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 3. Protecting yourself and others from coronavirus (<https://www.gov.uk/coronavirus-taxon/protecting-yourself-and-others>)
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Guidance

COVID-19 contain framework: a guide for local decision-makers

Updated 28 August 2020

Contents

Overview and purpose

Local outbreak plans and powers

Roles and responsibilities

Designation of local systems

Data, reporting and further guidance

Explanation of terms used in this document

Annex 1: local outbreak planning

Annex 2: powers to impose restrictions on settings and members of the public

Annex 3: tiers of national restriction for education and childcare



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Overview and purpose

This framework sets out how national and local partners will work with the public at a local level to prevent, contain and manage outbreaks. Successful management of local outbreaks is a core element of NHS Test and Trace's ambition to break the chains of COVID-19 transmission to enable people to return to and maintain a more normal way of life.

This national framework will support local decision-makers by clarifying their responsibilities and empowering them to take preventative action and make strong decisions locally, supported by mechanisms that safeguard key national assets and interests.

Managing outbreaks is very dynamic. The overarching aim is to empower local decision-makers to act at the earliest stage for local incidents, and ensure swift national support is readily accessible where needed. Continuous improvement is critical as we learn more about managing the virus alongside existing infectious disease and emergency response arrangements. We will continue to communicate and work with local, regional and national teams to develop structures and ways of working, working alongside and within existing emergency response mechanisms and maximising their effectiveness.

Ministers are accountable nationally, as set out in the Prime Minister's statement on 3 July (<https://www.gov.uk/government/speeches/prime-ministers-statement-on-coronavirus-covid-19-3-july-2020>) for setting this framework and for oversight and intervention where necessary. Locally, Directors of Public Health (DPH) are accountable for controlling local outbreaks, working with Public Health England (PHE) and local health protection boards, supported with resource deployment by local 'gold' structures led by council chief executives, and local boards to communicate and engage with communities led by council leaders.

Six principles support effective implementation of an integrated national and local system:

- the primary responsibility is to make the public safe
- build on public health expertise and use a systems approach
- be open with data and insight so everyone can protect themselves and others
- build consensus between decision-makers to secure trust, confidence and consent
- follow well-established emergency management principles
- consider equality, economic, social and health-related impacts of decisions

Local outbreak plans and powers

Unitary metropolitan councils and county councils (referred to as 'upper tier local authorities' (UTLAs) in this document) are leading local outbreak planning, within a national framework, and with the support of NHS Test and Trace, PHE and other government departments. In 2 tier areas, county councils are working closely with district councils who have responsibility for environmental health.

Each UTIA has a local outbreak plan developed in line with the Association of Directors of Public Health (ADPH) guiding principles (<https://www.adph.org.uk/2020/06/guiding-principles-for-effective-management-of-covid-19-at-a-local-level/>) setting out how partners should work together to implement the plans and take a preventative approach.

COVID-19 local outbreak plans are based on the tried and tested practice of preventing and containing outbreaks in individual settings like workplaces and care homes, enhanced with a broader range of partners, capacity, communications and governance. Local outbreak plans are centred on 7 themes (more detail at annex 1):

- healthcare and education settings
- high-risk workplaces, communities and locations
- local testing
- contact tracing in complex settings
- data integration
- vulnerable people and diverse communities
- local boards and communications

Wherever possible, actions to address outbreaks of COVID-19 will be undertaken in partnership with local communities, on the basis of informed engagement and consent. UTLAs will have powers to close individual premises, public outdoor places and prevent specific events. This means that UTLAs will no longer have to make representations to a magistrate in order to close a premises. Premises which form part of essential infrastructure will not be in scope of these powers. A non-exhaustive list of the types of categories of infrastructure will be set out in government guidance.

This significantly increases the powers available to UTLAs. We expect these powers to be used with discretion, and only to be used having had regard to any advice given to it by its DPH. In any event, in exercising any of these powers the UTLA must notify the Secretary of State as soon as reasonably practicable after the direction is given and review to ensure that the basis for the direction continues to be met, at least once every 7 days. They should not be applied to settings of national importance without prior consultation with the setting owner and the NHS Test and Trace Regional Support and Assurance team, who will work with the relevant government department to determine the best course of action.

Ministers have similar powers to take action against specific premises, places and events, as well as a power to direct UTLAs to act and to consider whether a local authority direction is unnecessary and should be revoked (including in response to representations from those affected by it). Detail on the legal powers with effect from 18 July is set out in annex 2.

To address more serious and wider-spread cases, ministers will be able to use their existing powers (under the Public Health (Control of Disease) Act 1984) to implement more substantial restrictions (regulations would be produced – and approved by Parliament – on a case-by-case basis) which could include:

- closing businesses and venues in whole sectors (such as food production or non-essential retail), or within a defined geographical areas (such as towns or counties)
- imposing general restrictions on movement of people (including requirements to ‘stay at home’, or to prevent people staying away from home overnight stays, or restrictions on entering or leaving a defined area)
- imposing restrictions on gatherings – limiting how many people can meet and whether they can travel in and out of an area to do so
- restricting local or national transport systems – closing them entirely, or introducing capacity limits or geographical restrictions
- mandating use of face coverings in a wider range of public places

We will ensure that the requisite local support is in place, to better assess high-risk settings and ensure that outbreak containment measures can be rapidly implemented and enforced when identified.

Local governance of COVID-19 outbreak plans builds on existing practice as follows:

- the COVID-19 Health Protection Board provides public health leadership and infection control expertise, linked to the PHE regional lead, NHS, environmental health and other key partners. The DPH is responsible for the local outbreak plan
- the local gold (Strategic Coordination Group) provide resource coordination, and link to NHS Test and Trace. The council Chief Executive is responsible for the deployment of resources and liaison with the LRE (for example, for mutual aid), and with Whitehall via Regional Support and Assurance teams (described further in Data, reporting and further guidance)
- a Local Outbreak Control Board (or existing governance such as a local Health and Wellbeing Board) provides public engagement and community leadership, including comprehensive and timely communications to the public and a link to ministers. Council leaders are responsible for community engagement

Roles and responsibilities

While COVID-19 presents an unprecedented challenge, well-established local and national arrangements for public health and emergency planning are being used as the basis of this enhanced response. The decision-making model follows the tried and tested approach to civil emergencies, based on the concept of subsidiarity, which is where decisions should be taken at the lowest appropriate level, with co-ordination at the highest necessary level.

NHS Test and Trace Support and Assurance Teams:

- provide a crucial link between local and national government
- represent Whitehall working within local structures and provide a report back to ministers
- offer advice about escalating critical issues
- rapidly scale up responses

These teams will draw on expertise from NHS Test and Trace, PHE, former council chief executives, and other government departments.

In practice, national, regional and local teams are already working in partnership in developing the response to the virus. Local plans are discussed with regional colleagues to ensure the right support is provided and learning can be shared with other areas and support is rapidly provided where necessary. Local authorities should alert NHS Test and Trace in instances where they are considering that the closure of a premises is necessary to manage local outbreaks. NHS Test and Trace will provide advice as to whether that premise is of national significance and therefore whether the relevant government department needs to be consulted before action is taken.

A wide range of indicators will be monitored to ensure constant situational awareness across England. Data on local virus prevalence will be published with detailed information provided to local systems. The indicators will help provide an early-warning system to enable early, preventative action. The indicators will be kept under review and amended as our understanding of the virus increases. They fall into 4 primary groups:

- PHE and NHS Test and Trace data – for example the number and rate of increase of positive cases and the number of outbreaks in an area
- syndromic surveillance – for example increase in NHS111 calls regarding COVID-19 like symptoms
- NHS activity – for example hospital admissions for COVID-19
- other indicators – for example mortality data

This monitoring will enable an understanding of the virus progression and level of risk by UTLA. The majority of areas will be operating as 'business as usual'. However, at any one time, some UTLAs will be designated (by the national command structure, further detail below) in one of the following categories:

- area(s) of concern – a watch list of areas with the highest prevalence, where the local area is taking targeted actions to reduce prevalence – for example additional testing in care homes and increased community engagement with high risk groups
- area(s) of enhanced support – for areas at medium/high risk of intervention where there is a more detailed plan, agreed with the national team and with additional resources being provided to support the local team (eg epidemiological expertise, additional mobile testing capacity)
- area(s) of intervention – where there is divergence from the measures in place in the rest of England because of the significance of the spread, with a detailed action plan in place, and local resources augmented with a national support

National decision-making will take place through the government's Local Action Committee command structure, which can escalate concerns and issues to the COVID Operations Committee to engage ministers across government. The national command structure is as follows:

Group	Attendees	Frequency	Remit
COVID-Operations Committee	Relevant secretaries of state Chief Medical Officer Senior civil servants	As needed	Cross-government consideration of situation and actions required in the extreme cases where local lockdown is a consideration
Local Action Committee (gold)	Secretary of State for Health (Chair) Ministers and senior civil servants Chief Medical Officer <u>PHE</u> CEO, senior officials from the Department of Health and Social Care (DHSC), NHS Test and Trace, and <u>PHE</u>	Weekly at a minimum This group can be convened rapidly as required	Brief ministers on latest national and local epidemiological picture Review and evaluate responses in key areas and further action or escalation to other government departments or COVID-Operations
Weekly containment group (silver)	Chief Medical Officer (Chair) Senior officials and <u>PHE</u> colleague	Weekly, at a minimum This group can be convened rapidly as required	Assess latest national and local epidemiological picture Review and evaluate local outbreak responses and consider further action or escalation

Group	Attendees	Frequency	Remit
Daily Containment Group (bronze)	NHS Test and Trace Executive (rotating) (Chair) Senior officials from government departments and <u>PHE</u> colleagues	Daily This group can be convened rapidly as required	Provide situational awareness on latest outbreaks and epidemiological picture Review and evaluate local outbreak response and action extra support Decide whether a situation needs further investigation and action Determine escalation

Differential levels of outbreaks

On a sliding scale, there are a range of outbreak scenarios that require appropriate actions:

- cases refer to individual cases of COVID-19
- clusters refers to 2 or more cases associated with a specific setting in the absence of evidence of a common exposure or link to another case
- outbreaks refer to 2 or more confirmed cases associated with a specific setting with evidence of a common exposure or link to another case
- community spread refers to sporadic or linked cases on a limited or extensive basis

In the majority of these scenarios, local teams will be able to control the outbreak by drawing on their expertise in epidemiology, analysis, good communications and engagement, infection control, enhanced testing and effective local contact tracing. They may impose restrictions on the specific setting, such as cleansing or temporary closure. In exceptional cases, an outbreak in a setting will require additional support or intervention. NHS Test and Trace Teams will work with local areas to ensure that settings of national significance, for example those which form part of the UK's critical national infrastructure or underpin major supply chains, are identified proactively and managed appropriately.

The following table summarises the key roles for managing outbreaks within an individual setting, within a local authority area, and which cross regional boundaries.

Level	Decision-maker(s)	Coordination, advice and engagement
Individual setting (for example restaurant, school, factory)	Setting owner – with appropriate support.	
May vary depending if the setting is deemed a setting of national significance.	<u>PHE</u> (local health protection teams) Director of Public Health NHS Test and Trace and <u>PHE</u> setting specific action cards	

Level	Decision-maker(s)	Coordination, advice and engagement
Within a local authority area	Decisions may be taken by the chief executive, Director of Public Health or Head of Environmental Health	COVID-19 Health Protection Board (including NHS, faith, community partners, PHE) Local Strategic Co-ordination Group Local Outbreak Control Board or other political oversight bodies
Regional (cross-boundary)	N/A – agreed cross-boundary decisions will be implemented at local authority level	Local resilience forums (LRFs) Mayoral and combined authorities Integrated care systems Regional health directors (PHE and NHS)

Designation of local systems

For the majority of scenarios it will be most effective to deal with the local arrangements, where local community spread will largely be manageable within local COVID-19 arrangements, as has been the case during national lockdown.

However, depending on the prevalence and progression of the virus local systems will be designated into three ‘escalation’ categories which would enable specialist expertise and resource to be drawn down from regional and national levels to augment the local systems.

Areas of concern

In these areas [UTLAs](#) will work with their partners, supported by regional [PHE](#) and NHS Test and Trace resource, to take additional actions to manage outbreaks and reduce community spread of the virus to more normal levels. Actions taken may include additional targeted testing at high risk areas or groups, for example care homes, enhanced communications around the importance of social distancing, hand hygiene and other preventative measures, and more detailed epidemiological work to understand where clusters of the virus are occurring so that appropriate action can be taken.

Areas of enhanced support

[UTLAs](#) deemed as areas for enhanced support will be provided with increased national support, capacity and oversight, including additional resources deployed to augment the local teams. Actions taken may include significant additional widespread testing deployed to the [UTLA](#), local restrictions put in place to manage outbreaks and detailed engagement with high risk groups and sectors to help increase the effectiveness of testing and tracing in these areas.

Areas of intervention

In certain instances, decision-making will be referred to the national level. This includes cases where:

- local leaders request an intervention from government
- multiple outbreaks require resource prioritisation by Ministers (for example where an outbreak requires more resources than local decision-makers can access through their own systems or mutual aid, including supplies of items such as PPE or additional staff)
- outbreaks raise issues of national importance (for example impact on critical infrastructure, major parts of the economy or on wider sectors such as food or energy production); or
- local capabilities and controls are exceeded (for example local community protection actions are not effective, or the scale of the outbreak calls for the use of wider or more intrusive powers)

Analysis of the nature of the outbreak will determine which measures will be most effective from the range illustrated below:

- extensive communications, with widespread community engagement to reach the groups directly affected by the outbreak, delivered in the languages most relevant to the local community and guidance to improve preventative measures (for example increase the frequency of hand washing or cleaning in response to a potential outbreak, face coverings, bubbles)
- accelerate and expand channels for local testing, symptomatic and asymptomatic individuals around the outbreak (e.g. students, customers, staff who may have been exposed but are not showing symptoms, types of workforce, houses of multiple occupancy)
- enhanced inspection regime for businesses
- close certain businesses and venues (for example shops, cafes, gyms, recreation centres, offices, labs, warehouses)
- cancel organised events (for example sporting events, concerts, weddings, faith services)
- close outdoor public areas (for example parks, playgrounds, beaches, esplanades, outdoor swimming pools)
- encourage working from home (for example instigating working from home measures where this is feasible)
- limit schools to set year groups (for example year groups with forthcoming assessments or which are important for transitions between school phases). For further details on the tiers of restrictions for education and childcare, please see annex 3
- close schools (for example close impacted schools with the exception of vulnerable children and children of critical workers). For further details on the tiers of restrictions for education and childcare, please see annex 3
- travel or movement restrictions could be applied for example only travel for key workers
- bespoke measures for people who are shielding

A multi-agency national incident resource will be deployed to significantly bolster local resources to respond to the incident. This team will include epidemiological resources, health protection experts, logisticians and general managers, communications specialists and other resources as needed depending on the scale and type of incident in question.

Data, reporting and further guidance

As described in Roles and responsibilities, ongoing monitoring both locally and nationally is critical to help prevent, identify and contain outbreaks. Local DPH teams and PHE will have good situational awareness and are best placed to monitor and identify potential issues in their area. Local authorities will also be able to draw on information and resources provided by the Joint Biosecurity Centre (JBC) and PHE, established to provide analytical support and advice on outbreak control measures. An increasing number of dashboards are available locally, and to the public, so that data and insight can inform actions.

As part of this role, the JBC will act as an independent analytical function to provide data and analysis to government and to local authorities, helping to identify and respond to outbreaks as they occur and trends for early warning. This function will further develop over the coming months based on feedback from local areas and as we learn from outbreak management.

Each LTLA will be communicating extensively with the public, as they have done throughout COVID-19, which will supplement national campaigns to drive behaviour to contain the virus. The Local Government Association (LGA) Knowledge Hub is available for Good Practice Examples, including Hints and Tips for effective outbreak planning and extensive communications materials.

Extensive government guidance is available to give the public easy access to up-to-date information about preventing and managing outbreaks. This will be vital for business owners and others who are responsible for organisations or locations where outbreaks may happen. To report an outbreak or get advice, you can contact your local health protection team.

In addition, the government will shortly publish action cards to help businesses and other organisations work effectively with their local public health teams to manage an outbreak. These will be continuously updated as we learn about the most effective ways of dealing with outbreaks. The action cards will:

- explain how to notify the local public health teams and what will happen after notification and provide examples of actions that may be required in the event of an outbreak
- provide specific advice on the issues different types of organisations may face
- give the opportunity for organisations to consider what they may need to do to prepare for an outbreak, as well as the steps to follow in that event

There is significant capacity available to support local outbreak planning and provide the crucial link between national and local. Regional Support and Assurance Teams, part of NHS Test and Trace, will escalate critical issues of national importance and rapidly scale up local responses. The role of this team will be to:

- provide advice on the interpretation of community protection actions
- support local decision-makers in the delivery and communication of community protection actions
- collate and monitor actions currently being imposed across the area of responsibility, and
- provide advice, guidance and access to further information about whether actions are effective and support decisions over their continuation or removal, and where necessary
- represent Whitehall departments in local structures when the situation in consideration has potential to impact on national assets and interests

This framework will be reviewed regularly as lessons are learned from outbreaks. If you have any comments please feed them through to outbreakplanning@dhsc.gov.uk, please also use that email if you have any queries.

Explanation of terms used in this document

Chief Medical Officer: the government's most senior advisor on health matters

Contact tracing: the process of identifying people who may have come into contact with an infected person

COVID-19 Health Protection Board: Director of Public Health responsible with strong support of [PHE](#), working with the NHS and other community partners

Critical national infrastructure: areas critical to the functioning of the country and day-to-day life. In the UK, there are 13 national infrastructure sectors:

- chemicals
- civil nuclear
- communications
- defence
- emergency services
- energy
- finance
- food
- government
- health
- space
- transport
- water

Director of Public Health: statutory duty for local outbreaks

Gold group: local strategic coordination group at a [UTLA](#) level, usually chaired by council chief executive

Health protection teams: local teams providing support to health professionals including local disease surveillance.

Joint Biosecurity Centre: the [JBC](#) has 2 main roles – to provide an analytical function with real-time analysis about infection outbreaks and to advise on how the government should respond to spread of infections

K-Hub – [LGA](#) Knowledge Hub: online sharing community

Local Outbreak Control Board (or equivalent): local leader-led governance responsible for political and public leadership including stakeholder engagement

Local outbreak plan: [UTLA](#)'s plan to deal with local outbreaks

NHS Test and Trace: service established to track and help prevent the spread of COVID-19 in England

Regional support and assurance teams: act as a link between local and central government; in cases of an outbreak will provide an additional resource

SOLACE: members' network for local government and public sector professionals

Strategic Coordination Group or Gold (SCG): meeting to respond to major incidents, can be at an **LRE** level or a local authority level, responsible for resource deployment, coordination and direction with partners

Upper tier local authority (**UTLA**): for example unitary metropolitan and county councils; responsible for leading local outbreak planning

Annex 1: local outbreak planning

Every upper tier local authority (**UTLA**) has a published local outbreak plan covering the following themes:

1. Healthcare and education settings – planning for local outbreaks in health, care and education settings (for example defining monitoring arrangements, potential scenarios and planning the required response). For further details on the tiers of restrictions for education and childcare, please see annex 3
2. High-risk workplaces, communities and locations – identifying and planning how to manage high-risk workplaces, communities of interest and locations (for example defining preventative measures and outbreak management strategies).
3. local testing deployment – ensuring readiness to deploy mobile testing units to high risk locations (for example defining how to prioritise and manage deployment).
4. Contact tracing in complex settings – assessing local and regional contact tracing capability in complex settings (for example identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity).
5. Data integration – integrating national and local data and scenario planning through the **JBC** Playbook (for example data management planning, including data security).
6. Vulnerable people and diverse communities – supporting vulnerable local people to get help to self-isolate (for example encouraging neighbours to support identifying relevant community groups etc) and ensuring services meet the needs of diverse communities.
7. Local boards – establishing governance structures led by existing COVID-19 health protection boards and supported by existing ‘gold’ command forums and a new member-led board to communicate with the general public.

Annex 2: powers to impose restrictions on settings and members of the public

The majority of COVID-19 outbreaks will be best dealt with at a local level, and local leaders have a range of powers at their disposal to enforce decision-making. Paragraphs 4 to 6 in Local outbreak plans and powers explain the circumstances which could call for a national response.

Local leaders can draw on the powers set out below. This list is intended as a guide, and not an exhaustive catalogue. Local authority legal departments will be best placed to advise on the use of such powers:

- Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020: local authorities have the power to close individual premises, close public outdoor places and restrict events with immediate effect if they conclude it is necessary and proportionate to do so, in order to respond to a serious and imminent threat to public health and control the transmission of COVID-19 in its area
- Public Health (Control of Disease Act) 1984 [sections 45G, 45H and 45I]: local authorities can make an application to a Justice of the Peace in the Magistrates’ Court to impose restrictions or requirements to close contaminated premises; close public spaces in the area of the local

authority; detain a conveyance or movable structure; disinfect or decontaminate premises; or order that a building, conveyance or structure be destroyed

- The Health Protection (Local Authority Powers) Regulations 2010 (SI 2010/657) [Regulation 8]: local authorities have a limited power to request persons or groups of persons to do or refrain from doing anything by serving a notice for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection or contamination which presents or could present significant harm to public health

In addition to the above powers, local authorities may also seek support from ministers to use powers under the Coronavirus Act 2020 to close schools or limit schools to set year groups attendance, to cancel or place restrictions on organised events or gatherings, or to close premises.

Ministers will be able to make regulations under the made affirmative procedure to implement further restrictions to as and when needed if a serious and imminent threat to health exists relating to coronavirus transmission. Examples of the measures that could be implemented within these regulations will be published in draft, but the exact approach to regulating will vary from place to place subject to the specific circumstances in the area. Ministers also have the power to close outdoor public places when there is an imminent threat under the Health Protection (Coronavirus, Restrictions) (No. 2) (England) Regulations 2020.

Annex 3: tiers of national restriction for education and childcare

In local areas where restrictions have been implemented for certain sectors (from national direction), we anticipate that education and childcare will usually remain fully open to all, with the additional requirement that face coverings should be worn by staff and pupils in schools and colleges, from year 7 and above, outside classrooms when moving around communal areas where social distancing cannot easily be maintained (tier 1 onwards, as below). Being in nursery, school and college is vital for children and young people's education and wellbeing. It is also important that parents and carers are able to return to work, and having access to childcare will allow that to happen.

There may be exceptional circumstances in which some level of restriction to education or childcare is required in a local area. In those situations, restrictions will be implemented in a phased manner – the key aim being to retain as much face-to-face education and access to childcare as possible. These 'tiers of restriction' will ensure that extensive limitations on education and childcare are a last resort, and that priority is given to vulnerable children and children of critical workers for face-to-face provision in all cases.

Where there are no local restrictions in place, education provision should continue to remain fully open to all, and these tiers do not apply.

Application of the tiers

Even in areas of national intervention, where restrictions have been implemented for other sectors, we anticipate that education and childcare provision will usually remain fully open to all, with the additional requirement that face coverings should be worn by staff and pupils in year 7 and above when moving around the premises in areas outside classrooms where social distancing cannot be maintained (tier 1).

In the exceptional circumstances where some level of restriction to education or childcare is required in a local area, local and national partners will carefully consider which of the tiers is the most appropriate one to implement. Under the Coronavirus Act 2020, ultimately the decision to order the closure of school and childcare settings is one for central government.

Decisions will need to be made on a case-by-case basis in the light of local circumstances, including information about the incidence and transmission of coronavirus. Attendance may therefore need to be restricted in different ways to those outlined below if there is specific health evidence that doing so is a necessary measure to help control that specific outbreak or transmission risk.

As measures are relaxed following local restrictions, these tiers can be implemented in reverse. This will ensure minimising time spent in the highest tiers, so nurseries, childminders, schools, colleges and other educational establishments are able to extend their opening, in a phased manner if appropriate, at the earliest point that it is safe to do so.

As part of their contingency planning, nurseries, childminders, schools and colleges should consider how they would operate at each tier in the event that these restrictions become necessary in their local area. At each tier, schools, colleges and other educational establishments should clearly inform pupils and parents/carers which pupils should be in school or college at any given time. This is particularly true where a school is operating a rota.

Higher education providers will work with the relevant UTLAs and health protection teams to agree any local level restrictions.

Tiers of restrictions

Tier 1

The default position for areas in national government intervention is that education and childcare settings will remain open. An area moving into national intervention with restrictions short of education and childcare closure is described as 'tier 1'. There are no changes to childcare, and the only difference in education settings is that where pupils in year 7 and above are educated, face coverings should be worn by adults and pupils when moving around the premises, outside of classrooms, such as in corridors and communal areas where social distancing cannot easily be maintained.

All nurseries, childminders, schools, colleges and other educational establishments should remain open and continue to allow all their children and young people to attend, on site, with no other restrictions in place.

Tier 2

Early years settings, primary schools and alternative provision (AP) providers, special schools and other specialist settings will continue to allow all children/pupils to attend on site. Secondary schools move to a rota model, combining on-site provision with remote education. They continue to allow full-time attendance on site to vulnerable children and young people and the children of critical workers. All other pupils should not attend on site except for their rota time. Further education (FE) providers should adopt similar principles with discretion to decide on a model that limits numbers on site but works for each individual setting.

In all areas of national government intervention, education settings where pupils in year 7 and above are educated, face coverings should be worn by adults and pupils when moving around the premises, outside of classrooms, such as in corridors and communal areas where social distancing cannot easily be maintained.

Tier 3

Childcare, nurseries, primary schools, **AP**, special schools and other specialist settings will continue to allow all children/pupils to attend on site. Secondary schools, **EE** colleges and other educational establishments would allow full-time on-site provision only to vulnerable children, the children of critical workers and selected year groups (to be identified by Department for Education). Other pupils should not attend on site. Remote education to be provided for all other pupils.

In all areas of national government intervention, education settings where pupils in year 7 and above are educated, face coverings should be worn by adults and pupils when moving around the premises, outside of classrooms, such as in corridors and communal areas where social distancing cannot easily be maintained.

Tier 4

All nurseries, childminders, mainstream schools, colleges and other educational establishments allow full-time attendance on site only to our priority groups: vulnerable children and the children of critical workers. All other pupils should not attend on site. **AP**, special schools and other specialist settings will allow for full-time on-site attendance of all pupils. Remote education to be provided for all other pupils.

In all areas of national government intervention, education settings where pupils in year 7 and above are educated, face coverings should be worn by adults and pupils when moving around the premises, outside of classrooms, such as in corridors and communal areas where social distancing cannot easily be maintained.