



Public Health framework for managing COVID-19 in Suffolk childcare & educational settings - Suffolk COVID-19 Schools' Plan effective from 15th November 2021

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

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, removal of whole-genome-sequencing



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1. 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 should be introduced, stepped-up and stepped-down.

From 15 November 2021 a three-level stepped up approach is proposed 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 applies 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.

A key change from previous advice is that the siblings of positive cases will no longer be asked to stay away from educational settings, but this has been replaced with advice to undertake a daily Lateral Flow Device test whilst waiting for a PCR test result (further details in [table 1](#)). In addition, settings are asked to implement a monitoring system for the regular testing undertaken by staff, pupils, and students. Suffolk County Council is exploring to support settings with monitoring this by obtaining access for all settings to <https://testregister.co.uk/>

The second version of this plan includes further guidance about events organised and run by schools and settings (see section [5.3 Essential visiting & events](#) for further information).

The key sections of this document for school leaders are:

- **What level is my school at?** – see [appendix 2](#), 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](#)
- **What support is available?** – see [section 6](#)

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 every two weeks as per the schedule in [section 7](#).

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



2. National guidance

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

Published on 17 August 2021, [The Education Contingency Framework](#) 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. These include measures such as reinstating onsite asymptomatic testing in schools or colleges and advice to retain face coverings in communal areas or classrooms and restricting attendance.

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.

2.2 UKHSA letter - schools and COVID-19 Current Position

On 8 October 2021, the UK Health Security Agency (UKHSA) issued further guidance titled “Schools and COVID-19 Current Position” with interim actions effective immediately to support COVID-19 outbreak management in schools, including:

- Steps to increase participation in **twice weekly LFD home testing** for secondary aged pupils, including directly communicating with parents on the importance of regular testing.
- Increased access to LFD testing for schools and colleges to be used in response to outbreaks or in areas of high prevalence. This can include **daily LFD testing for students identified as close or household contacts while awaiting a PCR result**. Here the letter emphasises that the daily contact testing trial conducted in 201 schools between April and June 2021 demonstrated that daily testing of exposed students and staff for COVID-19 was non-inferior to self-isolation of whole groups for control of COVID-19 transmission and has the added benefit of keeping children in schools.
- UKHSA and Department for Education (DfE) have committed to further engagement with Directors of Public Health and local health protection teams on the issues in education settings.

This document stated that while the immediate health risks of COVID-19 infection to children and young people are low, the current level of case rates and number of outbreaks in education settings is impacting on attendance, educational disruption, and in turn the roll out of the school-based vaccination programme.



2.3 Enhanced Response Area

From Monday 1 November, Suffolk became an '[enhanced response area](#)' (ERA) for up to five weeks (this will be reviewed on week starting 22 November). Amongst the ERA measures, additional support to Suffolk includes help to reduce transmission in schools with increased testing and additional temporary powers such as reintroduction of face coverings.

3. Levels and proposed additional control measures advised by Suffolk County Council

3.1 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

3.2 Proposed additional control measures from 15 November

The table on the following pages summarises the additional control measures advised for educational and childcare settings in Suffolk, depending on their 'level'. Please see [Appendix 2](#) 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](#) (section 4) and the [control measures \(section 5\)](#) . 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

This is Suffolk County Council Public Health advice and cannot be mandated and will be reviewed every two weeks.



Table 1: Recommended control measures in educational settings in Suffolk from 15 November

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)
<p>Level 1 – applies to all Suffolk settings whether or not there are any COVID-19 cases at the setting</p>	<p>When the Suffolk COVID-19 case rate amongst 10–19-year-olds is either at or below the regional <u>and</u> national rates, it will be reviewed which measures still apply to all Suffolk settings and which move to level 2.</p>	<p>All routine control and IPC measures, e.g., hand washing, ventilation, cleaning, excluding symptomatic individuals from the setting, promotion of vaccination to eligible staff.</p> <p>Essential visiting only (option to hold events)¹ Visitor face masks whilst on-site (unless exempt for medical reasons) Staff face coverings (in communal areas outside of the classroom, unless exempt for medical reasons)</p> <p>Twice-weekly LFD home testing for asymptomatic staff Settings are encouraged to ask for evidence of test results.</p> <p>Daily LFD testing of vaccinated staff who are household or close contacts of cases – ask staff to continue to attend the setting, undertake a daily LFD test, and take a PCR test on day 5 from first contact with the symptomatic positive case. Settings are encouraged to ask for evidence of test results.</p> <p>Staff/children admissions to hospital from COVID-19 - SCC will set-up appropriate structures to support the setting and wider community.</p>	<p>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.</p> <p>Essential visiting only (option to hold events)² Visitor face masks whilst on-site (unless exempt for medical reasons) Staff face coverings (in communal areas outside of the classroom, unless exempt for medical reasons)</p> <p>Twice-weekly LFD home testing for asymptomatic staff Settings are encouraged to ask for evidence of test results.</p> <p>Daily LFD testing of vaccinated staff and primary aged pupils (at parental discretion) who are household and close contacts of cases – ask staff and pupils to continue to attend the setting, undertake a daily LFD test, and take a PCR test on day 5 from first contact with the symptomatic positive case. Settings are encouraged to ask for evidence of test results.</p> <p>Staff/pupil admissions to hospital from COVID-19 - SCC will set-up appropriate structures to support the school and wider community.</p>	<p>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</p> <p>Essential visiting only (option to hold events)³ Visitor face masks whilst on-site (unless exempt for medical reasons) Staff face coverings in communal areas outside of the classroom, unless exempt for medical reasons Student face coverings in communal areas outside of the classroom and on both school transport and public transport, unless exempt for medical reasons</p> <p>Twice-weekly LFD home testing for asymptomatic staff and secondary aged students Settings are encouraged to ask for evidence of test results.</p> <p>Daily LFD testing of vaccinated staff and secondary aged pupils who are household and close contacts of cases – ask staff and students to continue to attend the setting, undertake a daily LFD test, and take a PCR test on day 5 from first contact with the symptomatic positive case. Settings are encouraged to ask for evidence of test results.</p> <p>Staff/student admissions to hospital from COVID-19 - SCC will set-up appropriate structures to support the school and wider community.</p>

¹ Any events organised by the setting are subject to settings undertaking a thorough risk assessment. See section [5.3 Essential visiting & events](#) on further guidance.

² Any events organised by the setting are subject to settings undertaking a thorough risk assessment. See section [5.3 Essential visiting & events](#) on further guidance.

³ Any events organised by the setting are subject to settings undertaking a thorough risk assessment. See section [5.3 Essential visiting & events](#) on further guidance.



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)
<p>Level 2 - setting has met national threshold, but below level 3 threshold</p> <p>For most education and childcare settings (whichever criteria is reached first):</p> <p>5-14 children, pupils, students, or staff who are likely to have mixed closely, test positive for COVID-19 within a 10-day period</p> <p>OR</p> <p>10-29% of a defined group of children, pupils, students, or staff who are likely to have mixed closely⁴ test positive for COVID-19 within a 10-day period</p> <p>Special schools and residential settings, and settings with 20 or fewer children, pupils, students, or staff:</p> <p>2-5 children/staff who are likely to have mixed closely test positive for COVID-19 within a 10 day period</p>	<p>Setting falls below Level 2 threshold definition</p>	<p>As per Level 1</p> <p>+</p> <p>Any measures agreed at an Incident Management Team meeting or with Suffolk County Council's CYP COVID Support Team to deal with setting-specific COVID-19 incident</p> <p>Settings are not recommended to hold any face-to-face events unless there are exceptional circumstances⁵</p> <p>Consider⁶ re-introducing 'bubble' arrangements indoors</p> <p>Consider⁷ staggered start and end times to reduce mixing</p> <p>Please contact CYPC19@suffolk.gov.uk for support if required</p>	<p>As per Level 1</p> <p>+</p> <p>Any measures agreed at an Incident Management Team meeting or with Suffolk County Council's CYP COVID Support Team to deal with setting-specific COVID-19 incident</p> <p>Settings are not recommended to hold any face-to-face events unless there are exceptional circumstances⁸</p> <p>Consider⁹ re-introducing 'bubble' arrangements indoors</p> <p>Consider¹⁰ staggered start and end times to reduce mixing</p> <p>Consider¹¹ re-introducing Internal Contact Tracing with close contacts strongly advised to undertake daily LFD testing and seek PCR test on day 5 (as described in level 1 recommendation).</p> <p>Please contact CYPC19@suffolk.gov.uk for support if required</p>	<p>As per Level 1</p> <p>+</p> <p>Any measures agreed at an Incident Management Team meeting or with Suffolk County Council's CYP COVID Support Team to deal with setting-specific COVID-19 incident</p> <p>Settings are not recommended to hold any face-to-face events unless there are exceptional circumstances¹²</p> <p>Consider¹³ face-coverings for staff and students in <u>classrooms</u> as well as communal indoor areas.</p> <p>Consider¹⁴ Internal Contact Tracing (where possible) with close contacts strongly advised to undertake daily LFD testing and seek PCR test on day 5 (as described in level 1 recommendation).</p> <p>Consider¹⁵ Group/cohort¹⁶ LFD testing - daily in secondary schools or colleges where case numbers are very high. This should be done for a minimum of 5 days, increasing to 7 days as necessary to ensure the final test is taken on a school day. Or a one-off round of LFD testing for a wider group or cohort in a secondary school. Settings are encouraged to obtain proof of test results / implement a monitoring process. SCC may be able to support on-site testing on a case-by-case basis.</p> <p>Please contact CYPC19@suffolk.gov.uk for support if required</p>

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.

⁵ See section [5.3 Essential visiting & events](#) on further guidance.

⁶ Recommendation will be made by Suffolk County Council in discussion with the school on a case-by-case basis, taking into account school specifics.

⁷ Recommendation will be made by Suffolk County Council in discussion with the school on a case-by-case basis, taking into account school specifics.

⁸ See section [5.3 Essential visiting & events](#) on further guidance.

⁹ Recommendation will be made by Suffolk County Council in discussion with the school on a case-by-case basis, taking into account school specifics.

¹⁰ Recommendation will be made by Suffolk County Council in discussion with the school on a case-by-case basis, taking into account school specifics.

¹¹ Recommendation will be made by Suffolk County Council in discussion with the school on a case-by-case basis, taking into account school specifics.

¹² See section [5.3 Essential visiting & events](#) on further guidance.

¹³ Recommendation will be made by Suffolk County Council in discussion with the school on a case-by-case basis, taking into account school specifics.

¹⁴ Recommendation will be made by Suffolk County Council in discussion with the school on a case-by-case basis, taking into account school specifics.

¹⁵ Recommendation will be made by Suffolk County Council in discussion with the school on a case-by-case basis, taking into account school specifics.

¹⁶ The Group/Cohort are not official close contacts of the cases (e.g., a friendship group), but a wider group (e.g., a whole year group) that may be affected and deemed at risk through the risk assessment of the outbreak by SCC and the setting.



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)
<p>Level 3¹⁷</p> <p>Where despite level 2 actions, chains of transmission are not broken.</p> <p><i>The likely¹⁸ threshold for most education and childcare settings (whichever criteria is reached first):</i> 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 closely¹⁹ test positive for COVID-19 within a 10-day period</p> <p><i>The likely²⁰ threshold for special schools and residential settings, and settings with 20 or fewer children, pupils, students, or staff:</i> 6 children/staff who are likely to have mixed closely test positive for COVID-19 within a 10 day period</p>	Setting falls below Level 3 threshold definition	<p>As per Level 2</p> <p>+</p> <p>Settings are not recommended to organise any face-to-face events</p> <p>If chains of transmission are not broken by all above measures, consider²¹ attendance restrictions as last resort - Affected class or group to move to home learning for as short a period of time as possible, but with on-site provision remaining for vulnerable children and key worker children.</p> <p><u>If you consider your current situation is Level 3, please contact CYPC19@suffolk.gov before taking any action</u></p>	<p>As per level 2</p> <p>+</p> <p>Settings are not recommended to organise any face-to-face events</p> <p>If chains of transmission are not broken by all above measures, consider²² attendance restrictions as last resort - Affected class or group to move to home learning for as short a period of time as possible, but with on-site provision remaining for vulnerable children and key worker children.</p> <p><u>If you consider your current situation is Level 3, please contact CYPC19@suffolk.gov before taking any action</u></p>	<p>As per level 2</p> <p>+</p> <p>Settings are not recommended to organise any face-to-face events</p> <p>If chains of transmission are not broken by all above measures, consider²³ attendance restrictions as last resort - Affected class or group to move to home learning for as short a period of time as possible, but with on-site provision remaining for vulnerable children and key worker children.</p> <p><u>If you consider your current situation is Level 3, please contact CYPC19@suffolk.gov before taking any action</u></p>

¹⁷ 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%.

¹⁸ 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.

¹⁹ 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.

²⁰ 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.

²¹ As Suffolk is in an ERA, recommendation will be made by the local operational outbreak management team, including Public Health and Children and Young People Services representatives. Regional schools commissioner will be kept updated.

²² Recommendation will be made by the local operational outbreak management team, including Public Health and Children and Young People Services representatives. Regional schools commissioner will be kept updated.

²³ Recommendation will be made by the local operational outbreak management team, including Public Health and Children and Young People Services representatives. Regional schools commissioner will be kept updated.



4. Threshold definitions & examples

4.1 What level is my school or setting?

Please see [Appendix 2](#) 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 contact CYP19@Suffolk.gov.uk if:

- the setting is unsure if they meet the level definition
- the setting needs advice on how to implement any of the suggested measures or which of the “consider” measures to choose
- the setting believes that they have reached level 3

Moving down from levels 2 and 3 – this will be decided on a case-by-case basis with the setting and the SCC outbreak management team.

4.2 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](#)).

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?).

5. Control measure definitions & examples

5.1 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) 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. Suffolk County Council is exploring to support settings with monitoring this by obtaining access for all settings to <https://testregister.co.uk/>

5.2 Daily LFD testing of household and close contacts

This is based on 8 October 2021 UKHSA guidance titled “Schools and COVID-19 Current Position” with interim actions to support COVID-19 outbreak management in schools:

- Staff who are fully vaccinated and who are household contacts of a positive PCR-confirmed case (e.g., parent, sibling, partner)²⁴ or identified by NHS Test and Trace as close contacts of a positive case²⁵ – continue to attend the setting, ask to do daily LFD testing and take a PCR test on day 5 from first contact with the symptomatic positive case (if the case was asymptomatic, from their swab date). If PCR negative, continue attending setting. Staff are exempt from this advice if already tested positive via PCR in past 90 days. Unvaccinated staff who have been identified as close contacts should isolate as per [national guidance](#).
- Secondary aged students who are household contacts of a PCR-confirmed positive case (e.g., parent, sibling has tested positive) or identified by NHS Test and Trace as close contacts of a positive case – continue to attend the setting, undertake daily LFD testing while awaiting the results of a PCR (exempt if already tested positive via PCR is past 90 days). The PCR should be taken on day 5 from first contact with the symptomatic positive case (if the case was asymptomatic, from swab date).
- Primary aged pupil daily testing is at parental discretion. Pupils who are household contacts of a PCR-confirmed positive case (e.g., parent, sibling has tested positive) or identified by NHS Test and Trace as close contacts of a positive case - are also advised, where possible, to continue to attend the setting, undertake daily LFD testing while awaiting the results of a PCR (exempt if already tested positive via PCR is past 90 days). The PCR should be taken on day 5 from first contact with the symptomatic positive case (if the case was asymptomatic, from swab date).

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)) 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. Suffolk County Council is exploring to support schools with monitoring this by obtaining access for all settings to <https://testregister.co.uk/>

²⁴ Suffolk addition as UKHSA letter doesn't specify who the positive case is or whether they are PCR confirmed.

²⁵ Identification by NHS Test & Trace is national guidance; however, some schools may have a process in place to identify close contacts themselves and can advise these contacts to follow the same guidance (daily testing).



[National guidance](#) recommends PCR “as soon as possible” for contacts who are not required to self-isolate; however, based on the following evidence Suffolk recommends day 5:

- Transmissibility of COVID peaks in the pre-symptomatic and at the onset of the symptomatic periodⁱ
- The median time from exposure to development of symptoms is 5.1 daysⁱⁱ
- A PCR is more likely than not to be positive on day 5 after exposure (NB. the likelihood of false negative is lowest on day 8 after exposure)ⁱⁱⁱ

5.3 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, 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 like a school play or off-site like a carol service in a church building) are based on the level of the setting detailed in the table below (see section [4.1 What level is my school or setting?](#)). 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.

Threshold	Public Health advice
Level 1	<p>Essential visiting only and option to hold 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):</p> <ul style="list-style-type: none"> • 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 within 48hrs before the event • asking for proof of the negative LFD test result upon entrance. <p>When planning ahead for events, we suggest settings have contingency plans in the event that the number of COVID-19 cases in the rise and a school moves out of level 1 into levels 2 or 3.</p> <p>Please contact CYPC19@suffolk.gov.uk if you need further guidance.</p>
Level 2	<p>Essential visiting only, and events are not recommended - as there is an ongoing outbreak, events should only be held in exceptional circumstances. This does not</p>



Threshold	Public Health advice
	exclude settings recording virtual/zoom events. Please contact CYPC19@suffolk.gov.uk if you believe your setting has exceptional circumstances.
Level 3	Essential visiting only, including no events as there is ongoing on-site transmission. 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 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.

5.4 On-site group/cohort LFD testing

This refers to testing either:

1. Daily in secondary schools or colleges where case numbers are very high (the chain of transmission has not been broken by other measures). This should be done for a minimum of 5 days, increasing to 7 days as necessary to ensure the final test is taken on a school day.
2. A one-off round of LFD testing for a wider group or cohort in a secondary school. The Group/Cohort are not official close contacts of the cases (e.g., a friendship group), but a wider group (e.g., a whole year group) that may be affected and deemed at risk through the risk assessment of the outbreak by SCC and the setting.

The Group/Cohort are not official close contacts of the cases (e.g., a friendship group), but a wider group (e.g., a whole year group) that may be affected and deemed at risk through the risk assessment of the outbreak by SCC and the setting. Settings are encouraged to obtain proof of test results / implement a monitoring process.

SCC may be able to support on-site testing on a case-by-case basis. Please contact CYPC19@suffolk.gov.uk if you think your setting may need this.

5.5 'Bubble' arrangements

This will generally only be advised in early years and primary school settings as not feasible to introduce in secondary schools on short notice. The SCC recommendation will be taking into account 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](#) 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”.

5.6 Internal contact tracing

Internal Contact Tracing- introducing contact tracing within the setting, where this is possible. We recognise that for many settings, particularly secondary schools, this may not be feasible, so the recommendation will be made by Suffolk County Council in discussion with the school on a case-by-case basis, taking into account school specifics.

Close contacts identified through this process are strongly advised to undertake daily LFD testing and obtain a PCR test on day 5 as described in Level 1.

5.7 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 of time as possible, but with on-site provision remaining for vulnerable children and key worker children.

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 are temporarily unable to operate safe on-site provision. Where schools are faced with this situation, please contact CYP19@suffolk.gov

6. What support is available to setting leaders

Suffolk County Council's CYP COVID Support Team provide advice and support to all CYP settings. COVID Support Officers will discuss the current situation with the school leader and will advise which level the setting is at.

The CYP COVID Support Officers will also recommend which control measures are appropriate and proportionate and can help setting implement their outbreak management



plans. The team also support with stepping up and stepping down any measures and work closely with the Suffolk COVID Response Hub and Public Health Duty Consultant and any testing requirements are requested through the CYP COVID Support Team.

Suffolk County Council are exploring options to support schools with the oversight of twice weekly and daily close contact LFD testing for both students and staff, such as county wide deployment of the Test Register (testregister.co.uk). We are working closely with the provider to get this platform in place as soon as possible, and further communication and updates will be sent via Suffolk Headlines.

The COVID Support Officers are also able to advise on any COVID related queries, such as isolation dates, changes in national or local guidance.

The team can be contacted via CYPC19@suffolk.gov.uk

7. Review periods for this guidance

- 15 November – 26 November – measures as per [table 1](#) above
- 29 November – 10 December – measures TBC based on review w/c 22 November
- 13 December – 17 December - measures TBC based on review w/c 6 December

Tasks / week	15-Nov	22-Nov	29-Nov	06-Dec	13-Dec	20-Dec	27-Dec
New measures in place							
Review week							
ERA review week							
Measures TBC							
Review week							
Measures TBC							
School holidays							

8. 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.](#)
- 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](#)
- 20 October 2021 – [letter to parents, carers and School Leaders](#)

9. 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](#) 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**

10. 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.](#)

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



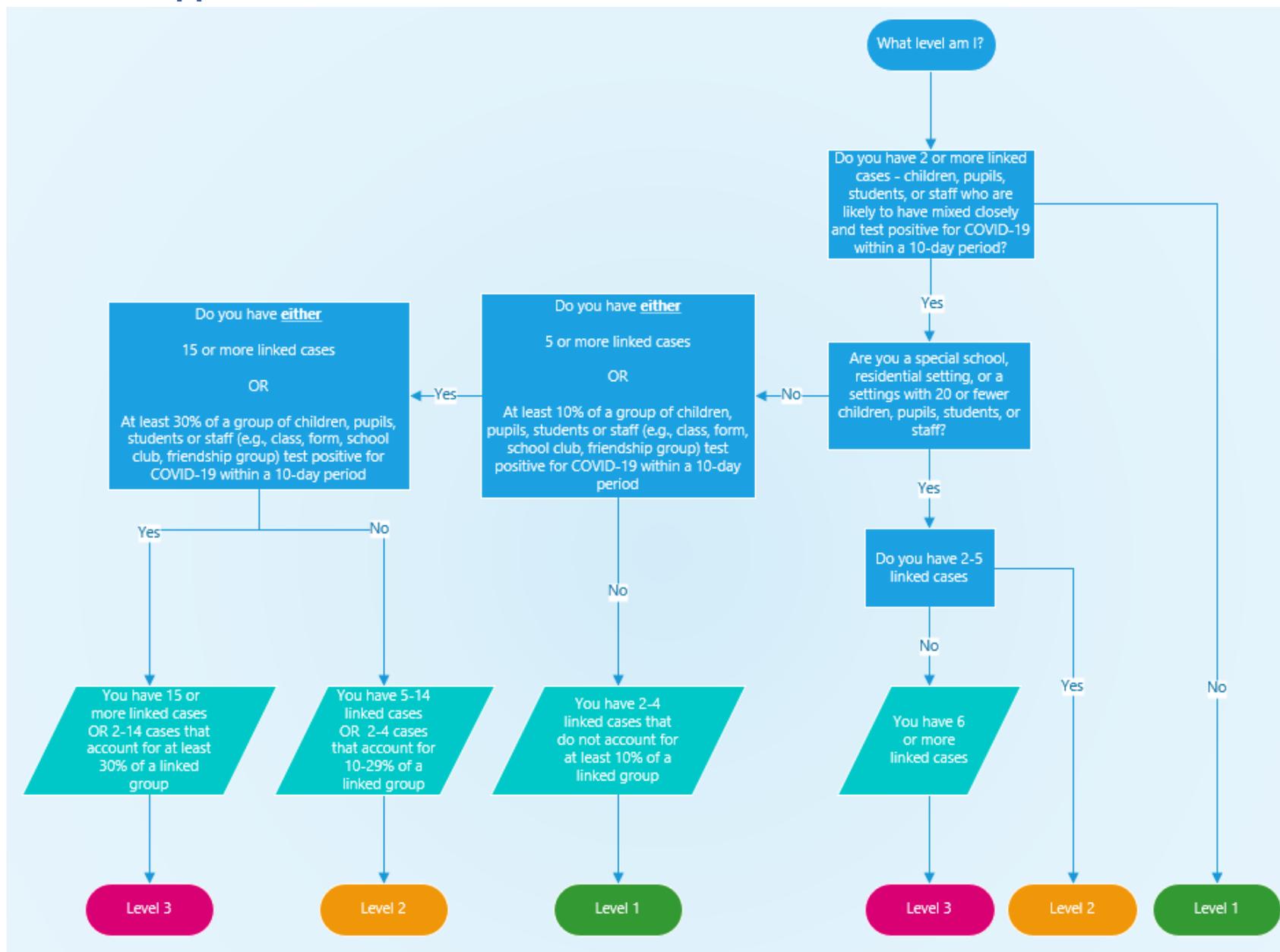
11. Appendix 1: National Education Contingency Framework - Summary of roles and responsibilities

Party	Roles and responsibilities
All education and childcare settings	<p>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 sets out the measures that all education settings should have in place to manage transmission of COVID-19 day to day.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
Local authorities, directors of public health (DsPH) and PHE health protection teams (HPTs)	<p>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.</p> <p>work with their regional partnership teams (RPTs) to escalate issues from the local level into the central Local Action Committee command structure.</p> <p>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.</p>
Ministers	Through the Local Action Committee command structure, ministers consider and take decisions on measures on an area-by-area basis in



	<p>light of all available evidence, public health advice and the local and national context.</p> <p>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.</p>
RPTs	<p>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.</p>

12. Appendix 2: Flowchart – What level am I?





13. 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



14. References

ⁱ He X, Lau EHY, Wu P, et al. Temporal dynamics in viral shedding and transmissibility of COVID-19. *Nat Med.* 2020;26(5):672-675.

ⁱⁱ Lauer SA, Grantz KH, Bi Q, et al. The Incubation Period of Coronavirus Disease 2019 (COVID-19) From Publicly Reported Confirmed Cases: Estimation and Application. *Ann Intern Med.* 2020;172(9):577-582.

ⁱⁱⁱ Kucirka LM, Lauer SA, Laeyendecker O, Boon D, Lessler J. Variation in False-Negative Rate of Reverse Transcriptase Polymerase Chain Reaction-Based SARS-CoV-2 Tests by Time Since Exposure. *Ann Intern Med.* 2020;173(4):262-267.