily (this should be for 2 weeks in the first instance pending regular review) to manage an outbreak. These may be introduced for staff working in primary schools in communal areas.

### **Shielding**

Shielding is currently paused. 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.

Shielding can only be reintroduced by national government.

The School will identify any pupils or staff who are on a Shielded Patient List in the instance of this being reintroduced and supporting accordingly.

### **Other measures**

Local authorities, directors of public health (DsPH) and PHE health protection teams (HPTs) may recommend limiting:

- residential educational visits
- open days
- transition or taster days
- parental attendance in settings
- performances in settings

This may apply to one setting, a cluster of settings, or across an entire area.

HASAT will follow any national recommendations in regard to these precautions in conjunction with guidance from the Local Public Health. We will forewarn all families that all such activity is subject to current guidance that may change and keep them updated with as much notice as possible.

## **Attendance Restrictions**

Attendance restrictions should only ever be considered in extreme circumstances and as a last resort. If attendance restrictions are advised across an area, the government will publish detailed operational guidance for settings.

## **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.

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.

Schools will have a dynamic risk assessment approach to local spikes.

### **Primary schools**

HASAT is aware that if it is decided that some attendance restrictions are needed, all vulnerable children, children of critical workers, children in reception, year 1 and year 2 should still be allowed to attend.

If, by exception, attendance is restricted further, vulnerable children and children of critical workers should still be allowed to attend.

Should HASAT be instructed to limit attendance, our Home Learning Plan will come into force. We are aware high-quality remote education should be provided for all pupils or students not attending. We will inform all families as soon as possible should we receive such instruction.

Onsite provision should in all cases be retained for vulnerable children and young people and the children of critical workers.

### **Out-of-school settings and wraparound childcare**

If attendance restrictions are needed, vulnerable children and young people 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 and training.

HASAT will continue to liaise with HPVS/WAC, our partner providers. The school or providers will refer to [guidance](#) on protective measures for holiday, after school clubs and other out of-school settings for children during the COVID-19 outbreak.

### **Education workforce**

If restrictions on child, pupil and student attendance are needed, HASAT is best placed to determine the workforce required onsite and if it is appropriate for some staff to work remotely.

The trustees of HASAT have regard to the guidance on clinically extremely vulnerable people. We will continue to implement the system of controls set out in the COVID-19 coronavirus operational guidance. We will 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, the DFE 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.

If attendance restrictions were needed HASAT will continue to have regard to all statutory safeguarding guidance that applies to us, including:

- Keeping children safe in education
- Working together to safeguard children
- Early Years Foundation Stage (EYFS) framework - read alongside Early years foundation stage: coronavirus disapplication's.

HASAT, led by Mrs T Edmonds at Harlington Lower and Mr J Callender at Sundon Lower, the designated safeguarding lead (DSL) and Mrs S Carter (HLS) and Mrs C White (HLS) the deputy DSL, will review their child protection policy so that it reflects the local restrictions and remains effective. There will always be a DSL on site.

### **Vulnerable children and young people**

Where vulnerable children and young people are absent, HASAT 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

If HASAT has to temporarily stop onsite provision on public health advice, we would discuss alternative arrangements for vulnerable children and young people with the local authority.

### **School meals**

Caterlink will provide meal options for all pupils who are in school. Meals should be available free of charge to all Reception, Year 1 and Year 2 pupils and pupils who meet the benefits-related free school meals eligibility criteria.

HASAT will also continue to provide free school meals support in the form of meals or lunch parcels 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
- are a close contact of someone who has COVID-19

### **Educational visits**

In the event of restricted attendance being imposed at HASAT, this will be reflected in the Educational Visits element of our wider risk assessment and we would consider carefully if educational visits were still appropriate and safe.

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