**Public Health framework for managing COVID-19 in Suffolk childcare & educational settings - Suffolk COVID-19 Schools’ Plan**

Effective from 27 January 2022

*This document has been produced by colleagues from Public Health Suffolk and Children and Young People’s Services with input from education sector leads.*

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# Version control

| **Version** | **Date implemented**  | **Key changes** |
| --- | --- | --- |
| 1 | 15 Nov 2021  | First version of the plan  |
| 2 | 19 Nov 2021 | Based on sector lead feedback, clarification about organising events, how quickly settings can move up/down levels, removal of whole-genome-sequencing |
| 3 | 25 Nov 2021  | New [section 7.1](#_22-26_November_review) – first framework review Update in [section 5.2](#_Daily_LFD_testing) - Note on close contact testing in an outbreak with multiple cases.  |
| 4 | 9 Dec 2021 | Updated [2.3](#_Enhanced_Response_Area) - ERA status ended on 5 DecNew [2.4](#_Measures_against_Omicron) - guidance on Omicron variantUpdated [5.2](#_Daily_LFD_testing) – Note on outbreaks with significant number of close contactsUpdated [5.3](#_Toc86693669) - Vaccination teams are part of essential visiting New [7.2](#_6-10_December_review) – second framework review Updated that testregister.co.uk is planned to be in place for the start of the new term in 2022.  |
| 5 | 14 Dec 2021  | [1](#_Purpose_of_the) - update to introduction that this framework applies to all COVID situations (Omicron and non-Omicron)[2.3](#_Measures_against_Omicron) – national guidance update on daily contact testing, update on cohort testing and removal of internal contact tracing [3.2](#_Toc86689875) – daily contact testing guidance update[5.2](#_Daily_LFD_testing) – daily contact testing guidance update Removal of cohort testing (previously 5.4) and internal contact tracing (previously 5.6) |
| 6 | 4 Jan 2022 | Updated 2.3 Face covering requirementsTable 1, updated to reflected face covering requirements in classrooms. 2.3 Testing – updated to reflected testing on days 6 & 7 for positive cases2.3 removal of red list criteria and replaced with return travel testing requirements2.3 removal of reference to measures in relation to Omicron2.4 changes to 90-day testing when returning in spring term3.2 update to date of new control measures5.1 update to the testing notification process to SCC 5.3 removal of reference to Christmas events in settings5.3 update to recommended times for LFD testing before attending events in settings 5.5 inclusion of updated guidance with regards to vulnerable and key worker children in the event of remote learning  |
| 7 | 11 Jan 2022 | Updates to table 1: removal of option for whole school/cohort testing within a secondary setting. Removal of the term ‘close’ from ‘close contacts’ to reflect national wording. |
| 8 | 17/01/2022 | Updates to table 1 Level 2, events in secondary schools.2.3 updates to isolation period from testing days 6 & 7 to days 5 & 6. |
| 9 | 27/01/2022 | Updates throughout the framework, but most importantly: 2.2 - Significant changes to table 1, many measures (including face coverings and essential visiting) moving from level 1, to level 2 & 3. 5 - Changes to the support available to setting leaders.6.4 – latest review data  |

# Purpose of the document

The purpose of this document is to provide clear and consistent recommendations for when additional COVID-19 control measures in Suffolk childcare and educational settings could be introduced, stepped-up and stepped-down. **The measures in this framework are not mandated or directed. They are options for settings leaders to consider implementing, in line with the national Education Contingency Framework. Setting leaders need to update their risk assessment taking into account the setting specifics and implement the most proportionate measures.**

From 15 November 2021, a three-level stepped up approach was introduced in Suffolk with different control measures at each level and differences between early years, primary, and secondary school and college settings. The measures outlined in this document also apply to residential settings and special schools, but Higher Education settings are excluded as SCC CYP deals with COVID-19 outbreaks in these settings on a case-by-case basis.

**This framework continues to apply for all COVID situations**

**The key sections of this document for school leaders are:**

* **What level is my school at?** – see [appendix 2](#_Appendix_2:_Flowchart), which is an easy page for sharing with senior teams in schools
* **What additional control measures apply to my level?** – see [section 3.2 - table 1](#_Proposed_additional_control)
* **What support is available?** – see [section 6](#_What_support_is)

The audience for this document includes school leaders across Suffolk, staff in the children and young people’s team at Suffolk County Council (SCC), and the Department for Education.

This document contains Suffolk County Council Public Health advice which cannot be mandated. However, this comes from the professional authority of the Director of Public Health for Suffolk whose main responsibility is to protect and promote health of Suffolk residents. This also has the strong support and backing of the Director of Children and Young People’s Services in Suffolk County Council, and of education sector leads who have met weekly with the council since the start of the pandemic. The framework is subject to change and will be reviewed regularly as per the schedule in [section 7](#_Review_periods_for).

If there are any questions about this guidance, please email CYPC19@Suffolk.gov.uk

# National guidance

##  Managing coronavirus (COVID-19) in education and childcare settings (Education Contingency Framework)

Published on 17 August 2021, [The Education Contingency Framework](https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-settings) describes the principles of managing local outbreaks of COVID-19 in education and childcare settings. It covers all types of measures that settings should be prepared for.

Importantly, the framework also sets out thresholds for managing COVID-19 cases and when settings should consider seeking public health advice. The roles and responsibilities set in the framework have been summarised in [Appendix 1](#_Appendix_1:_National).

From 27 January 2022, the government no longer recommends that face coverings should be worn by any pupils, students, staff or adult visitors when moving around premises. However, the guidance does allow that face coverings in communal areas and/or classrooms may temporarily, and exceptionally, be advised by DsPH in outbreak management situations.

##  Enhanced Response Area

From Monday 1 November 2021, Suffolk became an ‘[enhanced response area’](https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers) (ERA) for 5 weeks. ERA status ended on 5 December 2021.

##  Measures against COVID-19

The government has introduced measures to modify the response to deal with the Omicron variant, these include measures introduced on the 30 November 2021. Effective from 14 December, all vaccinated contacts are to undertake LFD testing for 7 days, however the isolation rules remain for unvaccinated individuals, and they are required to isolate for 10 days. The government released an update to previous temporary measures for the education sector.

For childcare and education settings, key messages are:

* **Testing -** all educational and childcare settings should continue to encourage staff and students to twice weekly using lateral flow device (LFD) tests. This has already been part of the Suffolk plan.
* **Isolation of unvaccinated adult (aged over 18 years and 6 months) contacts of all COVID cases –** unvaccinated adult contacts who are contacted by NHS T&T or local Public Health officials,need to isolate for 10 days and get a PCR test as soon as possible (complete 10-day isolation even if PCR negative). It’s a legal requirement to self-isolate if you’re told to by NHS Test and Trace. You could be fined if you do not do this.
* **Daily LFD testing for fully vaccinated adults and children aged 5-18 years and 6 months who are close contacts of any COVID case –** fully vaccinated adult contacts and children who are contacted by NHS T&T or local public health officials are strongly advised to take a rapid LFD test every day for 7 days or until 10 days since your last contact with the person who tested positive for COVID-19 if this is earlier. There is no need to isolate if tests are negative and no requirement to obtain a PCR unless the individual becomes symptomatic or tests positive on LFD. Under 5s are exempt from self-isolation and do not need to take part in daily rapid lateral flow testing.
* **Ending isolation for PCR positive individuals** – Individuals who test positive for COVID-19 can end their isolation if they take an LFD test on the fifth and sixth days (or on other consecutive days up to day ten) of their isolation period. If both these LFD test results are negative, and they do not have a high temperature, they will be able to end their self-isolation after the second negative test result. The LFD tests must be taken on consecutive days, but the guidance will no longer stipulate that these tests should be taken at least 24 hours apart. There is a difference for Health and Social Care professionals working in Education settings who must take an LFD test on days 8, 9 and 10. Health and Care staff can return to work from day 8 if they continue to test negative on LFD.

# Levels and proposed additional control measures advised by Suffolk County Council

##  Objectives of additional control measures

1. To ensure face-to-face education is maintained as far as possible across all educational settings and minimise disruption to students’ education
2. To protect the health and wellbeing of children and staff in the context of emphasising the importance of face-to-face education
3. Measures should affect the minimum number of children for the shortest time

## **Proposed additional control measures**

The table on the following pages summarises the additional control measures options for educational and childcare settings in Suffolk, depending on their ‘level’. Please see [Appendix 2](#_Appendix_2:_Flowchart) for a simple flowchart to support school and setting leaders to identify which level they are on. Please also see the accompanying more detailed definitions of the [thresholds](#_Detailed_definitions_&) (Section 4) and the [control measures](#_Detailed_definitions_&_1) (Section 5). If there are any questions about this guidance or your setting doesn’t meet setting types by early years, primary, secondary school or above, please email CYPC19@Suffolk.gov.uk

*Table 1: Control measure options in educational settings in Suffolk*

| The below measures are not mandated or directed. They are however options for settings leaders to consider implementing, in line with the national Education Contingency Framework. Setting leaders need to update their risk assessment taking into account the setting specifics and implement the most proportionate measures. |
| --- |
| **Threshold** | **Criteria to revoke measures**  | **Early Years (children aged 0-4)** | **Primary (pupils aged 4-11)** | **Secondary, colleges and further education (students aged 11-19)** |
| **Level 1 – applies to all Suffolk** settings whether or not there are any COVID-19 cases at the setting  | When the Suffolk COVID-19 case rate amongst 0–19-year-olds is either at or below the regional and national rates, it will be reviewed which measures still apply to all Suffolk settings and which move to level 2.  | **All routine control and IPC measures,** e.g., hand washing, ventilation, cleaning, excluding symptomatic individuals from the setting, promotion of vaccination to eligible staff. **Consider merging classes/groups** in the event you are unable to operate a class/group safely due to staffing capacity.**Twice-weekly LFD home testing for asymptomatic staff -** settings are encouraged to ask for evidence of test results. **Daily LFD testing of fully vaccinated staff who are close contacts[[1]](#footnote-2) and isolation of unvaccinated staff who are close contacts –** vaccinated adult close contacts are strongly advised to undertake daily LFD testing for 7 days, but unvaccinated adult contacts are required to isolate for 10 days and obtain a PCR as soon as possible (complete 10-day isolation even if PCR negative). All children testing remains at parental discretion and children under 5 are exempt from self-isolation and do not need to take part in daily rapid lateral flow testing.**Staff/children admissions to hospital from COVID-19** - SCC will set-up appropriate structures to support the setting and wider community.  | **All routine control and IPC measures,** e.g., hand washing, ventilation and CO2 monitoring, cleaning, excluding symptomatic individuals from the setting, promotion of vaccination to eligible staff.**Consider merging classes/groups** in the event you are unable to operate a class/group safely due to staffing capacity.**Twice-weekly LFD home testing for asymptomatic staff -** settings are encouraged to ask for evidence of test results.**Daily LFD testing of fully vaccinated staff and children aged 5-18 years and 6 months who are close contacts[[2]](#footnote-3) and isolation of unvaccinated staff who are close contacts –** vaccinated adult close contacts and children close contacts aged 5-18 years and 6 months are strongly advised to undertake daily LFD testing for 7 days. Unvaccinated adult contacts are required to isolate for 10 days and obtain a PCR as soon as possible (complete 10 day isolation even if PCR negative). All children testing remains at parental discretion and children under 5 are exempt from self-isolation and do not need to take part in daily rapid lateral flow testing.**Staff/pupil admissions to hospital from COVID-19** - SCC will set-up appropriate structures to support the school and wider community.  | **All routine control and IPC measures,** e.g., hand washing, ventilation and CO2 monitoring, cleaning, LFD testing for staff, excluding symptomatic individuals from the setting, promotion of vaccination to eligible staff and students **Consider merging classes/groups** in the event you are unable to operate a class/group safely due to staffing capacity.**Twice-weekly LFD home testing for asymptomatic staff and secondary aged students -** settings are encouraged to ask for evidence of test results.**Daily LFD testing of fully vaccinated staff and children aged 5-18 years and 6 months who are close contacts[[3]](#footnote-4) and isolation of unvaccinated staff who are close contacts –** vaccinated adult close contacts and children close contacts aged 5-18 years and 6 months are strongly advised to undertake daily LFD testing for 7 days. Unvaccinated adult contacts are required to isolate for 10 days and obtain a PCR as soon as possible (complete 10-day isolation even if PCR negative). All children testing remains at parental discretion and children under 5 are exempt from self-isolation and do not need to take part in daily rapid lateral flow testing.**Staff/student admissions to hospital from COVID-19** - SCC will set-up appropriate structures to support the school and wider community.  |
| **Level 2 - setting has met national threshold, but below level 3 threshold*****For most education and childcare settings (whichever criteria is reached first):*** * 5-14 children, pupils, students, or staff who are likely to have **mixed closely**, test positive for COVID-19 within a 10-day period

**OR** * 10-29% of a defined group of children, pupils, students, or staff who are likely to have **mixed closely[[4]](#footnote-5)** test positive for COVID-19 within a 10-day period

***Special schools and residential settings, and settings with 20 or fewer children, pupils, students, or staff:**** 2-5 children/staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period
 | Setting falls below Level 2 threshold definition  | As per Level 1+ **Face Coverings**Setting may choose to consider asking staff to wear face coverings when in communal areas, in line with the DfE Contingency Framework.**Consider re-introducing ‘bubble’ arrangements indoors** **Consider staggered start and end times to reduce mixing**  | As per Level 1+ **Face Coverings**Setting may choose to consider asking staff to wear face coverings when in communal areas, in line with the DfE Contingency Framework.**Consider re-introducing ‘bubble’ arrangements indoors** **Consider staggered start and end times to reduce mixing**  | As per Level 1+ **Face Coverings**Setting may choose to consider asking staff/students to wear face coverings when in communal areas, in line with the DfE Contingency Framework. |
| **Level 3[[5]](#footnote-6)****Where despite level 2 actions, chains of transmission are not broken.*****The likely[[6]](#footnote-7) threshold for most education and childcare settings (whichever criteria is reached first):*** * 15 children, pupils, students, or staff who are likely to have **mixed closely**, test positive for COVID-19 within a 10-day period

**OR** * 30% of a defined group of children, pupils, students, or staff who are likely to have **mixed closely[[7]](#footnote-8)** test positive for COVID-19 within a 10-day period

***The likely[[8]](#footnote-9) threshold for special schools and residential settings, and settings with 20 or fewer children, pupils, students, or staff:**** 6 children/staff who are likely to have **mixed closely** test positive for COVID-19 within a 10 day period
 | Setting falls below Level 3 threshold definition | As per Level 2+**Face Coverings**Setting may choose to consider asking staff to wear face coverings in classrooms, in line with the DfE Contingency Framework.**Essential visiting and events**Settings may choose to consider restricting non-essential visitors and face-to-face events, in line with their risk assessment**Attendance restrictions** A Settings may consider temporary restrictions to attendance where staffing capacity does not allow for safe working practice. On-site provision remaining for vulnerable children and key worker children.**Where a setting moves to any remote offer, please alert the CYP COVID Support Team:** **CYPC19@suffolk.gov.uk** | As per level 2+**Face Coverings**Setting may choose to consider asking staff to wear face coverings in classrooms, in line with the DfE Contingency Framework.**Essential visiting and events**Settings may choose to consider restricting non-essential visitors and face-to-face events, in line with their risk assessment **Attendance restrictions** A Settings may consider temporary restrictions to attendance where staffing capacity does not allow for safe working practice. On-site provision remaining for vulnerable children and key worker children.**Where a setting moves to any remote offer, please alert the CYP COVID Support Team:** **CYPC19@suffolk.gov.uk** | As per level 2+**Face Coverings**Setting may choose to consider asking staff/students to wear face coverings in classrooms, in line with the DfE Contingency Framework.**Essential visiting and events**Settings may choose to consider restricting non-essential visitors and face-to-face events, in line with their risk assessment**Attendance restrictions** A Settings may consider temporary restrictions to attendance where staffing capacity does not allow for safe working practice. On-site provision remaining for vulnerable children and key worker children.**Where a setting moves to any remote offer, please alert the CYP COVID Support Team:** **CYPC19@suffolk.gov.uk** |

# Threshold definitions & examples

##  What level is my school or setting?

Please see [Appendix 2](#_Appendix_2:_Flowchart) for a flowchart to support school and setting leaders to identify which level they are on.

**Moving up levels** - as soon as settings believe they have reached the threshold for a level, they should implement the measures applicable to that level. Settings should only contact CYPC19@Suffolk.gov.uk if:

* Staffing levels within your setting mean you are unable to operate safely and may need to move to an online offer for a period of time

**Moving down from levels 2 and 3** – where settings believe they have moved down levels, they should implement the measures applicable to that level. Settings should only contact CYPC19@Suffolk.gov.uk if:

* Online classes return to face to face learning

##  Definition of “likely to have mixed closely” / “linked” cases

This will be based on a setting assessment of the links between the confirmed cases and usually means that the cases are within a class, form, a set (e.g., Maths, English), known friendship group or a school club where the cases are likely to have been in close contact with each other (see national guidance on [What is meant by a contact](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#what-is-meant-by-a-contact)).

The setting will be best placed to know to what extent particular students may be mixing with other students outside their immediate form group (e.g., a year group may be relevant in secondary schools).

Importantly, the percentages in threshold definitions apply to **a defined group that are** **likely to have mixed closely and not to the whole school** (e.g., have 10% of a class tested positive within 10 days? Have 20% of a school club tested positive?).

# Control measure definitions & examples

##  Twice-weekly LFD home testing for asymptomatic staff / students

Settings are asked to increase participation in twice weekly LFD home testing for asymptomatic staff in all settings and secondary aged students, including directly communicating with parents on the importance of regular testing.

Staff and students are asked to do the tests themselves at home (e.g., obtain kits from local pharmacy or [gov.uk](https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests)) and only attend the setting if their test is negative. Settings are encouraged to ask staff and students to provide evidence of test results / implement a monitoring process. All Primary and Secondary settings have access to [www.testregister.co.uk](http://www.testregister.co.uk) where pupils and staff are encouraged to upload their LFD results. Where settings do not wish to use this platform for notifying SCC off results, please continue to use the online reporting form. Early Years settings should continue to notify SCC of positive cases via the [online form](https://forms.office.com/Pages/ResponsePage.aspx?id=7GqcEEZQlUqPPIT2O6GK9M89C28BpbhHgRBWn4BLnXFUME5GOFVGNDFXMDFaRTNSQk5HU0s1WDJXUi4u).

##  Daily LFD testing of close contacts who are vaccinated adults or children

Effective from 14 December, the government released guidance on [daily LFD testing for contacts of any COVID case](https://www.gov.uk/government/news/daily-rapid-testing-for-covid-19-contacts-launches-this-week):

* **Isolation of unvaccinated adult (aged over 18 years and 6 months) close contacts of any COVID case –** unvaccinated adult contacts who are contacted by NHS T&T or local Public Health officials,need to isolate for 10 days and get a PCR test as soon as possible (complete 10-day isolation even if PCR negative). It’s a legal requirement to self-isolate if you’re told to by NHS Test and Trace. You could be fined if you do not do this. Close contact guidance is available on [NHS.UK](https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/if-youre-told-to-self-isolate-by-nhs-test-and-trace-or-the-covid-19-app/).
* **Daily LFD testing for fully vaccinated adults and children aged 5-18 years and 6 months who are close contacts of any COVID case –** fully vaccinated adult contacts and children who are contacted by NHS T&T or a local public health officials are strongly advised to take a rapid LFD test every day for 7 days or until 10 days since your last contact with the person who tested positive for COVID-19 if this is earlier. There is no need to isolate if tests are negative and no requirement to obtain a PCR unless the individual becomes symptomatic or tests positive on LFD. All children testing remains at parental discretion and children under 5 are exempt from self-isolation and do not need to take part in daily rapid lateral flow testing. Close contact guidance is available on [NHS.UK](https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/if-youre-told-to-self-isolate-by-nhs-test-and-trace-or-the-covid-19-app/).

**Note on close contact testing in an outbreak with multiple cases** – there may be scenarios where within an outbreak there are multiple cases and the same close contacts are identified repeatedly (e.g., Student A is close contact of Case 1 on Monday and later also a close contact of Case 2 on Friday of the same week). In these situations where the cases are part of the same outbreak in the same setting, close contacts do not need to “restart” daily testing with every new case in the setting. However, if the close contact who is currently undertaking daily testing becomes a close contact in another outbreak or setting (e.g., Student A becomes a close contact of a new household case), they should restart daily testing from contact with the new case in this new setting.

Staff and students are asked to do the tests themselves at home (e.g., obtain kits from local pharmacy or [gov.uk](https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests)) And only attend the setting if their test is negative. Settings are encouraged to ask staff and students to provide evidence of test results / implement a monitoring process, e.g., by using <https://testregister.co.uk/> or the SCC [online form](https://forms.office.com/Pages/ResponsePage.aspx?id=7GqcEEZQlUqPPIT2O6GK9M89C28BpbhHgRBWn4BLnXFUME5GOFVGNDFXMDFaRTNSQk5HU0s1WDJXUi4u).

##  Essential visiting & events

‘Essential visitors’ to the setting should be considered as any visitor essential to the delivery of education opportunities for children and young people. They may include Health (including immunisation teams or Integrated Community Paediatric Services), Social Care and specialist education teams delivering direct support to children and young people and visits focussed on safeguarding. Ultimately, the decision rests with school and setting leaders, based on their own risk assessments alongside the latest government guidance.

Public health advice about **events run and organised by the setting** (whether these are on-site events) are based on the level of the setting detailed in the table below (see section [4.1 What level is my school or setting?](#_What_level_is)). We recognise that events are of varied nature and settings will need to consider event-specifics in their risk assessments. For example, sports events between two settings should be considered if both settings are at level 1 or 2.

| **Threshold\*** | **Public Health advice**  |
| --- | --- |
| **Level 1**  | **No restrictions to visiting or events,** subject to settings undertaking a detailed risk assessment of their COVID-19 situation and risk assessment of the event. Some of the control measures settings may want to include are (**this is not a prescribed or exhaustive list and exact measures will be decided by the setting, based on the type of the event and setting’s risk assessment**): * All routine control and IPC measures
* Restricting number of attendees
* no attendance of positive cases, symptomatic individuals, contacts of positive cases.
* enhanced ventilation (e.g., can the event be held outside).
* enhanced hygiene measures (such as regular cleaning of high-touch surfaces; ensuring social distancing and reduced mixing as much as possible (e.g., sitting in family groups).
* audience and observer face coverings (including when singing).
* promoting all attendees to take an LFD test as close to the event as possible, at least within 24 hours.
* asking for proof of the negative LFD test result upon entrance.

**When planning for events, we suggest settings have contingency plans if the number of COVID-19 cases rise and a school moves out of level 1 into levels 2 or 3.**  |
| **Level 2**  | Same as level 1 |
| **Level 3**  | **Settings may choose to consider restricting non-essential visitors and face-to-face events**, in line with their risk assessment as there is an ongoing outbreak at the setting. This does not exclude settings recording virtual/zoom events.  |

SCC makes no recommendations about attending **events in the community that are not run by the setting** (i.e., where the setting is not in control of the COVID-19 control measures such as a trip to attend a play in a community theatre). These remain school and setting leader decisions, based on their own risk assessments alongside the latest government guidance. Guidance on risk assessments and up-to-date frameworks is available on <https://suffolklearning.com/safety-health-wellbeing/coronavirus-covid-19/>

These are SCC recommendations, which cannot be mandated. The final decision is with settings on what events or activities take place on their premises, in line with their risk assessment and mitigating covid secure measures.

##  ‘Bubble’ arrangements

This will generally only be advised in early years and primary school settings as it is not feasible to introduce these in secondary schools at short notice. The SCC recommendation will be considering setting specifics, e.g., there will be some settings which will be able to implement most of a bubble approach but may still need to use a visiting teacher between bubbles, with some enhanced protective measures. Bubble arrangements do not restrict attendance - the objective of introducing bubble arrangements is to ensure face-to-face education continues.

Although ‘bubbles’ are not referenced in the DfE Contingency Framework, the [COVID-19 Schools Operational Guidance](https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-covid-19-operational-guidance) is clear that it may become necessary to introduce them:

***“You should make sure your contingency plans (sometimes called outbreak management plans) cover the possibility that it may become necessary to reintroduce ‘bubbles’ for a temporary period, to reduce mixing between groups.***

*Any decision to recommend the reintroduction of ‘bubbles’ would not be taken lightly and would need to take account of the detrimental impact they can have on the delivery of education”.*

##  Attendance restrictions

If COVID chains of transmission are not broken by all above measures, attendance restrictions may be considered as last resort - affected class or group to move to home learning for as short a period as possible, but with on-site provision remaining for vulnerable children and key worker children [Children of critical workers and vulnerable children who can access schools or educational settings - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision).

We also acknowledge that schools may be impacted by non-COVID related staff absences (e.g., seasonal flu) and that it is not always possible to obtain supply staff, which may mean that settings may need to consider merging classes or groups before considering any remote offer. Where schools are faced with this situation, please contact CYPC19@suffolk.gov

# **What support is available to setting leaders**

Setting leaders are encouraged use the schools and early years framework, alongside their risk assessments to step up and down control measures within their setting.

Education settings can continue to notify SCC of cases via the online form. Early Years settings should continue to notify SCC vis the [online form](https://forms.office.com/Pages/ResponsePage.aspx?id=7GqcEEZQlUqPPIT2O6GK9M89C28BpbhHgRBWn4BLnXFUME5GOFVGNDFXMDFaRTNSQk5HU0s1WDJXUi4u).

Where a setting needs to move to some kind of remote offer , we ask that the CYP COVID Support Team are made aware via email CYPC19@Suffolk.gov.uk.

# Review periods for this guidance

Regular reviews of this guidance are planned for:

1. W/C 22 November 2021
2. W/C 6 December 2021
3. W/C 3 January 2022
4. W/C 24 January 2022

Going forward, reviews will be initiated when national or local guidance changes.

# 22-26 November review week

**Local, regional, national trends**

The latest available data (week ending 18 November) shows that Suffolk COVID-19 case rate for ages 0-19 is below the East of England rate and the England rate. However, as shown in both figure 1 and figure 2 trend data, **cases are currently growing locally, regionally and nationally – 16.8% rise in 0-19 Suffolk cases in the week ending 18 November.**

Figure 1 COVID-19 case rates by age band (Suffolk, regional, England) – week ending 18 November



Figure 2 COVID-19 case rate by age group (trends)

|  |
| --- |
| Chart, line chart  Description automatically generated |
|  |

**Review decision**

Based on the above key updates, the Health Protection Board agreed at the 24 November meeting not to change the control measures in the framework until the next review on the week commencing 6 November. This was communicated to settings on 25 November.

# 6–10 December 2021 review

**Local, regional, national trends and developments**

Key messages as of 7 December 2021:

* 0-19 cases continue to grow locally, regionally and nationally (see figure 3 below)
* The Suffolk 0-19 case rate is not statistically different[[9]](#footnote-10) from the East of England or the England rate.

Figure 3 COVID-19 case rates by age band (Suffolk, regional, England) – week ending 1 December

 

**Local situation**

The below table summarises how many settings the SCC CYP team are currently aware of in each level of this framework. **Compared to previous review week, the number of settings in level 2 and level 3 have slightly increased.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Level**  | **Early years**  | **Primary**  | **Middle**  | **AP/SEND**  | **Secondary schools**  | **Total (at previous review)** |
| 1  | 634 | 180 | 2 | 23 | 40 | **879 (888)** |
| 2  | 0 | 41 | 0  | 1 | 2 | **44 (36)** |
| 3  | 0  | 7 | 0  | 0  | 1 | **8 (7)** |
| Total | 634 | 228 | 2 | 24 | 43 | 931 |

[data correct as of 7/12/2021]

**Feedback from sector leads**

* Largely positive and sector leads supportive of keeping guidance unchanged
* Mixed feedback on events – Some school leaders supporting events happening and others keen not to hold any.

**Review decision**

Based on the above key updates, the Health Protection Board agreed at the 8 December meeting not to change the control measures in the framework until 14 January 2022 with Omicron incidents managed by the IMT or similar mechanisms. Due to the holiday break and test-on-return w/c 4 January 2021, next review is planned for w/c 10th January and a virtual HPB on 12th January to review any proposed changes to the framework and agree next steps. This was communicated to settings on 9 December.

 Rationale for the proposal above:

* Increase in 0-19 case rates continues and some increase in level 2-3
* As only one more week of school term left it may not be worthwhile making changes which will take time to implement.

In arriving at the above proposal, we have considered the impact of the proposed measures on the children’s’ ability to experience face to face education, their safety and wellbeing and the safety of teachers and other support staff.

# Week ending 29 December 2021 review

**Local, regional, national trends and developments**

The latest available data (week ending 29 December 2021) shows that the Suffolk COVID-19 case rate for ages 0-19 is below the East of England rate but above the England rate. Cases in 0-19s have fallen in Suffolk in the most recent week of data, however this coincides with the start of school holidays where there has been reduced testing in 0-19s. Case rates generally have been rapidly climbing since the start of December 2021.

Figure 4 COVID-19 case rates by age band (Suffolk, regional, England) – week ending 29December



# 24-28 January 2022 review week

**Local, regional, national trends and developments**

As of 23 January, Suffolk’s 0-19 COVID-10 case rate is significantly[[10]](#footnote-11) higher than both the regional and national rates, and the cases are rapidly growing (see below figure).



**Local situation**

The below table summarises how many settings the SCC CYP team are currently aware of in each level of this framework. **Compared to the previous review, the number of settings in level 2 and level 3 have increased significantly.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Level** | **Early years** | **Primary** | **Middle** | **AP/SEND** | **Secondary schools** | **Total**  |
| 1 | 627 | 59 | 2 | 20 | 28 | 736 |
| 2 | 5 | 82 | 0 | 0 | 11 | **98** |
| 3 | 2 | 87 | 0 | 4 | 4 | **97** |
| Total | 634 | 228 | 2 | 24 | 43 | 931 |

[data correct as of 25 January 2022]

# Communications

* Suffolk Headlines – weekly on Tuesdays to Head Teachers and senior school staff. Includes Council updates, COVID-19 advice, and general schools' updates.
* Social media - E.G Facebook and Twitter – ad-hoc for major updates to all Suffolk residents or sometimes targeted communication to a geography (e.g., to give COVID-19 advice in an area near a school that might have had an outbreak).

Additional control measure announcements:

* 6 October 2021 - [letter to school and setting leaders from Stuart Keeble, Director of Public Health, and Allan Cadzow, Director for Children and Young People's Services](https://suffolk.us15.list-manage.com/track/click?u=5c2782ab1264cda5bb7f549a9&id=c91e4d8c7e&e=d8b4b19732).
* 6 October 2021- [letter for parents and carers which we would ask you to send to the parents and carers of children at your school](https://suffolk.us15.list-manage.com/track/click?u=5c2782ab1264cda5bb7f549a9&id=0b6613107d&e=d8b4b19732)
* 20 October 2021 – [letter to parents, carers and School Leaders](https://mcusercontent.com/5c2782ab1264cda5bb7f549a9/files/29a8d3e2-52e8-8ac5-e6b5-3a013982649e/Letter_from_SCC_Public_Health_about_new_Covid_measures_in_schools.01.pdf)
* 16 November 2021 – Notification of Framework to education and early years settings
* 19 November 2021 – Update to the Framework around events sent to education settings
* 25 November 2021 – Update on current Framework communicated to education and early years settings
* 9 December 2021 – Update on current Framework communicated to education and early years settings
* 4 January 2022 – update on the current Framework based on DfE guidance published on the 2 January 2022 communicated to education and early years settings

# Process for approval and implementation of this framework

1. Engagement with SCC CYP team and incorporation of their feedback – week commencing 1 November 2021 - **Complete**
2. Engagement with sector leads and incorporation of their feedback week commencing 1 November 2021 (see [appendix 3](#_Appendix_3_–) for consultation questions) – **Complete**
3. Ensure the resources and plan are in place for the implementation of this framework in discussion with COVID-19 Response Hub - week commencing 8 November 2021
4. Present the final plan to the Health Protection Board for approval - week commencing 8 November 2021 - **Complete**
5. Implementation school and settings leads from 15 November 2021 – **Complete**
6. **Framework updated based on national guidance and will be shared with Health Protection Board on the 5th of January**

# Frequently asked questions

To support parents and carers with these measures and other COVID-19 related questions, the FAQs on the SCC website have been updated and available via [Latest guidance on coronavirus (COVID-19) | Suffolk County Council](https://www.suffolk.gov.uk/coronavirus-covid-19/latest-information/).

These will be updated every time there is a change to advised control measures.

# Appendix 1: National Education Contingency Framework - Summary of roles and responsibilities

|  |  |
| --- | --- |
| **Party** | **Roles and responsibilities**  |
| All education and childcare settings | Have contingency (outbreak management) plans in place describing what they would do if children, pupils, students or staff test positive for COVID-19 and **how they would operate if they were advised to reintroduce any measures described in the national contingency framework** (including reintroduction of asymptomatic test sites).Follow measures in the [Operational Guidance](https://www.gov.uk/coronavirus/education-and-childcare?priority-taxon=774cee22-d896-44c1-a611-e3109cce8eae) sets out the measures that all education settings should have in place to manage transmission of COVID-19 day to day.Consider taking extra action if the number of positive cases increases substantially. The national thresholds can be used by settings as an indication for when to seek public health advice if they are concerned.All settings should seek public health advice if a pupil, student, child or staff member is admitted to hospital with COVID-19. They can do this by phoning the DfE helpline (0800 046 8687, option 1), **or in line with other local arrangements.** Hospitalisation could indicate increased severity of illness or a new variant of concern. Settings may be offered public health support in managing risk assessments and communicating with staff and parents.Employers should call the Self-Isolation Service Hub on 020 3743 6715 as soon as they are made aware that any of their workers have tested positive.Provide high-quality remote learning in schools, further education and higher education settings for all pupils and students in cases where they have tested positive and are well enough to learn from home or when attendance at the setting has been temporarily restricted. All settings should continue their strong messaging about signs and symptoms, isolation advice and testing, to support prompt isolation of suspected cases. Settings should also continue to encourage vaccination uptake for eligible students and staff. |
| Local authorities, directors of public health (DsPH) and PHE health protection teams (HPTs)  | Responsible for managing local outbreaks. can recommend measures described in the contingency framework in individual education and childcare settings as part of their outbreak management responsibilities. work with their regional partnership teams (RPTs) to escalate issues from the local level into the central Local Action Committee command structure. DsPH should keep DfE informed of all cases where they are considering recommending ATS for an education setting, via their RPT and RSC.Where they have advised settings to take extra measures, DsPH and HPTs will work closely with their Regional Partnership Teams and keep the situation under regular review. They will inform settings when it is appropriate to stop additional measures, or if they should be extended. |
| Ministers  | 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 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. |
| RPTs | 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. |

# **Appendix 2: Flowchart – What level am I?**



# Appendix 3: Sector Leads consultation

Consultation questions – responses due 5pm on Tue 9 November 2021:

1. Are you in agreement with the objectives outlined in 3.1?
2. Are the definitions of levels outlined in section 3.2, section 4 and the flowchart in appendix 2 of the document clear? In your view, will the settings be able to apply these to identify their level, with the support of CYP team if needed? Please suggest any amendments to provide further clarity.
3. In your considered opinion, is the final level 3 threshold (15 linked cases or 30% of a defined group) about right, too low, or too high? This is the threshold for considering introducing attendance restrictions as a last resort if all other measures within level 2 have not broken chains of transmission.
4. Are the definitions of the additional control measures outlined in section 3.2 and section 5 clear? Please suggest any amendments to provide further clarity.
5. Please provide any general or specific feedback on the document for us to consider before finalising it for implementation
1. As identified by NHS T&T or local Public Health officials [↑](#footnote-ref-2)
2. As identified by NHS T&T or local Public Health officials. [↑](#footnote-ref-3)
3. As identified by NHS T&T or local Public Health officials. [↑](#footnote-ref-4)
4. The percentages in threshold definitions apply to a defined group that are likely to have mixed closely (e.g., have 10% of a class tested positive within 10 days) and not the whole school. [↑](#footnote-ref-5)
5. There is no national guidance or specific evidence at what threshold should attendance restrictions be considered. We suggest 15 cases / 30% as a guide which SCC CYP are in agreement. E.g., Cumbria introduce attendance restrictions at higher level 4 - 20 cases / 40%. [↑](#footnote-ref-6)
6. Attendance restrictions will be a case-by-case decisions where level 2 actions have not broken the chains of transmission. The 15 cases / 30% of a group threshold acts as a guide and not a strict threshold. If you consider your setting’s current situation is Level 3, please contact CYPC19@suffolk.gov before taking any action. [↑](#footnote-ref-7)
7. The percentages in threshold definitions apply to a defined group that are likely to have mixed closely (e.g., have 10% of a class tested positive within 10 days) and not the whole school. [↑](#footnote-ref-8)
8. Attendance restrictions will be a case-by-case decisions where level 2 actions have not broken the chains of transmission. The 15 cases / 30% of a group threshold acts as a guide and not a strict threshold. If you consider your setting’s current situation is Level 3, please contact CYPC19@suffolk.gov before taking any action. [↑](#footnote-ref-9)
9. Statistical significance testing results provided by Public Health Suffolk’s Knowledge, Intelligence & Evidence team [↑](#footnote-ref-10)
10. Statistical significance testing results provided by Public Health Suffolk’s Knowledge, Intelligence & Evidence team [↑](#footnote-ref-11)