



Llywodraeth Cymru
Welsh Government

PUBLICATION

Local COVID-19 infection control decision framework for schools from autumn 2021

This framework sets out arrangements for the delivery of learning in schools.

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Overview

This Framework sets out arrangements for the delivery of learning in schools enabling them to tailor interventions to reflect local risks and circumstances. It takes effect from 1 September 2021, and the approach set out in this document

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should be adopted as soon as possible after the return to school, and in any case by 20 September 2021 when the existing operational guidance for schools will cease.

Twice weekly Lateral Flow Device (LFD) testing will continue to be offered at the start of the academic year to staff in primary schools and staff and learners in secondary schools. The use of LFD testing will be kept under review as schools transition to the Framework. Table 2 sets out how use of LFD testing may be varied dependent on the level of risk identified. Further guidance will be issued to schools in due course to explain more about how such changes will be realised.

This guidance sets out the actions school leaders should take to reduce the risk of transmission of COVID-19 in their school. This includes public health advice.

It is for leaders and staff in:

- primary schools
- secondary schools (including sixth forms)
- special schools, special post-16 providers
- infant, junior and middle schools
- PRUs
- boarding schools
- independent schools

Any reference to schools within this guidance includes the schools and settings listed above, but does not include maintained nursery schools or pre-reception classes.

Schools should work closely with parents, carers, staff and unions when agreeing the best approaches for their circumstances.

We use the terms ‘must’ and ‘should’ throughout the guidance. We use the term ‘must’ when the person in question is legally required to do something and ‘should’ when the advice set out is good practice.

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Introduction

In July 2021 the First Minister published the updated **Coronavirus Control Plan for Wales**, which sets out arrangements to move to “alert level zero” – a new phase which is designed to ensure a proportionate approach to COVID-19, reflecting the impact of vaccination and the balance of risks and harms.

The control plan signals the expectation that schools should operate as normally as possible at alert level zero. Baseline measures including risk assessments, improved hygiene and ventilation, and preventing attendance by individuals with COVID-19 symptoms will continue to be in place, but other measures are being relaxed as part of a proportionate system of controls. For schools, this will allow some flexibility for local decision-making and tailored interventions, supported by local authorities, Incident Management Teams (IMTs) and public health officials.

Wales moved to alert level zero on 7 August 2021. But COVID-19 has not gone away and it remains a health risk.

This guidance should be read in close conjunction with:

- **Alert level 0: guidance for employers, businesses and organisations** which outlines fundamental advice on how COVID-19 is spread and what reasonable measures employers should take in reducing the risk in their setting.
- the local COVID-19 intervention action card for schools

Guiding principles

In recognising the balance of benefits and harms to learners and staff our guiding principles are to:

- enable schools to operate as ‘business as usual’ as far as possible including the provision of free breakfast and after school clubs, extra-curricular activities and practical subjects

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- secure the best outcomes for all learners by considering both their educational needs and wellbeing
- manage ongoing risks of COVID-19 as safely as possible as for other infections, and ensure clarity of actions required if there is a case in a school

At alert level zero

- The fundamental principle remains that the most effective way to prevent transmission of COVID-19 in our schools is to stop infection being brought into the school.
- The best way to manage personal risks is to take up the offer of vaccination, and we encourage those eligible for vaccination to take up this offer.
- If anyone tests positive for COVID-19 they must self-isolate and not attend school.

At alert level zero contacts of a proven case of COVID-19 who are under the age of 18 or those who are fully vaccinated do not have to self-isolate unless they themselves start to show symptoms of COVID-19. A [list of the exemptions is available](#). TTP (Test, Trace, Protect) contact tracers will contact the proxy (positive case) and get in touch with identified close contacts and offer them PCR testing on day 2 (or as soon as possible once identified as a contact) and day 8. TTP will also advise them on the most appropriate actions for their circumstances and for some, this will include advising to self-isolate. The majority of learners in a class/year group are unlikely to be identified as close contacts. However, schools may be advised to take a warn and inform approach to update parents and staff on the situation and what they need to do, based on TTP advice.

At alert level zero, there will be more flexibility for employers to determine what is required to manage risks at the local level.

In Wales the person or persons responsible for any premises, or the work activity being undertaken on the premises, are under a specific duty to take all [reasonable measures](#) based on a risk assessment to minimise the risk of exposure to, and the spread of, COVID-19. As part of this, schools will need to

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ensure that regular COVID-19 risk assessments continue to be undertaken. The assessment should directly address risks associated with COVID-19, to enable measures to be put in place to control those risks.

The Hierarchy of Risk Controls outlined in this advice and in the [Alert level 0: guidance for employers, businesses and organisations](#) underpins the risk assessment. All employers have a duty to consult employees on health and safety, and they are best placed to understand the risks in individual schools. Employers should share the risk assessment results with the workforce.

Schools working with their local authority must also follow the requirements of the [Management of Health and Safety in the Workplace Regulations 1999](#).

Determining the level of risk

Currently we are operating at alert level zero. This means that the overall risk level for Wales is determined as low. The overall risk level for Wales will continue to be determined nationally by Welsh Government using the table below and will be communicated to all.

Table 1: national risk ratings

Level of risk	Description	Actions
Low	<ul style="list-style-type: none">The uptake of 2 doses of COVID-19 vaccine is above 85% for priority groups 1-9 and there is no evidence of waning immunity.While 7 day incidence may be increasing, the	<ul style="list-style-type: none">Symptomatic individuals will continue to self-isolate and have a test, responding appropriately to the result. Asymptomatic testing of various cohorts is being undertaken as per guidance.Cases are contacted as soon as possible so that close contacts can subsequently be advised according to their circumstances. This will include the offer of a PCR test and for some advice to self-isolate to reduce the risk of onward spread.

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Level of risk	Description	Actions
	<p>majority of infections are reported in those 30 years of age and younger who have not been vaccinated or have received just one dose.</p> <ul style="list-style-type: none"> • The percentage of community cases requiring hospital admission remains low • Deaths remain low. • Delivery of frontline health and social care and blue light services are not at risk due to number of individuals self-isolating. • Local authority enforcement of business compliance remains low. • Minimal introduction of infection into closed settings or schools. • Genomics provides no intelligence that a variant of interest or concern has been identified. 	<ul style="list-style-type: none"> • Action is ongoing locally to support uptake of the vaccine in those who were not receptive to receiving it on first offer. • Engaging with local communities to ensure that the good behaviours in high risk settings (areas of poor ventilation and overcrowding) can continue and communities are receptive to this. • Agencies are working proactively across sectors to ensure that they can operate in a risk-based environment. • Reactive enforcement of business compliance.
Moderate	<ul style="list-style-type: none"> • The uptake of two 	<ul style="list-style-type: none"> • Symptomatic individuals will continue to self-

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Level of risk	Description	Actions
	<p>doses of COVID-19 vaccine is above 85% for priority groups 1-9 and there is no evidence of waning immunity.</p> <ul style="list-style-type: none"> • The 7-day rolling incidence of infection continues to rise. All new infections are being responded to and evidence from TTP shows that while the majority of infections are still occurring in the younger mobile population the incidence of infection in those 60 years and over has started to increase. • Hospital admissions are increasing albeit from a low base but the percentage of community cases requiring hospital admission remains low. • Deaths remain low. • There is increasing introduction of infections in care 	<p>isolate and have a test, responding appropriately to the result. Asymptomatic testing of various cohorts is being undertaken as per guidance.</p> <ul style="list-style-type: none"> • In addition to responding to all new infections backward tracing is continuing and may provide evidence that the chains of transmission from known risks are seeding infection in the wider community. • At this stage consideration will be given to identified risks (e.g. wet pubs/clubs) for acquisition of infection which will influence the introduction of further local actions and communications. • Local authority enforcement powers being used effectively to assure compliance with restriction regulations and in response to clusters. • Proactive engagement locally with specific business sectors where there is emerging evidence of ongoing risk. • Evidence from TTP may suggest that no one sector is driving transmission but there is poor understanding of the personal behaviours that can reduce risk of both acquisition of infection and the potential risk to others. The IMT will consider how best to engage with the community and support them in understanding their personal risk and risk to the wider population. • Action is ongoing locally to support uptake of the vaccine in those who were not receptive to receiving it on first offer.

Level of risk	Description	Actions
High	<p>homes (often single staff members) and schools suggestive of significant transmission in the community.</p> <ul style="list-style-type: none"> Levels of local authority enforcement increasing. Emerging evidence that business non-compliance associated with clusters of infections. Genomics provides no intelligence that a variant of interest or concern has been identified. 	<ul style="list-style-type: none"> Symptomatic individuals will continue to self-isolate and have a test, responding appropriately to the result. Asymptomatic testing of various cohorts is being undertaken as per guidance. Increasingly actions are focussed on minimising the risk to vulnerable communities and targeting larger clusters to minimise harm. There is increasing reliance on mutual aid in order to, as a minimum, promote the isolation message and identify contacts. Backward tracing is undertaken only in exceptional circumstances. A local enhanced testing strategy has been implemented to support ease of access to testing and identification of infection in both

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Level of risk	Description	Actions
	<p>targeting clusters and incidents in high risk settings (e.g. care homes). There is widespread transmission in the community as evidenced by a number of small household and social clusters in open and closed workplaces.</p> <ul style="list-style-type: none"> • Incidence rates in the over 60s is increasing and the percentage of community cases requiring hospital admission has increased • Deaths are increasing. • There is significant impact on frontline services due to the number of staff self-isolating. • Hospital admissions are increasing and the impact on health and social care is felt by the number of care homes in the 'red', delaying discharge of the elderly and 	<p>symptomatic and asymptomatic individuals.</p> <ul style="list-style-type: none"> • In-depth epidemiological review will be undertaken together with an assessment as to whether or not there is a need to reintroduce NPIs above those that are voluntary (social distancing, mask wearing in high risk situations, frequent hand washing, meeting outdoors where possible etc.) • Should the community's voluntary response as defined be insufficient to address the rising incidence, application should be made to Welsh Government for further local powers to be made available. • In supporting the vulnerable, the IMT will work with closed settings to ensure that they are fully engaged with and delivering the agreed testing policy to minimise introduction of infection. • The IMT will consider and support the role of daily testing for staff in frontline services as an enabler to return to work and maintain critical services. • Enforcement officers are routinely finding that sectors commonly associated with non-compliance are the vectors for spread of infection. Interventions are targeted at these sectors. • Action is ongoing locally to support uptake of the vaccine in those who were not receptive to receiving it on first offer.

Level of risk	Description	Actions
	<p>causing bottlenecks in the NHS.</p> <ul style="list-style-type: none"> • There is significant impact on frontline health and social care and blue light services due to the number of staff self-isolating. • Increasing evidence that business non-compliance is associated with clusters of infection. • Genomics provides no intelligence that a new variant of interest of concern is a driver for the rising incidence of infection. 	
Very high	<ul style="list-style-type: none"> • The uptake of two doses of COVID-19 vaccine is above 85% for priority groups 1-9, increasing incidence of infection in the vaccinated population may indicate evidence of waning immunity. • The 7 day rolling incidence is increasing in all age 	<ul style="list-style-type: none"> • Symptomatic individuals will continue to self-isolate and have a test, responding appropriately to the result. Asymptomatic testing of various cohorts is being undertaken as per guidance. • There is an understanding at the IMT that community transmission is occurring at such a pace that only measures that will significantly reduce person to person contact will break chains of transmission. • Enhanced communication, testing and vaccination is in place including testing as an enabler to maintain front line health and social care and blue light services. • A review of the NPIs and actions to date

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Level of risk	Description	Actions
	<p>groups.</p> <ul style="list-style-type: none"> • There is exponential growth of cases with widespread introductions into closed settings. TTP prioritising the most vulnerable, backward tracing of cases is no longer feasible. • Epidemiological review shows random spread of the virus across the area without either a comprehensive understanding of what is driving transmission or evidence that the national and local interventions are no longer proving effective. • Joint Enforcement Teams are overwhelmed. • Deaths are continuing to increase. • There is significant impact on frontline services due to the number of staff self-isolating. • Education is 	<p>suggests that there is nothing more that can be done with local powers that will reduce person to person spread.</p> <ul style="list-style-type: none"> • Emerging evidence from IMTs that the Restriction Regulations requirements are insufficient. • The IMT may request specific interventions are introduced to support their requirement of limiting person to person contact. • Representation will be made to Welsh Government recommending further mitigating actions. Welsh Government will consider whether mitigating actions are appropriate for the local authority or health board. In considering the request Welsh Government will take into account a range of intelligence including the prevalence of infection across Wales, the impact that COVID-19 is having on the health and social care system, the contribution that vaccines are making in weakening the link between infection and mortality and morbidity in order to determine whether a local, regional or national approach is appropriate.

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Level of risk	Description	Actions
	<p>severely impacted by cases and clusters.</p> <ul style="list-style-type: none"> • Health and social care is under pressure. • Genomics provides no intelligence that a new variant of interest or concern is a driver for the rising incidence of infection. 	

Locally there are well established systems in place to gather intelligence and feedback information to Welsh Government from Situation Based Action Reports (SBARs) and other methods via TTP, Public Health Wales (PHW) and local authorities working with schools. IMTs are also in place to manage clusters/ outbreaks. It will continue to be important for Directors of Education and a local authority nominated person to be part of their local IMT to share intelligence and respond to incidents when necessary.

The following bullet points illustrate the flow of information and how this informs decisions on local interventions. It should be viewed as a cyclical flow of information rather than a start and end:

- Welsh Government decides on the national risk level, based on local and national intelligence
- Welsh Government informs IMTs/TTP leads of the national risk level
- IMTs/TTP leads inform local authorities and schools of national risk level and identify any schools, areas or regions where the risk may differ
- schools implement the appropriate variable measures for that risk level, or identify which variable measures may need to be introduced if risk differs from national rating

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- IMTs/TTP leads discuss any key points with the school
- IMTs/TTP leads share intelligence with Welsh Government to inform decision on national risk rating

However, it must be noted that:

- where an alert level under The Health Protection (Coronavirus Restrictions) (No. 5) (Wales) Regulations 2020 applies a stricter requirement than set out in this framework, then that stricter requirement must be adhered to
- where no requirement applies, or a less strict requirement applies under an alert level under the Regulations, then the approach set out under the relevant risk level in the framework should be followed - in these circumstances any additional reasonable measures to minimise the risk of exposure to or spread of coronavirus that are identified as the result of a provider's risk assessment should also be put in place

Core interventions to be implemented

The following core measures should remain in place regardless of risk level:

- All staff and learners should be reminded to follow the [Welsh Government guidance for self-isolation](#).
- Staff and learners should not attend school if they have any COVID-19 symptoms. If a staff member or learner becomes symptomatic they should get a test as soon as possible, and self-isolate until the outcome of the test, if the test is negative they can leave self-isolation. Further [guidance is available](#).
- Regular handwashing, and respiratory etiquette (Catch it, Bin it, Kill it) are key interventions to prevent spread and manage cases, incidents & outbreaks.
- Adequate ventilation by opening windows or adjusting ventilation systems are also important. Further [guidance is available](#).
- Maintain appropriate levels of cleaning in line with other communicable diseases. There will, however, no longer be a need for schools to set aside specific days for deep cleaning. However if there is a confirmed cluster

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associated with one class in the school a deep clean of the immediate area will continue to be helpful in reducing transmission.

Tailored interventions to be implemented based on local risk

Annex A provides details of the hierarchy of controls. This is a way to prioritise risk control measures based on how effective different types of control are in reducing risks and will be a helpful tool for local authorities and schools when considering tailored interventions.

If, through local intelligence, it is assessed that the risk level – for a region, area or individual school – differs from the national risk level, for example, due to a case or potential cluster, schools will be supported to review their risk assessment and put additional proportionate tailored interventions in place using the table below. Further details are set out in section 7 and 8.

Table 2: schools intervention framework

	Low	Moderate	High	Very high
Reducing close interactions	Implement arrangements aimed at reducing close interactions between staff and learners where possible.	Implement arrangements aimed at reducing close interactions between staff and learners. This may include: <ul style="list-style-type: none"> not holding large group gatherings such as assemblies 	Implement arrangements aimed at reducing close interactions between staff and learners. This may include: <ul style="list-style-type: none"> not holding large group gatherings such as assemblies the use of one way systems 	Reduce close interactions between learners to the lowest practical level. This may include the measures set out at the High level as well as introduction of contact groups and potentially pausing after school/breakfast provision, or team sports where

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	Low	Moderate	High	Very high
		<ul style="list-style-type: none"> the use of one way systems consistent seating plans (recognising this may not be possible for younger learners) using outdoor spaces where possible 	<ul style="list-style-type: none"> consistent seating plans (recognising this may not be possible for younger learners) using outdoor spaces where possible floor signage 	necessary.
Physical distancing	Encourage physical distancing in indoor communal areas outside of the classroom, such as corridors, recognising that this may not be possible with younger children or with learners that require one to one support.	Physical distancing in place in classrooms depending on room capacity and risk assessment, recognising that this may not be possible with younger children or with learners that require one to one support.	Physical distancing and seating plans in place in classrooms. This may include forward facing desks depending on room capacity and risk assessment, recognising that this may not be possible with younger children or with learners that require one to one support.	Physical distancing and seating plans in place in classrooms. This may include forward facing desks depending on room capacity and risk assessment, recognising that this may not be possible with younger children or with learners that require one to one support.
LFD testing for staff	Little or no regular LFD	Targeted/ focused testing	Twice weekly LFD testing available	Twice weekly LFD testing available

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	Low	Moderate	High	Very high
and secondary aged learners	testing. Testing available for contacts of confirmed positive cases.	used where there are local risks identified by IMT. Testing available for contacts of confirmed positive cases.	for staff and secondary learners to help identify and isolate asymptomatic cases as soon as possible.	and strongly encouraged for staff and secondary learners to help identify and isolate asymptomatic cases as soon as possible.
Use of face coverings by secondary aged learners	Face coverings are not routinely recommended, but may be worn by secondary aged learners anywhere on the school site should they wish to do so. Face coverings continue to be recommended on school transport.	Face coverings are not routinely recommended, but may be worn by secondary aged learners anywhere on the school site and in particular when moving around indoor communal areas outside of the classroom, such as corridors. Face coverings continue to be recommended on school transport.	Face coverings should be worn by secondary aged learners when moving around indoor communal areas outside of the classroom, such as corridors, where physical distance cannot be maintained. Face coverings continue to be recommended on school transport.	Face coverings should be worn by secondary aged learners in all indoor areas, including classrooms, where physical distance cannot be maintained. Face coverings continue to be recommended on school transport.
Use of face coverings by staff and visitors	Face coverings are not routinely recommended,	Face coverings may be worn by staff and visitors in schools when	Face coverings should be worn by staff and visitors in schools when	Face coverings should be worn by staff and visitors in all indoor areas,

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Low	Moderate	High	Very high
but may be worn by staff and visitors anywhere on the school site should they wish to do so.	moving around communal areas outside of the classroom, such as corridors.	moving around indoor communal areas outside of the classroom, such as corridors, where physical distance cannot be maintained.	including classrooms, where physical distance cannot be maintained.

Schools may also identify that additional interventions may need to be put in place to address risks identified for some learners. Schools will be supported to consider how to tailor these interventions accordingly.

Any decision to recommend the reintroduction of tailored interventions for a period of time, such as face coverings or contact groups, would be taken locally with the school in discussion with public health, TTP and local authority officials.

What happens if there is a case of COVID-19 in your school?

If a positive case is identified in a school, TTP will lead on identifying the close contacts of staff and learners who have tested positive, supported by discussions with schools.

The TTP teams will be responsible for contacting each positive case and collecting information about their close contacts both within and outside the school. For learners and staff this will focus on community contacts, close friendship groups and close interactions. It is TTPs role to identify which individuals meet the definition of a close contact and who, if anyone, would be required to self-isolate.

Schools may be contacted by TTP to support the contact tracing process by drawing on information already available to them, including attendance records,

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contact details and knowledge of the learners friendship groups,.

The majority of learners in the class/year group are unlikely to be identified as close contacts. However the school may be advised to take a 'warn and inform' approach to update parents/carers and staff on the situation and what they need to do, based on TTP advice. A template warn and inform letter is available. The TTP team will work with the school to agree on communications.

This warn and inform approach will reinforce key messages about the risk to others from COVID-19 and what can be done to minimise this risk, for example by remaining vigilant for new symptoms, having a low threshold for seeking a test even with mild symptoms, and avoiding contact with vulnerable family and friends in the short-term (e.g. elderly relatives or those who are unvaccinated or higher risk of severe COVID-19 infection). They will also strongly advise against any hospital and care home visits for 10 days.

PCR tests will be offered to anyone who is identified as a close- contact - these are not mandatory. If a child does not have symptoms and has not been advised to stay home/self-isolate by TTP then they can attend the school. **Further information is available.**

PHW will be responsible for providing guidance to support the TTP teams and schools where a review of control measures is required to manage incidents. This will be coordinated through the IMT arrangements as described below.

Everyone has a responsibility to self-isolate if they develop any symptoms of COVID-19. Those with symptoms should get a test. If they cannot be tested or they test positive symptomatic individuals need to self-isolate for a minimum of 10 days from the start of symptoms.

What happens if there is a potential outbreak?

Building upon the Communicable Disease Outbreak Plan for Wales (2020), PHW has provided specific **advice regarding the investigation and management of clusters and incidents of COVID-19**. Full details can be

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found in that document.

If there is more than one positive case of COVID-19 associated with a school the TTP service will consider if these cases appear to be linked.

If there are multiple cases of COVID-19 in a school that appear to be linked this may trigger an IMT to provide support to the school. The IMT will work with the school to prevent ongoing transmission. The IMT will decide on a lead for the investigation of a cluster, and will work with the headteacher/nominated deputy of the school. Advice based on the assessment of each individual situation will be provided to support the school in preventing further spread through the use of additional tailored interventions identified in Table 2 if necessary.

TTP teams or the established IMT, if it is a cluster, will continue to be responsible for contacting each positive case and collecting information about their close contacts both within and outside the school.

Where a learner routinely attends more than one setting on a part-time basis, for example because they are dual-registered at a mainstream school and either a PRU setting, a EOTAS setting or a special school, the settings should work through the system of controls collaboratively, enabling them to address any risks identified.

Contact tracing in different age groups

TTP will interview learners, who are aged under 16, with a parent or legal guardian.

Individual assessment of all contacts will be easier in older learners, where learners are likely to be more able to reliably report who they have had contact with.

The focus of contact tracing for children in primary schools, early years settings and for learners with ALN will be to work with parents and carers to identify close friendship groups and community contacts they may be aware of and in some

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circumstances this will include a discussion with the school.

Further guidance

Staff and learners who are clinically extremely vulnerable

- **Staff who are identified as clinically extremely vulnerable** should follow the published guidance. These members of staff should continue to discuss with their schools how they will be supported.
- Those living with someone who is clinically extremely vulnerable can still attend work where home-working is not possible. Guidance for adults who are clinically extremely vulnerable to developing serious illness if they are exposed to coronavirus because they have a particular serious underlying health condition is **available**. Children and young people are no longer considered clinically extremely vulnerable with respect to COVID-19. There may be a small number in this group who may have been advised by their own specialists to isolate or reduce their social contact because of their medical condition or treatment. Where this is the case, children and young people are advised to continue to follow the advice of their own clinician.

Staff who are at increased risk

- Staff who are **at increased risk** can continue to attend school. While in school they should follow the interventions to minimise the risks of transmission - including taking particular care to observe good hand and respiratory hygiene, minimising contact and maintaining physical distancing - and should have an individual workplace assessment.
- People who live with those who are at increased risk can attend the workplace but should ensure they maintain good prevention practice in the workplace and home settings.

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Staff who are pregnant

- Staff who are pregnant are encouraged to take up vaccination and have a workplace risk assessment. If home-working is not possible, pregnant staff and their employers should follow the advice in the [COVID-19: advice for pregnant employees guidance](#).

Attending more than one setting

- Attendance at more than one setting will require close partnership working between schools, childcare settings and parents. If there is a positive COVID-19 case Test, Trace, Protect (TTP) will lead on identifying the close contacts of staff and learners who have tested positive, supported by discussions with schools and settings.
- If a child is accessing both education and childcare, and this is taking place across two settings or sites, it will be important to ensure schools and childcare settings all understand the transition arrangements and are clear about when the child will be in each setting and what collection and transport arrangements are in place.

Visitors

- Schools should consider how to manage visitors on to the site, such as contractors, and ensure that guidance on physical distancing and hygiene is explained to visitors on or before arrival.
- Signage on the mitigations in place is encouraged and this should be prominently displayed on the premises.
- A record should be kept of all visitors as this may be needed at a future point to assist with contact tracing processes.
- Schools should take steps to encourage parents/carers not to remain on the premises/at the gates longer than necessary especially when dropping off/collecting children.

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Catering provision and free school meals

- Breakfast clubs should operate as normal. Schools that have decided not to operate free school breakfast clubs in primary schools are reminded that the legal duty to do this still applies. Further [information is available](#).

School transport

- Local authorities are responsible for working with their contracted operators to ensure necessary measures are put in place in line with risk assessments (which should involve appropriate consultation with trade unions and staff).
- Face coverings should be worn by pupils in year 7 and above when travelling on dedicated school transport to secondary schools. This is in line with the Welsh Government advice for public transport.
- Further [guidance for taxis and private hire vehicles](#) is available.
- The use of [active travel](#) routes should be encouraged.

Educational visits

- Schools wishing to undertake any type of educational visit should continue to undertake the usual risk assessment process. This risk assessment should include arrangements for what will happen if a member of the group (a learner or staff member) develops COVID-19 symptoms during the visit.
- The [Association of British Insurers \(ABI\) has produced information on travel insurance implications following the COVID-19 outbreak](#). If schools have any further questions about their cover or would like further reassurance, they should contact their travel insurance provider.
- Further guidance regarding educational visits is available from local authority Education Visits Advisers, as well as the Outdoor Education Advisers Panel, which has developed [guidance which may be useful for schools considering undertaking visits](#).

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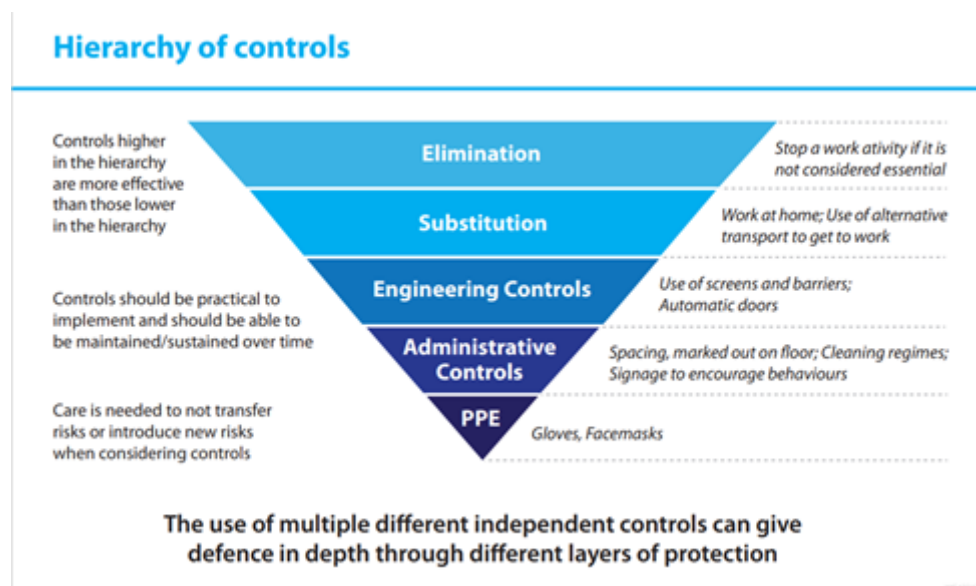
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Annex A

Hierarchy of controls

- The hierarchy of controls is a way to prioritise risk control measures based on how effective different types of control are in reducing risks. Risk reduction measures should be assessed in order of the priority given in the hierarchy. Types of control higher up the hierarchy e.g. elimination/containment are more effective at reducing risks than those lower down, such as PPE.
- Controls should be practical to be implemented and, ideally, should be able to be maintained easily over time.
- It is critical to remember that it will only rarely be feasible to eliminate the risk completely. The combination of controls introduced should aim to reduce the risk to as low as reasonably practicable, prioritising structural and environmental interventions over individual level ones.
- This of course does not simply mean considering risks of transmission, but also balancing these against risks to wider health and well-being and learning. Ultimately schools need the flexibility to respond to these risks as they are able to and as quickly as possible.



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Elimination/containment – aim to physically remove or contain the hazard measures. Includes: adherence to TTP process, do not attend school with COVID-19 symptoms, testing.

Substitution – aim to replace the hazardous activity with a less hazardous one measures. Includes: managing contacts, use of outdoor space.

Engineering controls – aim to isolate people from the hazard measures. Includes: increased ventilation, introducing one way systems, effective communication, encouraging vaccination.

Administrative controls – aim to change the way people work. Measures include: hand hygiene, cleaning.

PPE – aim to protect the worker from residual exposure through use of PPE. Measures include: face coverings, PPE.

About this document

This document is a copy of the web page [Local COVID-19 infection control decision framework for schools from autumn 2021](#) downloaded.

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