

# COVID-19 Testing, Case/Outbreak Management and Contact Tracing

## 1. Context

The [Higher Education COVID-19 Operational Guidance](#), published on 17<sup>th</sup> August 2021, states that HE providers are expected to “implement sensible and proportionate control measures which follow the health and safety hierarchy of controls to reduce the risk to the lowest reasonably practicable level. HE providers should have contingency plans to deal with any identified positive cases of COVID-19 or outbreaks.” In the Department for Education’s [Contingency Framework: Education and Childcare Settings](#), it also states that ‘the Government has made it a national priority that education... should continue to operate as normally as possible during the COVID-19 pandemic’. It also requires that all education settings, including HE providers, have contingency/outbreak management plans in place, setting out what they would do if students/staff tested positive for COVID-19 and how they would operate if they were advised to reintroduce measures to help break chains of transmission. Such measures should be kept to the minimum number of settings/people and for the shortest amount of time required and attendance restrictions “should only ever be considered as a last resort”.

This protocol sets out the processes for COVID-19 testing, the management of individual cases/outbreaks of COVID-19, and contact tracing at the University of Kent. It also sets out how the University will respond to different scenarios, based on changes that could be made in response to changing health advice.

The principles are to reduce onward transmission, protect vulnerable members of the University and wider community, ensure appropriate control measures are in place, communicate clearly and minimise disruption. As well as following the guidance of the documents above, this protocol is based on direct discussions with the Directors of Public Health (DsPH) for Kent and Medway Councils, Consultants in Communicable Disease in the Local Health Protection Team (HPT), and the Single Points of Contact (SPoC) in Canterbury Christ Church and Greenwich Universities and builds on the experience of responding to the pandemic since January 2020. It will be reviewed regularly to ensure that it operates effectively and that it is fully aligned to the Kent and Medway [Local Outbreak Control Plan](#), which is currently being updated.

## 2. Minimising COVID-19 risks

The [Higher Education COVID-19 Operational Guidance](#) states that “HE providers should continue to make efforts to reduce the risk of transmission where possible”. It also states that “they should not put in place measures that limit the teaching and learning outcome for students, or significantly limit the wider activities offered by the HE provider”.

The University has conducted and updated [risk assessments](#) in the workplace and has identified control measures to manage that risk based on relevant [Government](#) guidance and best practice. These measures are listed below and would all be communicated regularly to staff and students via a communications strategy (see Appendix 3):

- **Disease Control.** Anyone who comes to or lives on a University site is being advised to stay at home if they feel unwell and to follow the latest guidance regarding self-isolation and testing.
- **Ventilation.** The University has set building and room ventilation as [recommended by HSE](#) . Where possible, windows and doors will be kept open to increase ventilation and use of outdoor spaces will be encouraged. Where necessary, occupancy of rooms will be adjusted to ensure that the HSE recommendations are met.
- **Hygiene.** All members of, and visitors to, the University are advised to follow good personal hygiene, washing/sanitising hands regularly and adopting the ‘catch it, bin it, kill it’ approach to respiratory hygiene. High touch surfaces in communal areas will be cleaned frequently and self-clean materials will be made available in lecture theatre and seminar rooms for those who wish to clean their own work area. Appropriate cleaning supplies and clear [instructions](#) are provided to residents in University-managed accommodation. Hand sanitizing stations will be situated at the entrance to each building.
- **Face-coverings.** Face-coverings are no longer a requirement in law. However, to minimise risk of transmission, the University is strongly encouraging staff and students to continue to wear face-coverings in enclosed and crowded spaces where people may come into contact with people they don’t normally meet (e.g. in corridors during teaching changeover and when queueing). Seating layout in teaching spaces is arranged to minimise transmission. In the event of an outbreak on one of our campuses, the local Director of Public Health might advise that use of face-coverings is increased in other settings (e.g. revert to making it a requirement in teaching venues), in which case the University will implement that advice. However, in line with the Operational Guidance, ‘no student will be denied education on the grounds of whether they are, or are not, wearing a face-covering’, unless this is required for other reasons of Health and Safety.
- **Asymptomatic testing.** An Asymptomatic Testing Site (ATS) has been in place on both the Canterbury and Medway campuses since December 2020 (the ATS on the Canterbury site has been University-run; the ATS on the Medway site has been a joint venture with the local Council and other local Universities). Communications to students in advance of the start of term are setting out the expectation that students should test prior to travelling back to University and should also take 2 LFD tests (3-4 days apart) on arrival. To facilitate this, home LFD testing kits are being placed in student bedrooms on campus and the ATS is remaining open until the end of September (when further guidance is anticipated), to facilitate on-site testing and/or collection of home testing kits. The University website and other comms will also explain how home test kits can be ordered online or collected from other locations. All staff and students are expected to undertake 2 tests/week thereafter, regardless of vaccine status, and to report all results online to NHS Test and Trace. Communications to staff and students includes a reminder not to attend that ATS if they have any symptoms.

- **Symptomatic testing.** A Local Testing Site (LTS) for PCR tests has been operating on each of the Canterbury and Medway campuses 7 days/week since September 2020. These have been instrumental to the University's prompt response to cases on campus, as it has enabled staff/students/local community to get a PCR test without delay, with results also being received with minimal delay. The current sites are contracted to operate until December 31<sup>st</sup> (Canterbury) and October 31<sup>st</sup> (Medway) and the University will continue to facilitate the ongoing operation of these LTS facilities for as long as they are offered by DHSC and of value to the COVID-19 response. Ongoing communications will clearly explain the situations in which PCR tests are required, what is involved and the option to order home test kits, if required.
- **NHS-19 App.** Members of the University are strongly encouraged to download the [NHS COVID-19 App](#) and to turn on contact-tracing, if they have a suitable device, and are reminded that any instructions received through the app must be followed.
- **Vaccination.** The University is actively promoting vaccine take-up, by encouraging staff and students to take up the offer of both vaccines as soon as they are eligible and highlighting the benefits of doing so. Specific guidance has been communicated to international students to ensure that they are aware of their eligibility to access vaccines in the UK and to encourage take-up, if they are not already vaccinated. The University is working with the SPoCs at Canterbury Christ Church University (CCCU) and the University of Greenwich, the DsPH and the NHS to deliver vaccination pop-up centres on the Canterbury and Medway campuses at the start of the academic year.
- **GP registration.** All students are strongly encouraged to register with a local GP as soon as possible, if they have not already done so. This is included in the joining instructions for new students and the accommodation e-induction and pre-arrival comms.
- **Outbreak control.** Central to the University's response to COVID-19 is the ability to take prompt action in response to individual/multiple cases of the virus within our staff/student community. The details of how the University will continue to respond to cases is set out below. Throughout the pandemic, the relationships that have been established with the local DsPH, HPTs and colleagues in CCCU and University of Greenwich have been invaluable and will remain key to the University's response to COVID-19 throughout AY 2021/22.

### 3. Response to positive cases in staff or students

Students or staff who are symptomatic, have tested positive following a PCR or LFD test, or have been identified as a close contact of someone who has had a positive test result are advised to follow the University's [Self-isolate – Test – Inform](#) procedure

#### *Self-isolate*

Anyone who has had a positive PCR or LFD test is required to self-isolate immediately, regardless of vaccine status or previous COVID history. In addition, anyone who develops symptoms must also self-isolate and take a PCR test as soon as possible.

Students and staff are provided with guidance on self-isolation, which includes links to [Government/NHS guidance](#) as well as University-related information.

In line with the Government guidance on self-isolation as of 16 August, staff and students are advised that “you will **not** be required to self-isolate if you live in the same household as someone with COVID-19 and any of the following apply:

- you are fully vaccinated\*
- you are below the age of 18 years 6 months
- you have taken part in or are currently part of an approved COVID-19 vaccine trial
- you are not able to get vaccinated for medical reasons”.

\*Fully vaccinated means that you have been vaccinated with an MHRA approved COVID-19 vaccine in the UK, and at least 14 days have passed since you received the recommended doses of that vaccine

However, even if one or more of the exemptions apply, all close contacts should follow the [NHS advice on how to avoid catching and spreading COVID-19](#).

Fully vaccinated health and social care staff (including students on placement) who have been identified as a close contact of a positive case, are legally exempt from the duty to self-isolate. Instead, they are required to take an immediate PCR test, and daily LFD test, prior to the start of their shift, for 10 days.

#### *Test*

Students and staff who have had a positive LFD test, are symptomatic, or who have been identified as a close contact or a household member of a positive case will be strongly encouraged to [book](#) a PCR test as soon as possible and no later than 2 days after their positive LFD test. PCR testing facilities are currently available at both the Canterbury and Medway campuses and use of these significantly reduces the waiting time for results. If a student or member of staff is unable to access one of these sites, they are advised to book an alternative location or a home test kit.

If a student or staff member has had a positive PCR test in the last 90 days, they do not need to be tested again in that time period. However, they are still required to follow the national [guidance](#) for adults who have been identified as a close contact of a positive COVID-19 case, unless they are below the age of 18 years 6 months, and to follow the [guidance](#) for someone who is symptomatic, if they develop symptoms during the 90 day period.

#### *Inform*

Students who are self-isolating are asked to inform the University by completing the [online](#) form. Staff are advised to email [COVIDsupport@kent.ac.uk](mailto:COVIDsupport@kent.ac.uk). Informing the University will immediately result in the mobilisation of support and will enable the University to assist the NHS Test and Trace team. Students will be supported in accordance with [UUK Checklist for Supporting Students who are Required to Self-Isolate](#). Failure to self-isolate after testing positive, will be considered a breach of Health and Safety regulations and will be considered under the University’s Student Discipline Procedure.

## 4. Contact Tracing

### 4.1. Notification

An individual is likely to identify themselves as having possible/confirmed COVID-19 and needing to self-isolate in one of the following scenarios:

- Obtaining a positive LFD test result as a result of asymptomatic testing.
- Experiencing one of the main symptoms of COVID-19- a high temperature; a new, continuous cough; a sudden loss of sense of taste or smell. In addition, the University is including the published symptoms of the Delta variant, as this was identified as an important measure during an outbreak of the Delta variant in June 2021. These include:
  - Headache
  - Runny nose
  - Sore throat
  - Sneezing
- Being the close contact/household member of someone who has tested positive.

Students who are self-isolating are asked to inform the University by completing the [online](#) form. Staff are advised to email [COVIDsupport@kent.ac.uk](mailto:COVIDsupport@kent.ac.uk) and to inform their line manager.

The University might also be informed about a positive case via a friend/ housemate/ colleague/ family member or by NHS Test and Trace.

Confirmation of their staff/student status should be established on the Staff Directory and/or Kent Vision before proceeding.

### 4.2. Identifying and following up on Close Contacts

The Contingency Framework highlights the need to identify where a group is likely to have mixed closely, suggesting that, for Higher Education Institutions, this could include:

- students in the same household, sharing living, washing and cooking facilities.
- students who take part in sporting or social activities together.
- students taking part in the same seminar or group learning activity such as a presentation.

Experience has shown that the greatest risk of transmission is within the household. As a result, for positive cases identified within University-managed accommodation, as well as cases in halls managed by providers with whom the University has a nomination agreement, an email will be sent to all household members of a positive case, with guidance regarding action they should take and support available.

NHS Test and Trace will contact anyone who has had a positive PCR test by text/email/phone, with instructions of how to share details of other people in their

household and any other people with whom they have had close, recent contact, as well as details of places that they have visited.

The [Higher Education COVID-19 Operational Guidance](#) states that:

“HE providers should support NHS Test and Trace and ensure that students, staff and other visitors know how the contact tracing process works.

To minimise transmission of COVID-19, it is vital that as many contacts as possible are identified and advised to take action as appropriate in accordance with government guidance. HE providers should follow the government’s [working safely guidance](#), and may be contacted by NHS Test and Trace to help with identifying close contacts, as currently happens in managing other infectious diseases.

Settings will continue to have a role in working with health protection teams in the case of a local outbreak”.

The University will make every effort to support NHS Test & Trace and/or the Local Health Protection Team with identifying those who might have had close contact at the University with someone who has tested positive for COVID-19.

The information that will be shared:

- the contact details of the individual (usually name, telephone number, email address).
- the date/time/location where close contact might have occurred.

Sources of information that may be used for the purposes of contact tracing and outbreak management include:

- **Accommodation records:** flat cohorts, information about shared kitchens/bathrooms, layout e.g. flats/corridors.
- **Kent Vision:** contact details of close contacts identified, individual timetables.
- **Staff Record System:** contact details of close contacts identified.
- **Timetabling:** identification of other cohorts who used a timetabled space during the period of interest, which member of staff was scheduled to be there.
- **Attendance Monitoring System:** identification of which students were actually in attendance for a particular class, if available.
- **Library Entrance Systems:** identification of who was present in the libraries during period of interest.
- **Catering outlets tracing system:** identification of who was present in catering outlets during period of interest.
- **Kent Sport:** identification of who was present in a sports facility or attended a fitness/exercise class.
- **Transport:** identification of who may have travelled on the same shuttle bus as a confirmed case.
- **Colleges and Community Life Team:** identification of who attended scheduled activities.
- **Chaplaincies:** identification of who attended faith spaces.

- **Kent Union and GKSU:** identification of who attended club/society activities.

For all cases relating to staff, the Operating Guidance states that, “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. If cases amongst staff mean a setting meets the threshold, described above, employers will need to provide the 8-digit NHS Test and Trace Account ID (sometimes referred to as a CTAS number) of the person who tested positive, alongside the names of co-workers identified as close contacts.”

### 4.3 Actions for those required to self-isolate

A close contact, including any household members, will not have to self-isolate if any of the following apply:

- they are fully vaccinated\*
- they are below the age of 18 years 6 months
- they have taken part in or are currently part of an approved COVID-19 vaccine trial
- they are not able to get vaccinated for medical reasons

\*Fully vaccinated means that you have been vaccinated with an MHRA approved COVID-19 vaccine in the UK, and at least 14 days have passed since you received the recommended doses of that vaccine

The [NHS Test and Trace guidance](#), sets out what individuals should do if they are identified as a close contact of someone who has tested positive for COVID-19. They should also follow the instructions in Section 3 above, to inform the University of their need to self-isolate and to assist the University with breaking chains of transmission within the University and wider community.

The guidance also states that “if you are identified as a contact of someone with COVID-19 but you are not required to self-isolate, you can help protect others by following the guidance on how to stay safe and help prevent the spread. In addition to getting a PCR test, you may also consider:

- limiting close contact with other people outside your household, especially in enclosed spaces
- wearing a face covering in enclosed spaces and where you are unable to maintain social distancing
- limiting contact with anyone who is clinically extremely vulnerable
- taking part in twice weekly LFD testing”

## 5. Support for students who are required to self-isolate

Students who inform the University that they are self-isolating are invited to indicate if they wish to be contacted by a member of the College and Community Life Team for support. Students living on campus are provided with further information regarding practical matters such as access to groceries/laundry. They are contacted periodically during their isolation

and the University has a dedicated team working 7 days per week, including evenings, to ensure that students are able to obtain items essential to them without leaving their accommodation.

Students, including those who are Clinically Extremely Vulnerable (CEV) and those requiring mental health support, can also continue to access specialist support in Student Support and Wellbeing remotely during any period of self-isolation. Students are also advised that they may be eligible for a one-off payment of £500 through the [NHS Test and Trace Support Payment Scheme](#) if they are required to self-isolate.

Students can access further information through webpages, FAQs, webchats and a range of online activities that will be continuously promoted via the [Student Guide](#). This will include activities funded through the award received from Kent County Council's Contain Outbreak Management Fund.

## 6. Outbreak Control

The DfE [Contingency Framework](#) states that Local Authorities, Directors of Public Health, and Health Protection Teams are responsible for managing localised outbreaks and advises that extra action should be considered if the number of positive cases substantially increases. For HE settings, the threshold for this is defined as:

- 5 students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period; or
- 10% of students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period.

A Director of Public Health or HPT may set the thresholds for extra action higher than this where local rates are high.

Higher Education providers are advised to liaise with their Directors of Public Health and local Health Protection Teams, if and when outbreaks occur, to identify any additional measures to put in place.

Additionally, the Contingency Framework states that "all settings should seek public health advice if a student or staff member is admitted to hospital with COVID-19 by phoning the DfE helpline (0800 046 8687, option 1).

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

Additional measures are likely to take the form of a dynamic risk assessment. As stated in the [Contingency Framework: Education and Childcare Settings](#), "measures affecting education may be necessary in some circumstances, for example:

- to help manage a COVID-19 outbreak within a setting



- as part of a package of measures responding to a Variant of Concern (VoC) or to extremely high prevalence of COVID-19 in the community
- to prevent unsustainable pressure on the NHS”

It is further advised that cases identified as positive in the test-to-return period (i.e. for the first 2 tests that students take on their return to campus) should not trigger escalation or introduction of additional measures.

The [Higher Education COVID-19 Operational Guidance](#) states:

“Where restrictions are considered necessary, the default position is that HE providers will remain open, with non-educational facilities and activities reflecting wider restrictions in place locally. As a next step, and before advising limitations on attendance in education settings, they should work with Directors of Public Health locally to identify additional measures to put in place. For instance, by increasing testing, quickly identifying contacts within the HE provider’s setting and providing appropriate support to those who are required to self-isolate.”

The additional measures that could be considered include:

- Increased ventilation measures;
- Enhanced cleaning measures;
- Strengthened communications communication to staff/students in relation to hygiene/testing/face coverings;
- Introduction of additional testing, including increased frequency of testing and reintroduction of on-site testing if these facilities were halted. This measure could be advised for an individual setting or across an area;
- Temporarily reinstating face-coverings e.g. in communal areas or teaching spaces;
- Consideration of activities that could take place outdoors;
- Introduction of short-term attendance restrictions. However, the DfE framework emphasises that this should only be considered ‘in extreme cases, and as a last resort where other risk mitigations have not broken the chains of transmission’.
- Re-introduction of shielding. This can only be reintroduced by national Government, in the event of a major outbreak or Variant of Concern (VoC) that poses a risk to individuals on the Shielded Patient List (SPL).
- Attendance restrictions. These should only ever be considered as a short-term measure and a last resort (see below).

As further stated in the Contingency Framework, decision makers should keep all additional measures under regular review and lift them as soon as the evidence supports doing so.

#### *Attendance Restrictions*

As the Government has made it a national priority that education should continue to operate as normally as possible during the COVID-19 pandemic, attendance restrictions should only be considered as an absolute last resort, such as in the scenarios set out in the Contingency Framework:

- for individual settings, on public health advice in extreme cases where other recommended measures have not broken chains of in-setting transmission; or
- across an area, on government advice in order to suppress or manage a dangerous variant and to prevent unsustainable pressure on the NHS.

In the event of attendance restrictions being implemented, attendance for in-person teaching and learning will be prioritised for students and staff on those courses where it is most beneficial (for example, clinical or practical learning and research). The University will continue to ensure that high-quality remote education is delivered to all students not attending, whether this is due to a student who has tested positive for COVID-19 but is well enough to learn from home or due to attendance at their setting being temporarily restricted. During any period where attendance restrictions have been set, the University will also consider whether it is appropriate for some staff to also work remotely and will have particular regard to the [Guidance on Protecting People who are Clinically Extremely Vulnerable from COVID-19](#).

## 6. Partnership Working

In the event of individual cases and/or outbreaks on the Canterbury or Medway campus, the Single Point of Contact would ensure that the equivalent Single Points of Contact in Canterbury Christ Church University and/or Greenwich University, as well as Kent Union and GKSU are kept informed of any relevant information, due to shared use of spaces and students sharing accommodation. The University Medical Centre and University Nursing Service on the Canterbury Campus, would also be informed. If relevant, the University would also work with colleagues at Pier Quays (Medway) and UPP (Canterbury), as well as other private providers of accommodation.

The University Communications Team will liaise with the Local Health Protection Team and colleagues in other Universities, Kent County Council, Medway Council and Canterbury City Council, to ensure co-ordinated communications to students, staff, the local community and other external stakeholders.

## 7. Contact Details and Key Information

Local Health Protection Team:      **In hours** (M-F, 9-5) : 0344 225 3861 (select the option for the Kent Health Protection Team)  
**Out of hours:** 0844 967 0085  
**Email:** [icc.kent@phe.gov.uk](mailto:icc.kent@phe.gov.uk)

Single Point of Contact (SPOC) for University of Kent: Lucy Foley, Director of Student Services, 07766 407836/07517 132796.

Deputy Single Point of Contact: Jacqui Double, Head of Colleges and Community Life, 07821 804700

Alternative Point of Contact: Campus Security – 01227 823300, who will pass to the individual on-call.

[Higher Education COVID-19 Operational Guidance](#)

[Contingency Framework: Education and Childcare Settings](#)

[Kent and Medway Local Outbreak Control Plan](#)

[Ventilation and air conditioning during the coronavirus \(COVID-19\) pandemic](#)

[COVID-19: cleaning in non-healthcare settings](#)

[COVID-19 Vaccination FAQs: Students in Higher Education Institutions](#)

[Information for International Students about Studying in England During the Pandemic](#)

[UUK Checklist for Supporting Students who are Required to Self-Isolate](#)

[Guidance on Protecting People who are Clinically Extremely Vulnerable from COVID-19](#)

[NHS Test and Trace: What to do if you are contacted](#)

[Working Safely During Coronavirus \(COVID-19\)](#)

[NHS advice on how to avoid catching and spreading COVID-19](#)

**Approved by:**  
**Directors of Public Health for Kent and Medway Councils**  
**UoK/LF 9 Sept 2021**

## Appendix 1 – Definitions

- **Confirmed case:** laboratory positive case of COVID-19 with or without symptoms
- **Suspected case:** new continuous cough and/or high temperature and/or loss of, or change in, normal sense of taste or smell (anosmia). In addition, the University has informed staff and students of the published symptoms of the Delta variant – headache, runny nose, sore throat, sneezing.
- **Household Contacts:** Those that are living in the same household as a case e.g. those that live and sleep in the same home, or in shared accommodation such as university accommodation that share a kitchen or bathroom.
- **Close Contact:** Direct face to face contact with a case for any length of time (within 1m for 1 minute or longer)
- **Proximity contacts:** Extended close contact (within 1-2m for more than 15 minutes) with a case.
- **Travelled in same car.**
- **Infectious Period:** The infectious period is **from 48 hours prior** to symptom onset/ of date of test (in those who are asymptomatic but have tested positive for COVID-19), **to 10 days after**.
- **Outbreak: 2 or more confirmed cases** of COVID-19 among students or staff **who are linked** due to being direct close contacts, proximity contacts or in the same cohort in the University or hall of residence with 10 days. A cohort might be a tutorial group, lab session, social club, or other defined group. An Outbreak is defined to be over 28days after the onset of the last confirmed case in the setting and after results of any possible cases in residents or staff in that time have tested negative.
- **Variant of Concern:** A SARS-CoV-2 variant that has been demonstrated, amongst other factor, to be associated with an increase in transmissibility, a change in clinical disease presentation or a decrease in the effectiveness of public health measures, including vaccines.
- **Shielded Patient List:** A record of vulnerable patients thought to be at high risk of complications from COVID-19
- **Clinically Extremely Vulnerable:** People who are thought to be at high risk of serious illness from COVID-19. These are likely to be the same people as those listed on the Shielded Patient List.

## Appendix 2 - Scenarios

The Higher Education COVID-19 Operational guidance states that provider should have plans in which they identify proportionate actions/control measures to reduce transmission and “should cover scenarios including:

- increased prevalence of infection locally that requires interventions in the whole community, including students and staff
- a large-scale outbreak that may impact on the activities of the university
- a localised outbreak in student accommodation
- a localised outbreak involving a particular student or staff member, faculty or department.”

Scenario	Partnership working:	Communications:	Decision Making:
<p>Increased prevalence of infection locally that requires interventions on the whole community, including students and staff</p>	<ul style="list-style-type: none"> <li>- Single Points of Contact (SPOCs) at University of Kent, CCCU, University of Greenwich and University of Creative Arts to meet regularly and agree joint actions, where appropriate.</li> <li>- Direct dialogue between SPOCs, DsPH, HPTs to discuss specific impact on, and actions required by, Universities.</li> <li>- Engagement with student and staff unions prior to wider comms, if possible.</li> </ul>	<ul style="list-style-type: none"> <li>- Communications led by LA lead, in collaboration with local universities</li> <li>- University response coordinated by Head of Communications with key comms signed off by Outbreak Management Team</li> <li>- Increased communication through University and Students Unions social media along with detailed online information</li> <li>- Direct email communications to student body via DVC Education and Student Experience.</li> <li>- Direct email communications to staff body via Director of Human Resources and Organisational Development.</li> <li>- All staff and all student webchats to answer particular concerns</li> </ul>	<ul style="list-style-type: none"> <li>- Outbreak Management Team to be convened by DVC Education and Student Experience.               <ul style="list-style-type: none"> <li>○ Implementation of recommendations by DsPH, HPT or Local or National Government</li> <li>○ Teaching adjusted in line with module convenors’ continuity plans, taking account of learning outcomes and professional body, requirements, with guidance from the Director of Education.</li> <li>○ Face-to-face teaching to be suspended only as a last resort and for shortest time possible, in accordance with the HE COVID-19 Operational Guidance.</li> <li>○ Priority courses/programmes that require face-to-face teaching have been identified.</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>- Digital screens across campus to reinforce safety messages</li> <li>- Comms to include signposting to support for students with particular concerns, including those who are clinically extremely vulnerable (CEV) and those requiring mental health support.</li> </ul>	<ul style="list-style-type: none"> <li>o Practical measures as recommended by DsPH/ HPT (see Contingency Framework).</li> <li>o Consideration of suspension of non-essential activities in line with locally defined interventions, whilst mitigating against impact on mental and physical wellbeing of students as much as possible, particularly those most highly impacted by any restrictions.</li> <li>o Increase in proportion of staff working from home and review of University H&amp;S risk assessment.</li> <li>o Additional practical, pastoral and mental health support for students, particularly those who are self-isolating.</li> </ul>
<p>A large-scale outbreak that may result in substantial restrictions implemented at a local level that impact on the activities of the University</p>	<ul style="list-style-type: none"> <li>- Work closely <b>with local and national partners</b> to implement and support restrictions.</li> <li>- In case of the outbreak being University-related, participate in Outbreak Control Team/Incident Management meeting convened by DPH.</li> <li>- Collaboration and communication between the SPOCs of local Universities, as any outbreak in one University is likely to impact on the wider student body locally.</li> </ul>	<ul style="list-style-type: none"> <li>- Elements of above, as appropriate to location and proximity to campus/es and scale.</li> </ul>	<ul style="list-style-type: none"> <li>- Outbreak Management Team to be convened by DVC Education and Student Experience. <ul style="list-style-type: none"> <li>o Elements of above, as appropriate to location and proximity to campus/es and scale.</li> <li>o Focus on safety of University and wider community, whilst maintaining quality of teaching/research/non-academic experience of students, ensuring that actions taken are proportionate.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- Collaboration with off-campus accommodation providers, where appropriate.</li> </ul>		
A localised outbreak in student accommodation where the University is the landlord	<ul style="list-style-type: none"> <li>- SPOC to escalate to DPH and HPT as soon as threshold is reached. Where possible, early indication of an emerging situation will be alerted also, to facilitate a prompt response.</li> <li>- Participate in any external Outbreak Control Team/s convened by DPH.</li> <li>- Collaboration with SPOCs in other local Universities, depending on location of outbreak.</li> <li>- SPOC to keep local HPT/DPH informed of evolving situation and to support NHS Test and Trace to contain outbreak.</li> </ul>	<ul style="list-style-type: none"> <li>- Engage with student and staff unions.</li> <li>- Increased communication to the staff and student body through internal emails and updated FAQs on website.</li> <li>- Hosting all-staff and all-student webchats to answer particular concerns.</li> <li>- Key messages: <ul style="list-style-type: none"> <li>o Reinforce guidelines on gatherings and visitors</li> <li>o Reinforce role of external enforcement</li> <li>o Reinforce disciplinary procedures and escalation</li> <li>o Encourage students to remain in accommodation to self-isolate (i.e. not return to home elsewhere), signpost support.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Outbreak Management Team to be convened by DVC Education and Student Experience or Director of Student Services/SPOC, with membership proportionate to the scale and location of outbreak. <ul style="list-style-type: none"> <li>o Implement recommendations of external Outbreak Control Team meeting.</li> <li>o Students impacted in accommodation to receive enhanced practical/wellbeing support, with particular consideration to students with protected characteristics, those who are clinically extremely vulnerable and students requiring additional mental health support.</li> <li>o Restrictions to be placed on visitors to affected accommodation.</li> <li>o Suspension of some non-essential activities to be considered, but all attempts will be made to minimise the restrictions on those not impacted by the outbreak.</li> <li>o Enhanced cleaning of communal areas</li> </ul> </li> </ul>
A localised outbreak involving a particular student or staff member, faculty or professional services department	<ul style="list-style-type: none"> <li>- As above, but with focus on the relevant academic department/professional service department in relation to outbreak management.</li> </ul>	<ul style="list-style-type: none"> <li>- As above</li> </ul>	<ul style="list-style-type: none"> <li>- As above, but with focus on the relevant academic department/professional service department in relation to outbreak management.</li> </ul>

	<ul style="list-style-type: none"><li>- Increased engagement with the staff and students impacted in that academic department and/or who access a particular PSD.</li><li>- Heightened awareness of intersectionality between academic/PSD outbreaks and mixing in accommodation in effort to prevent further spread of outbreak.</li></ul>		
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## Appendix 3 Communications Strategy

Our communications plan to support Covid outbreak response is intended to ensure we are consistent, responsive and targeted in how we address the different likely outbreak scenarios. This will be driven by clear lines of communication and sign-off, building on our experience throughout the pandemic, with close collaboration with key local stakeholders and alignment with messages and resources from Public Health England. This will be directed throughout by the Local Authority Health Protection Team, who will inform the level of response required in the event of an outbreak.

### **Consistent**

Key Covid safety messages have been pre-agreed and will be an ongoing part of our communications to staff and students throughout the coming months. These will be dialled up or dialled down as required, ensuring everyone on our campuses is aware of what they need to do to help prevent outbreaks and we have consistent ways to communicate them in the event that we need to take more specific action.

### **Responsive**

Our existing crisis communications protocols and out-of-hours procedures will be used to ensure we can respond quickly if and when an outbreak occurs on our campuses. As well as having template comms collateral prepared in advance of likely scenarios so we can move quickly, this includes pre-agreed sign-off routes for key comms and established lines of communication between key stakeholders who either need to be informed about comms before they go out or who need to assist with local distribution.

### **Targeted**

As far as possible, we will target communications through the most appropriate channels and means to have the biggest impact in limiting the spread of Covid-19. This can again be flexed as required, with an assumption that we will 'over-communicate' rather than risk missing any people who need urgent information.

The following diagram sets out our procedure for Communications drafting and dissemination in the event of an outbreak:

# UoK Incident Response: Comms Procedure

