

Greater Manchester Covid-19 Prevention and Outbreak Management Framework in 0-19 Educational Settings (2021/22 Academic Year)

V2.0

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VERSION CONTROL

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Version 1.4	29.9.21	GM DsPH Group
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Version 1.6	6.10.21	GM Public Health Advice to Schools Group (GMPHASG)
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1. INTRODUCTION

This guidance relates to Covid-19 outbreak management in non-residential educational settings for children aged 0-19 and specifically nurseries, schools and colleges. This guidance relates to cases in both staff and students.

This guidance does not relate to residential schools or universities. It is recognised that some colleges also offer Higher Education provision and this guidance relates to all case management at that setting or site. This guidance is intended to ensure that key stakeholders are informed and empowered to take safe and timely decisions in relation to managing positive cases on Covid-19 in Education Settings in Greater Manchester.

This guidance should be considered in line with the national operational guidance for:

- [Early Years](#)
- [Schools](#)
- [Special Schools](#)
- [Further Education](#)

In addition to the [contingency framework: education and childcare settings](#).

2. AUDIENCE

This guidance is intended to be used as a resource for:

- Early Years Childcare providers, Nurseries, Schools and Colleges (6th Form and Further Education) in Greater Manchester
- Greater Manchester Integrated Tracing Hub
- Local Authority Public Health Teams
- Local Authority Contact Tracing Leads
- Local Authority Covid-19 Single Points of Contact
- Local Authority Education Leads
- North West UK Health Security Agency (previously Public Health England)

3. CONTEXT

We know that the management of Covid-19 in educational settings is currently proving to be extremely challenging, especially when we are seeing a high number of cases in settings at a time when requirements in Covid-19 safety measures have been reduced nationally. However, maximising face-to-face education and accessing health and social support e.g. therapies in all settings remains a national priority.

The Department of Education (DfE) guidance for educational settings recommends settings should maintain a set of public health measures to prevent the transmission of Covid-19 within settings. In the Greater Manchester Covid-19 Educational Case Management Support Pack, Greater Manchester Directors of Public Health advise settings to have a wider range of public health measures in place on a daily basis.

In November 2021, GM Directors of Public Health also advised schools to introduce a number of additional baseline measures, which included the reintroduction of face coverings for staff, parents and pupils (Year 7 and above) in communal areas, and daily testing of household contacts. For more information on the baseline measures in your area, please contact your local SPOC or HP Team as per the GM COVID-19 Educational Settings Case Management Pack.

The DfE Contingency Framework provides educational settings with a case threshold beyond which they might want to seek additional advice or consider implementing a range of additional public health measures within their setting, especially measures that are set out in their Contingency Plan. However, there is limited guidance beyond this, and we are consequently seeing a number of settings who are reaching the threshold and being unsure as to which measures might be appropriate to use especially taking into consideration varying degrees of outbreak severity.

Thresholds for considering Additional Measures*
5 cases/10% of pupils/staff who are likely to have mixed closely** test positive within a 10-day period (mainstream schools)
2 cases who are likely to have mixed closely** test positive within a 10-day period (SEND/residential schools or settings with <20)
Following any hospitalisation (which could indicate increased severity of illness or new VAM ['variant and mutation'])

- ***Note** Directors of Public Health (DsPH)/ Health Protection Teams (HPT) can advise a higher threshold for extra action based on local circumstances (e.g. high background rate)
- ** The [Contingency Framework](#) provides examples of groups that may be identified as close mixing for a range of settings (P19)
- *** **Note** if multiple groups within the setting reach threshold, this is an indicator of additional risk. Risk assessment should consider if measures recommended are appropriate for all or some of the affected groups.

4. AIMS OF THE OUTBREAK FRAMEWORK

This Framework has a number of aims:

Where cases are low enough for settings to consider implementing measures from their Contingency Plan:

- To provide clarity to settings on when might be the appropriate time to implement additional public health measures in response to the level of concerns around Covid-19 in the setting
- To provide clarity to settings on which measures might be appropriate to implement in a variety of situations

Where the level of cases is such that a local Public Health Team is required to work closely with a setting to manage an outbreak:

- To provide a framework for educational settings, Public Health, and representatives from Education (if involved) to work together to agree the most appropriate control measures to take at different stages of the settings response to Covid-19, beyond the usual measures settings are advised to have in place on a daily basis.

This document should be utilised alongside the **Greater Manchester Guidance to support Covid-19 Case Management in Non-Residential 0-19 Educational Settings.**

5. KEY PRINCIPLES

Principles set out in the [Contingency Framework](#) are:

- maximise the number of children in face-to-face education or childcare and minimise any disruption in a way that best manages the Covid-19 risk;
- managing transmission should be weighed against any educational drawbacks;
- measures should affect the minimum number of children for the shortest time;
- attendance restrictions should be considered as a last resort where all other risk mitigations have not broken chains of in-school transmission.

Operational principles agreed for Greater Manchester are:

- Baseline public health measures should be in place for all settings regardless of outbreak status.
- Additional outbreak control measures should be considered by all settings that meet the threshold for extra action set out in the Contingency Framework.
- If a setting meets the DfE threshold for outbreak, they can access support via Local Authority Public Health teams via the local Single Point of Contact (SPOC) or the DfE helpline (0800 046 8687). Wigan Health Protection and Civil Contingencies Team - healthprotectionandcivilcontingencies@wigan.gov.uk or 01942 404 240

- Every setting and situation is different – therefore this Framework should be used as a starting point for decision-making. Settings should also continue to review and follow their risk assessment and contingency plans.
- Investigation/risk assessment is also an important part of decision making – using risk assessment, consider any similarities/patterns between cases. In cases where there has been community transmission into settings, there may be weaker or no similarities/patterns between cases, but where there is in-setting transmission, there may be more identifiable similarities/patterns. In investigation, consider things like:
 - is there a particular route/transport mode/entry point into school;
 - do the cases take the same subject;
 - play for the same teams;
 - live in the same areas,
 - is there a geographical or time spread of cases across a classroom,
 - do they share use of canteen or hall,
 - do they attend breakfast or after school club for example.
- Not all interventions are equal – some are more/less challenging to implement, some might have a strong impact on Covid-19 than other measures, but may have more impact on quality of/access to education, and some measures may be more effective in one school/situation than others.
- Measures are only as effective as the humans behind them – in making decisions which interventions to introduce and how/when to introduce them, consider the likelihood that parents/staff will comply, the likelihood that pupils will understand/follow.
- Local Authority Public health teams can risk assess and recommend additional and enhanced outbreak measures as considered appropriate and proportionate to the outbreak. An outbreak control team meeting (OCT), involving the setting, local authority Public Health, and local authority Education teams may be a supportive way to complete such a risk assessment, but is not routinely necessary unless exceptional/enhanced measures are being considered.
- More complex measures will be advised by the local Public Health team under outbreak management arrangements.
- Interventions at an earlier stage in the Framework can still be effective when a school is at later stages of the Framework.
- The Framework is not exhaustive and cannot cover every situation/measure – sometimes the most effective measures come when people think ‘outside’ the box.

The Framework is also intended to be a working document and updated as and when guidance/policy approaches change and where new interventions are discovered.

6. HOW THE PREVENTION AND OUTBREAK MANAGEMENT FRAMEWORK WORKS

A risk assessment template is provided at **Appendix 1** that may be used with a setting. Across Greater Manchester, our approach is to ensure that settings requiring additional local support in relation to outbreaks receive this in a consistent and proportionate manner. Where settings feel they meet the criteria for support at the higher levels of the Framework, the Local Authority/ HPT will collate the relevant information, undertake the risk assessment, and confirm the most appropriate measures.

At Lower Levels (7.1. Basic Measures, 7.2. Additional Risk (Without Multiple Cases), 7.3. Single Cases, 7.4. Emerging Number of Cases)

The Prevention and Outbreak Management Framework sets out at lower levels of concern, a set of public health measures that settings may wish to consider implementing. These should particularly be considered where a school has met the DfE threshold for considering additional public health measures. Settings should seek Public Health advice where indicated, or if they are unsure. Settings should always feel comfortable to contact their local Public Health/ Health Protection Team for advice on implementing any specific measure, although settings should not require Public Health advice as to appropriateness of these measures, as this set of measures have been signed off by the Local Authority before being distributed.

At Higher Levels (7.4. Emerging Number of Cases, 7.5. Enhanced Outbreak Control Measures, 7.6. Exceptional Outbreak Measures)

The Prevention and Outbreak Management Framework sets out a list of additional Public Health measures that settings may be advised to consider implementing by their local Public Health/ Health Protection Team as part of outbreak management approaches.

This is likely to be when:

- There is evidence of multiple transmission instances within the setting, and additional measures will add value in reducing the risk of ongoing transmission; and/or
- There are multiple groups within the setting who meet the threshold for considering additional action (as this may indicate increased risk of transmission within the setting).

The complexity of these measures means that there is no one size fits all situation, as you can see measures for 'emerging number of cases' sits between lower and higher levels and is implemented to the appropriateness. As such, settings will work in partnership with local Public Health/ Health Protection teams and Education representatives (if appropriate) to agree the appropriateness of each measure for their individual situation.

Some measures at this level will be able to be recommended by local Public Health/ Health Protection Officers, however due to their complexity and potential impact on access to Education, some measures will require Director for Public Health and Director of Education sign off. These measures will usually only be considered once other measures have been attempted and/or exhausted.

The regional schools commissioner (Vicky Beer - Vicky.BEER@education.gov.uk) should be informed of all OCT recommendations for the standing up of exceptional outbreak measures.

Duration of additional actions

Additional actions should remain in place for a period of two weeks in the first instance. Settings should seek public health advice regarding any extensions to the period of additional actions.

Where enhanced or extraordinary outbreak measures are in place, a plan for phased exit from actions should be considered.

7. EDUCATUIONAL SETTINGS - COVID-19 PREVENTION AND OUTBREAK MANAGEMENT FRAMEWORK

7.1. BASELINE MEASURES

<p><i>These measures should be in place every day, as a standard measure. These measures are set out in the GM Covid-19 Educational Case Management Support Pack. These measures should be in place all the time, irrespective of whether there are any cases of Covid in setting or not. These measures should also continue to be in place even when enhanced/additional public health measures are in place.</i></p>	
Measure	What does 'good' look like?
<p>Follow and promote public health guidance on testing, self-isolation and managing confirmed cases of COVID-19.</p> <p>Settings has access to and has read Covid-19 Case Management in Non-Residential 0-19 Educational Settings in Greater Manchester guidance.</p>	<p>Setting fully aware of local processes and following national guidance.</p>
<p>Household contacts attending school are encouraged to carry out daily LFD testing for 10 days after the onset of symptoms (or positive test if asymptomatic) in the case in their household, and only attend school if their LFT test is negative. They are also encouraged to follow national guidance for all contacts and access a PCR test (COVID-19: guidance for households with possible coronavirus infection - GOV.UK (www.gov.uk))</p> <p><i>*Please note this is a new baseline measures. This advice is expected to be in place until the end of term but will be reviewed at two week intervals.</i></p>	<p>The recommendation on daily LFD testing applies to secondary school age and Key Educational Stage 2 age children. For younger children and children in SEND schools, a risk assessment is required to balance benefits with potential harm.</p>
<p>Encourage vaccination uptake for eligible students and staff.</p>	<p>Staff are fully aware of their opportunity to be vaccinated and supported to obtain vaccination, including time off work in order to be able to go and get a vaccine.</p> <p>Staff aware of the benefits and safety of the vaccine.</p>

Deliver strong messaging the symptoms of Covid-19, isolation advice and testing to support prompt isolation of suspected cases.	<p>Symptomatic pupils/staff on site are effectively isolated following the local and national guidance.</p> <p>Symptomatic pupils/staff are advised to obtain a PCR test and to not return to the setting unless their result is negative. <i>(Consider if they are negative for Covid-19 but symptomatic, whether they should be in school anyway whilst ill).</i></p>
Continuation of regular twice weekly Lateral Flow Device (LFD) testing for staff and secondary-age students without symptoms.	Staff and pupils are encouraged and supported to undertake LFD testing and to report their results via the NHS Test & Trace website.
Social distancing between staff (where feasible – advised in GM guidance).	Staff are aware of the need to maintain continued vigilance and encouraged to be conscious of their distance from other members of staff, particularly in crowded, enclosed indoor spaces.
Respiratory and hand hygiene.	Respiratory and hand hygiene is in place as per the national guidance.
Ventilation of occupied space, including the provision of CO2 monitors	<p>Ventilation is in place as per is in place as per the guidance available in the relevant Educational Setting Operational Guidance Ventilation and air conditioning during the coronavirus (COVID-19) pandemic (hse.gov.uk)</p> <p>Schools, upon receipt of their CO2 Monitor, use the monitor as per operational instructions to analyse the presence of CO2 in different rooms across different times of the day and where there are concerns, work with their local Health and Safety provider to assess remedial solutions.</p>
Appropriate use of PPE.	PPE is available to enable a staff member to safely manage a symptomatic case or any cleaning within the setting.
Maintain appropriate cleaning regimes.	Cleaning regimes are in place as per national guidance.

<p>Where possible, utilise multiple entrances and exits to and from the setting to avoid large crowding and utilise outdoor space (advised in GM guidance).</p>	<p>Ensure all appropriate entrances/exits into the building/buildings are utilised in an organised manner in order to reduce mixing by groups at different times of the day and to prevent large crowds of pupils/adults developing.</p>
<p>Where possible, reduce the number of occasions where larger numbers of adults come into the building and where possible or advantageous to the setting/ families utilise remote connect methods (advised in GM guidance).</p>	<p>If there are any reasons where larger numbers of adults may come into the building, consider the need for the event and whether it can be safely held virtually without disrupting the event.</p> <p>For events where there are external visitors such as Open Days, or school plays, settings should consider the guidance for events at https://www.gov.uk/guidance/working-safely-during-covid-19/events-and-attractions (scroll down to 'Additional guidance: event planning') in addition to their setting specific guidance.</p> <p>Settings should be aware that local Public Health/ Health Protection Teams may advise the cancellation of physical events if there is a high number of cases in the setting at the time of the event, and take this into account in their event planning.</p>
<p>Secondary schools should encourage pupils and staff to wear face coverings outside of school, in line with Government advice to wear face coverings 'in crowded and enclosed areas where you come into contact with people you do not usually meet'. This includes school and public transport.</p> <p>This applies to staff in Nursery and Primary School Settings.</p> <p><i>*Please note as of November 2021, all adults (including parents and visitors) in primary and secondary schools and secondary school aged children have been advised to wear face coverings whilst 'on the move' in communal areas of the schools and whilst on transport. This advice is expected to be in place until the end of term but will be reviewed at two week intervals.</i></p>	<p>Settings regularly raise pupils and staff awareness of the Government guidance on face coverings and encourage compliance with the guidance.</p> <p>Schools may also want to monitor pupils' compliance with wearing face coverings on their school transport.</p>

7.2. ADDITIONAL RISK (WITHOUT MULTIPLE CASES)

These measures should be considered where there aren't yet multiple cases in a setting, but there are known cases in the community around the setting, or high prevalence of Covid-19, either in the community around the setting or Borough-wide. Your local Public Health/Health Protection team can advise where this is the case.

Measure	When should a setting consider implementing	What does 'good' look like?
Consider additional mitigations for residential educational trips or large scale events, in line with Public Health advice.	As above	Any residential trips or large-scale events are organised, planned and booked with the necessary Covid-19 cancellation insurances and risk assessments in place, and with parents under the understanding that the trip may be cancelled, limited or rescheduled under Public Health advice. Parents should be aware that different types of trips may be more likely to go ahead than others, and that decisions will be taken on a case by case basis.
Strengthened communications to encourage pupils / students to undertake twice weekly rapid asymptomatic home testing and reporting, using LFD tests.	As above	Settings use their communication mediums to be open and honest with parents that regular asymptomatic testing is an important safety measure in order to keep settings functioning and children accessing face to face education. Settings should have plans in place to support parents and children who cannot easily access regular asymptomatic testing e.g. small onsite testing sites in secondary schools, face to face encouragement and guidance on how to test, access to alternative language instructions such as those available on the Government website.
Review, update and communicate existing risk assessment (template already supplied to schools).	As above	Settings should consider their risk assessment against this Outbreak Management Framework and consider and plan to reinstate safety measures if needed. Settings should consider their unique needs and consider any other actions they feel may be appropriate for their setting, seeking guidance from local Public Health/ Health Protection teams should they need it.

7.3. SINGLE CASES

These measures should be considered where there is a single case who has attended the setting during the infectious period.

Measure	When should settings consider implementing	What does 'good' look like?
<p>Use the 'Warn and Inform' letter with parents/staff who may be a potential close contact/ mixed with the confirmed case and encourage them to go for PCR testing as soon as possible (see Contingency Framework Appendix for list of close mixing case examples).</p>	<p>Where there is a case who has been in the school during the infectious period (i.e. 2 days prior to the onset of symptoms or the date of the test if asymptomatic, and 10 days following).</p>	<p>Parents/staff receive a clear and understandable letter that makes them aware of the confirmed case in a factual and non-threatening way and encourages them to undertake a PCR test as soon as possible. Template Warn and Inform letters can be found in the Greater Manchester Covid-19 Case Management in Non-Residential 0-19 Educational Settings Support Pack. Parents are encouraged to discuss any concerns or queries with the setting.</p> <p>The setting also uses other opportunities to encourage parents to undertake testing e.g. socially distanced face-to-face conversations.</p> <p>Where the school is aware of children or un-vaccinated staff having significant levels of contact with the infectious case, schools MAY also want to encourage such staff and parents of such children contacts to test their children regularly with LFD test for the 10 days following exposure to the positive case - if the child can tolerate it.</p>

7.4. EMERGING NUMBER OF CASES

These measures should be considered where a setting has a number of cases, including where they are at the DfE threshold where additional Public Health measures need to be considered. Special schools with a high number of vulnerable children may also want to consider these when there is a singular case in the setting. Settings do not need to seek Public Health approval to implement some of these measures as they will be informed by the school's contingency plan. Public Health advice and support will be available to those setting who request it.

Measure	When should setting consider implementing	What does 'good' look like?
Limits on the numbers of external adults/staff/contractors entering the building. Consider need and urgency of entry.	Where a setting has a number of cases, including where they are at the DfE threshold.	<p>Parental entry into the building is via prior arrangement and where the setting approves this as 'necessary'.</p> <p>Contractor entry is considered for rescheduling.</p> <p>Peripatetic staff entering the building to support individual children may want to consider if their support can be provided virtually.</p>
Increased use of social distancing where possible whilst not yet requiring bubble management.	Where there are known instances of children from different age/class groups mixing whilst on site.	<p>All mixing opportunities are reviewed for feasibility to reduce mixing and to increase social distancing e.g. Spacing in queues, classroom layouts, staggering entry/exit to canteen/hall etc.</p> <p>Some primary schools have retained or reintroduced bubbles at this point as they have found it helpful, however the decision lies with the senior leadership of the school.</p>
Advise parents of CEV children/staff of cases in the setting – in line with any individual risk assessment for those individuals, or any clinical advice the individual is under.	Where there are known CEV children/staff in setting.	Action is taken as appropriate following review of the individual circumstances.

<p>Enhanced communications out to all parents to advise them there are a number of cases in the setting and to strongly advise them to access asymptomatic testing for their child.</p>	<p>You may also want to consider this when asymptomatic testing is low or dropping.</p> <p>On setting discretion where whole setting communications will be beneficial. In periods of low transmission this should be considered a standard action.</p>	<p>Parents receive a clear and understandable letter that makes them aware of the confirmed case in a factual and non-threatening way and encourages them to undertake a LFD test as soon as possible. Parents are encouraged to discuss any concerns or queries with the setting.</p> <p>The setting also uses other opportunities to encourage parents to undertake testing e.g. socially distanced face-to-face conversations.</p>
<p>Stronger Warn and Inform letter (held by your local Public Health/ Health Protection Team) sent to parents of potentially close-linked cases, advising there are now multiple cases within the group/setting and request them to go for PCR testing as soon as possible (see Contingency Framework Appendix for list of closely-linked case examples).</p>	<p>Where a setting has a number of emerging cases, including where they are at the DfE threshold.</p>	<p>Parents receive a clear and understandable letter that makes them aware of the confirmed case in a factual and non-threatening way and encourages them to undertake a PCR test as soon as possible. Template Warn and Inform letters can be supplied by your local Public Health/ Health Protection Team. Parents are encouraged to discuss any concerns or queries with the setting.</p> <p>The setting also uses other opportunities to encourage parents to undertake testing e.g. socially distanced face to face conversations.</p> <p>Where the school is aware of children or un-vaccinated staff having significant levels of contact with the infectious case, schools MAY also want to encourage such staff and parents of such children contacts to test their children regularly with LFD test for the 10 days following exposure to the positive case - if the child can tolerate it.</p>
<p>Consider moving activities outdoors, including exercise, assemblies and classes</p>	<p>As standard when feasible (e.g. weather)</p>	<p>Priority given to activities where large groups gather, there is contact between those who would not usually mix or where singing, shouting or exercise may be taking place.</p>

Further improvement of ventilation indoors (where this would not significantly impact thermal comfort). This may include the use of CO2 devices to measure sufficient ventilation in settings where available.	As above	Particular focus on improving ventilation during activities where singing, shouting or exercise may be taking place.
One-off enhanced cleaning focusing on touch points and any shared equipment.	Where a setting has a number of emerging cases, including where they are at the DfE threshold.	Enhanced cleaning is carried out in line with the national guidance set out in ' Covid-19: Cleaning in non-healthcare settings outside the home '.
Review and reinforcement of hygiene measures.	As standard, with particular support for those where maintaining hygiene standards may be difficult (for example younger cohorts).	<p>Settings review their hygiene measures, including:</p> <ul style="list-style-type: none"> • Are they in line with the relevant Operational Guidance, including for special schools • Consider whether pupils are complying with the measures • Consider whether staff are complying with the measures <p>Agree and put in place additional measures following the above. This may include additional verbal, pictorial or written encouragement to staff, parents and children and young people.</p>
Promote vaccination uptake and booster for eligible students and staff.	As above	<p>Staff fully aware of their opportunity to be vaccinated and supported to obtain vaccination, including time off work in order to be able to go and get a vaccine.</p> <p>Staff aware of the benefits and safety of the vaccine.</p> <p>Consider additional promotion/encouragement of vaccine uptake, including with any individual member of staff who you know are not vaccinated.</p>
Further exploration/promotion of opportunities to increase social distancing and reducing crowding.	When evidence, or high risk of transmission between groups or where there is evidence of significant transmission within the setting.	This may include reducing the number of children gathering together (for example in assemblies) and minimising pinch points during the day.

<p>Reducing mixing of staff e.g. by holding meetings remotely.</p>	<p>Where there is evidence, or high risk of transmission between staff and/or low vaccination rates amongst staff.</p>	<p>Review meetings that are scheduled in the setting over the forthcoming period and identify which could be held remotely. Consider measures that could support social distancing e.g. visual reminders, staff room layout, avoiding multiple staff in the same room where possible, and verbal reinforcement of the need to social distance.</p>
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7.5. ENHANCED OUTBREAK CONTROL MEASURES

Some, or all of these measures may be recommended following an evaluation by your local Health Protection Team as part of outbreak management approaches.

These are likely to be considered when:

- *There is evidence of multiple transmission instances within the setting, the school has already implemented the previous measures in this Framework, and additional measures will add value in reducing the risk of ongoing transmission; and/or*
- *There are multiple groups within the setting who meet the threshold for considering additional action (as this may indicate increased risk of transmission within the setting)*

Where community case levels are high and / or large number of school related outbreaks – moving from advice to individual settings to advice to all schools (e.g. face coverings, enhanced testing etc) local authorities, DsPH and HPTs may recommend precautions and actions in individual settings or across an entire area.

Measure	When should setting consider implementing	What does 'good' look like?
Reinstate face coverings in communal areas and/or classrooms for pupils/students/staff (primary age children should not be advised to wear masks)	Where there is high community transmission and/or high risk of transmission within the setting AND a cohort who can reasonably apply this measure. If other ventilation measures are hard to apply this may be recommended as an addition. Note: this measure will require DPH sign off.	This is an option that needs to be considered for pupils/students, staff and visitors in indoor and/or communal spaces in secondary schools. For staff in primary, early years, out-of-school, and specialist settings (for two weeks in the first instance).
Increased frequency of LFD testing (staff and secondary aged or above pupils only).	If evidence of significant spread within the setting.	This may include increasing testing to daily frequency or targeting additional on-site testing as a one off measure, both to a well-defined cohort.
Recommend one-off PCR test for setting contacts, followed by regular LFD testing.	When the risk assessment indicates a potential shared exposure or transmission within the setting and a contact group can be clearly defined.	Parents advised where they can access a PCR test, or tests can be provided directly via school if possible.

Introduce methods to reduce intergroup mixing.	Evidence, or high risk of inter-group spread within the setting (e.g. not via siblings or out of school activities). This measure is most likely to be effective when there is substantial mixing between classes and most likely to be proportionate when implementing does not disrupt lesson planning.	Consider opportunities to separate break times, staggered entry etc, seating plans in classrooms or on school transport.
Limitation of residential education visits, open days, transition/taster days, parental attendance, live performances, sporting events or similar.	Where there is evidence of ongoing transmission within cohort where visits/etc planned.	
Consider the reintroduction of measures around internal bubble management and seating plans.	Where there is evidence of spread of cases between groups of children	This will be more feasible in early years and primary settings. In secondary it will be more complex, however some settings may be able to cohort groups of children – in particular in areas of close mixing such as dining halls
Use of staggered start and finish times that may/ may not require changes to the length of the school day.	Where there is evidence of spread of cases between groups of children AND evidence of mixing/pinch points at the start and finish of the school day	This may not be feasible in all settings.

7.6. EXCEPTIONAL OUTBREAK MEASURES

These measures may be recommended in exceptional circumstances via an Outbreak Control Team meeting. These measures are likely to only be considered once other measures have been attempted and not been effective.

Measure	When should setting consider implementing	What does 'good' look like?
Reinstating on-site LFD testing (Assisted testing site) (Secondary and FE settings only)	Where asymptomatic uptake is low, or likely to be low and there is evidence of significant asymptomatic spread within the setting. This measure may include daily testing for a defined group of students or staff.	This should be considered in secondary schools and FE settings for a two-week period to encourage uptake of twice weekly testing. Schools may find this challenging to resource and localities may want to offer support from local testing teams.
Consider one-off asymptomatic PCR testing for a defined group, including to enable whole-genome sequencing, followed by regular LFD.	Where there is evidence of significant transmission or where there is evidence, or high risk of transmission of a variant of concern, of variant under investigation that requires enhanced management.	Schools may find this challenging to resource and localities may want to offer support from local testing teams. On site MTU support may be requested or additional testing resource via DHSC.
Attendance restrictions – group remote learning NOTE: Any restrictions to the attendance of pupils (non-cases) may only be considered in extreme cases ‘as a short-term measure and as a last resort’	Where other measures have been implemented and have not broken chains of transmission. Note: This measure will require joint DPH and Education Director sign off	High quality face-to-face education remains a government priority. Attendance restrictions should only ever be considered as a short-term measure and as a last resort: <ul style="list-style-type: none"> • for individual settings, on public health advice in extreme cases where other recommended measures have not broken chains of in-setting transmission; or • across an area, on government advice in order to suppress or manage a dangerous variant and to prevent unsustainable pressure on the NHS. <p>Note: High-quality remote learning should be provided for all students well enough to learn from home. On-site provision should in all cases be retained for vulnerable children and young people and the children of critical workers.</p>

LOCAL PUBLIC HEALTH TEAMS WILL INFORM SETTINGS WHEN IT IS APPROPRIATE TO STOP ADDITIONAL MEASURES, OR IF THEY SHOULD BE EXTENDED.

APPENDIX 1: Risk Assessment - Wigan

The purpose of this risk assessment is to support joint working by schools and their local Health Protection Team to identify whether there is a need to consider Enhanced or Exceptional Outbreak Management Measures in response to COVID-19 cases in their school.

This is likely to be the case where schools have hit the following criteria:

- There is evidence of multiple transmission instances within the setting, and additional measures will add value in reducing the risk of ongoing transmission; and/or
- There are multiple groups within the setting who meet the threshold for considering additional action (as this may indicate increased risk of transmission within the setting)

Following the completion of the risk assessment, your local Health Protection Team will advise you on the most appropriate next steps, which may include an Outbreak Management Team (OCT) meeting between school, Health Protection and other relevant professionals as necessary.

What Schools Need to Do

Schools should complete the below Risk Assessment Table and return to their local Health Protection Team, who will complete the risk assessment (Local Context and Variants sections – shaded in **Green**) and then analyse and consider next steps. The Health Protection Team will then be in touch with you to discuss next steps.

If you have previously completed a Risk Assessment

There may be instances where a school states they have reached the GM criteria on more than one occasion. Where this is the case, the school may have already completed the Risk Assessment. Where this is the case, if the school completed the Risk Assessment more than 10 days ago, HPCCT will share the previous Risk Assessment version with you and ask you to review and note anything that has changed since the previous Risk Assessment. The first box 'Cases in School' will, however, need to be updated in all instances, as will the 'Local Setting Factors' box, but this will be completed by HPCCT.

Risk Assessment.	
PLEASE DO NOT INCLUDE PERSON IDENTIFIABLE DATA IN THIS ASSESSMENT	
Setting:	Completed/reviewed by (role):
Assessment/Review date:	Contact details:

Cases in School	
Completion date of this box:	
Total number of cases in school with a positive test in last 10 days	
Breakdown of this total by:	
Staff	
Pupils	
Breakdown of pupil cases by academic years:	
Of the cases with a positive test in the last 10 days, how many were:	
In the last 5 days	
In the previous 5 days	
Are you aware of any patterns in the cases e.g. cases being clustered in a particular form or friendship group?	

Local and setting factors (to be completed by HPCCT)	
Completion date of this box:	
Current local rates	
Age-specific case rates	
Have thresholds for action been set higher locally, either by DPH or HPT?	
DPH recommendations in areas of enduring transmission	
Is an enhanced package of support (Enhanced Response Area (ERA)) in place for the area (and if yes, what measures have been recommended?)	
Community vulnerability from low vaccination uptake	
Local community transmission of a Variant of Concern/Variant under investigation	

Other Factors

Question	Response	(If reviewing previous risk assessment) Has anything changed since previous risk assessment? If so, please add in below	Date of Change
Context			
Type and nature of setting (e.g. SEND, residential, primary, secondary).			
Layout (e.g. is it over separate sites, or operate as distinct units)			
Are there any emotional, behavioural, learning, social or physical needs of the cohort which may affect ability to manage outbreak OR may be affected by mitigation measures?			
Vulnerability to COVID-19			
How many Clinically Extremely Vulnerable, Vulnerable, Pregnant staff/pupils are there?			
Have any additional actions been taken in relation to these individuals?			
Vaccination of eligible people			
What is the uptake amongst staff (if known)?			
What is the uptake amongst eligible 16-18 year olds (where applicable)?			
Are any 12-15 year olds eligible for vaccination and uptake?			

Are you aware of any unvaccinated eligible persons within the affected group(s)			
Severity			
Have there been any admissions to hospital?			
What are the symptoms you are seeing in affected individuals?			
How many known cases are symptomatic?			
How many known cases are asymptomatic?			
Evidence of transmission within the setting			
From who to whom. Is there evidence of a single transmission event or multiple/ongoing transmission?			
Co-circulating infection?			
Is there any evidence of other illnesses currently circulating in the setting?			
Season and setting dependent, consider flu vaccination in eligible children and staff			
Variants (to be completed by HPCCT)			
Has a variant of concern, or a variant under investigation, been			

identified amongst the setting or local community?			
Testing Uptake			
LFD testing amongst eligible staff			
LFD testing amongst eligible students			
Confidence in estimates of uptake			
Uptake of PCR testing for close contacts (where known)			
Measures in Place			
Are baseline (non-outbreak) measures effectively in place (<i>please see GM Schools Covid Management Framework for an outline of baseline measures</i>)?			
What additional outbreak control measures are in place, since when and to what effect?			
What enhanced outbreak control measures are in place, to what effect?			
Are there any challenges to applying baseline outbreak measures within the setting? For example due to the nature of the cohort?			

For HPCCT use

HPCCT Headline Conclusions	
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Additional Questions Requiring Answering	
HPCCT Recommendations to School	
Date Recommendations Made	
HPCCT staff involved in analysis	