

Barnsley MBC Proportional COVID Response Guidance for Schools & EY Settings

Key points to consider:

- 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.
- 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.
- A director of public health or an HPT may give settings advice reflecting the local situation. In areas where rates are high, this may include advice that local circumstances mean that the thresholds for extra action can be higher than set out above. If they judge that additional action should be taken, they might advise the setting to take some or all of the other measures described in this document, for example extra testing.

Stepping- up Interventions

Cases	Interventions
Measures that should already be in place as standard	<ol style="list-style-type: none">1) Twice weekly LFT home testing for staff (and students in secondary settings)2) Isolation for positive cases and contacts (who are 18+ and not fully vaccinated), In line with national guidance3) PCR testing for contacts of positive cases (as advised by Test and Trace)4) Good hygiene practices for everyone5) Appropriate cleaning regimes6) Keeping occupied spaces well ventilated7) Strong messaging around signs and symptoms, isolation advice and testing8) Encourage vaccination uptake for staff and students (where applicable)9) Appropriate use of PPE10) Advise for close contact/ household contact testing using LFT: Secondary: Implement daily LFT testing for secondary aged students in household or close contacts (identified by Test and Trace), while they await results of PCR tests. Primary: advise that primary schools can also suggest that their pupils who are identified by NHS Test

and Trace as close or household contacts undertake daily LFD testing while awaiting the results of a PCR. This is left to parental discretion and test kits for primary aged pupils can be accessed via gov.uk or their local pharmacy.

5 linked cases (or 10% threshold met)

School should:

- 1) Review and reinforce the testing, hygiene, vaccination and ventilation measures they already have in place.
- 2) Send out a warn and inform letter (only to specific group e.g., class, year group, common activity group)

Consider:

- 3) whether any activities could take place outdoors, including exercise, assemblies, or classes
- 4) ways to improve ventilation indoors, where this would not significantly impact thermal comfort
- 5) one-off enhanced cleaning focussing on touch points and any shared equipment
- 6) preventing outbreak group mixing with other groups in **indoor settings** (e.g., no attendance at assemblies for set groups, use the library at separate times from other groups, sit separate in the lunch hall etc.)
- 7) social distancing for staff contacts
- 8) Adding additional interventions in place for any at-risk Clinically Extremely vulnerable staff or students (e.g., social distancing, face coverings)

Settings may wish to seek additional public health advice if they are concerned about transmission in the setting, either by phoning the DfE helpline (0800 046 8687, option 1) or in line with other local arrangements.

(Threshold has been exceeded) and there is **concern**:

If DfE/LA or HPT judges that additional action should be taken as transmission is likely to be occurring in the setting:

The following should be considered/ implemented in a proportional approach depending on the individual situation e.g. step 1 first before considering step 2 under each heading, unless the situation calls for a stronger approach.

DfE/ LA or HPT should consider:

Testing:

- 1) Strengthened communications to encourage pupils / students/ parents to undertake twice weekly rapid asymptomatic home testing and reporting.
- 2) Reinstating on-site rapid LFD testing in secondary schools/ colleges for a two-week period to encourage uptake of twice weekly testing (especially where uptake of LFT is known to be low, this could be considered for well-defined cohort e.g., specific year or close contact group only).
- 3) Increased frequency of testing for Secondary schools/colleges (LFT testing advised to be undertaken every day for defined groups for 5 days- 7 days ensuring the last day is on a school day).
- 4) Recommend one-off PCR testing for a defined group (e.g., close contacts or class, perhaps year group).

Social distancing/ reduced mixing:

- 1) Promoting social distancing and reduced crowding around school particularly for effected groups (e.g., moving to online assemblies/ worship, social distances assemblies and minimising pinch points throughout the day, one-way systems).
- 2) Reducing meetings/ contacts by staff (e.g., remote meetings advised, where appropriate distancing can not be maintained)
- 3) Introduce methods to reduce mixing between groups in outdoor settings (e.g., staggered entry, bubbled outdoor play, staggered pick up/ drop off).
- 4) Temporary limitations to residential educational visits, open days, transition or taster days, parental attendance in setting, live performances in settings.

Enhanced communication

	<p>1) Sending out a wider communication (e.g., whole year group or setting – if deemed beneficial or in periods of low community transmission and high school transmission).</p> <p>Face coverings:</p> <ol style="list-style-type: none"> 1) Temporary reintroduction of face coverings in communal/ public areas around schools (staff, visitors and secondary students). 2) Temporary reintroduction of face coverings for staff in classrooms, as well as communal/ public areas where 2 m distancing is not maintained. 3) Temporary reintroduction of face coverings in classrooms, for pupils, students and staff & visitors. Children of primary school age and early years children should not be advised to wear face coverings. **educational and wellbeing drawbacks in the recommended use of face coverings should be balanced with the benefits in managing transmission. This should be for two weeks in the first instance, pending regular review.
<p>Extreme cases where recommended measures have not broken chains of infection. Or in response to government advice around a dangerous variant or reducing local pressure on the NHS.</p>	<p>On public health advice in collaboration with PHE:</p> <p>Attendance restrictions should only ever be considered as a short-term measure and as a <u>last resort</u>. In all circumstances, priority should continue to be given to vulnerable children and young people and children of critical workers to attend to their normal timetables. (Attendance restrictions are unlikely to be a proportionate response to the level of risk that COVID-19 currently poses to children and young people). **IMT required**</p> <p>Government advice only:</p> <p>Reintroduction of shielding</p>

Stepping-down Interventions

- Schools are expected and will be advised to remove any additional interventions, in a stepwise manner, that were implemented in response to the outbreak 10 days following the last confirmed case of COVID-19 in a defined group. E.g., the last confirmed case in a class. The aim of this is to return to a position where the school is operating as normally as possible.