**Campus Management Framework for September– December 2021**

**Last updated 15September 2021**

**Background**

**A. UK Government COVID-19 Roadmap February 2021**

The UK Government published its [roadmap](https://www.gov.uk/government/publications/covid-19-response-spring-2021/covid-19-response-spring-2021#roadmap) for easing the lockdown restrictions in England during the COVID-19 pandemic on 22 February. The government’s roadmap defined four phases of reducing restrictions starting from 8 March (Step 1) to no earlier than 21 June (Step 4). The final phase of relaxation of restrictions (‘Step 4’) was delayed from the planned date of 21 June 2021 to 19 July 2021 due to the emergence of the highly transmissible delta variant of COVID-19 which resulted in a significant resurgence in cases. The government proceeded to Step 4 on 19July with the removal of all restrictions on social interactions. The [recent announcement](https://www.gov.uk/government/publications/covid-19-response-autumn-and-winter-plan-2021/covid-19-response-autumn-and-winter-plan-2021) on 14th September 2021 outlined the importance of vaccinations, testing and “hands, face, space”. Local and national government will continue to monitor the link between cases and hospitalisations closely. The Government’s current approach to managing the pandemic (“Plan A”) is highlighted below. If triggers are reached, further restrictions (“Plan B”) may be implemented and could range from mandatory wearing of face coverings to working from home (see below). We also know that the local Directors of Public Health will have enhanced powers to restrict activities if a local increase is seen.

Core elements of where we are now, or “Plan A” are:-

1. Building our defences through pharmaceutical interventions: vaccines, antivirals and disease modifying therapeutics.
2. Identifying and isolating positive cases to limit transmission: Test, Trace and Isolate.
3. Supporting the NHS and social care: managing pressures and recovering services.
4. Advising people on how to protect themselves and others: clear guidance and communications.
5. Pursuing an international approach: helping to vaccinate the world and managing risks at the border.

Core elements of “Plan B” are:-

1. Communicating clearly and urgently to the public that the level of risk has increased, and with it the need to behave more cautiously.
2. Introducing mandatory vaccine-only COVID-status certification in certain settings.
3. Legally mandating face coverings in certain settings.
4. Working from home for a limited period.

At the core of the government’s strategy is the COVID-19 vaccination program for all adults coupled with a gradual relaxation of restrictions. Nearly 90% of adults (aged 16 and over) have received the first dose and over 80% have received both doses of the vaccine in the [UK](https://coronavirus.data.gov.uk/). The evidence is clear, if you have been fully vaccinated you are less likely to get unwell, less likely to be in hospital and less likely to pass the infection to other people. Our preliminary indications from surveys of students starting or returning to University in September 2021 indicate similarly high levels of vaccination uptake in the students. Further vaccinations (booster dose) for those aged 50 and NHS and social care staff will start on the 20th September, 2021.

The delta variant of COVID-19 remains at relatively high levels in the population. This is primarily but not exclusively in the unvaccinated population (e.g., school children, young adults) or in areas where there were low rates of infection in the earlier phases of the pandemic. Vaccinated people are susceptible to infection by the delta variant (‘breakthrough infections’), but a majority appear to be protected from severe infections. Consequently, although there has been an increase in hospitalisations and COVID-related deaths, this has been significantly [lower](https://coronavirus.data.gov.uk/) than in the pre-vaccination phase of the pandemic.

Over the long term, COVID-19 is expected to transition from pandemic to endemic where it will reach stable and hopefully manageable levels with seasonal surges controlled by vaccinations and new therapeutics.

**B. Department for Education (DfE) Roadmap**

In addition to the government’s Roadmap, DfE issued post-19 July [operational guidance](https://www.gov.uk/government/publications/higher-education-reopening-buildings-and-campuses/higher-education-covid-19-operational-guidance) for HEs, in line with the wider relaxation of restrictions.

The key points from this guidance are:

1. We have a legal duty to keep everyone safe in the workplace. This is no different from our standard obligations under the health and safety legislation.
2. We must not put in place any measures that limit the teaching and learning outcome for students or significantly limit the wider activities.
3. We “should communicate clearly to their students on what they can expect from planned teaching and learning”and that this should include two scenarios, “one based on the current circumstances, and one based on changes that would be made in response to changing health advice”.

**Campus Activity Framework For Semester 1 Academic Year 21/22**

**A. General Framework**

It is no longer appropriate to map the University activity to the UK government’s COVID-19 Alert status as we have done previously because of the weakened link between case numbers and severe infections and mortality and the government's decision to remove all restrictions. The Campus Framework has been modified accordingly (Appendix 1)

**B. Assumptions & Implications for September - December 2021**

1. The COVID-19 epidemic is likely to be in general circulation for the foreseeable future with at least a high to moderate risk of transmission in the unvaccinated population and a lower risk in the vaccinated population (80-90% of adult population). In the future, COVID-19 will almost certainly become endemic. However, despite the relatively high case numbers, the risk of severe or life-threatening COVID-19 infection in the vaccinated population is much lower now than it was earlier in the pandemic and unlikely to change unless a readily transmissible vaccine-resistant variant emerges.

*COVID-19 will remain a variable risk to the health of our students and staff for the foreseeable future and we have to adapt to this.*

1. With the success of the vaccination program, the government will likely press ahead with removing further restrictions at least in the short term.

*As society and general activity return to a level of normality, with widespread social interactions, it is untenable and inconsistent with DfE and UK government guidance for the University to operate in a restrictive way unless the situation deteriorates and we are advised by the local public health team or by the government to restrict our activity.*

*Given (a) and (b) a different approach is required to managing risk on the campus that is not dependent on limiting on-site or in-person activity or social distancing.*

1. Further local or national restrictions may be necessary for the future although it is unlikely we will return to full lockdown as in the first phase of the pandemic.

*Planning needs to account for this possibility. Through the last year, we have acquired sufficient experience and know-how to be able to do this and should be able to respond to changing conditions.*

**D. University Activity – Academic Year 2021/22**

Plans and timetabling for both normal activity and socially distanced activity, and transition between these phases have already been developed.

Under current conditions and the level of restrictions, we will return to normal activity on the campus in the first semester. This will include hybrid working for staff and blended learning for students.

For managing COVID-19 risk, we will adopt a multi-layered approach to reduce the risk to the lowest practicable level.

**E. Governance and accountability**

Campus management including general safety, testing, and vaccination support is overseen by the Campus Management Group (CMG) reporting to the Senior Leadership Team. The CMG is chaired by Professor Nalin Thakkar (Vice-President for Social Responsibility). The Group evolved from the Campus Reopening and Corporate Support Group and has overseen the safe reopening and operation of the University campus and delivery of mass COVID testing for students and staff. The terms of reference for the group can be found [here](https://www.staffnet.manchester.ac.uk/campus-management/campus-management/).

The membership consists of:

* Chair: Nalin Thakkar, Vice-President for Social Responsibility
* Deputy: Diana Hampson, Director of Estates and Facilities
* Project Manager: Jane Pinder
* Judy Williams, Associate Vice-President for Teaching and Learning
* Melissa Westwood, Associate Vice-President for Research
* Ben Ward Students’ Union Representative
* Academic Faculty Representatives: Chris Hardacre (FSE), Martin Evans (HUMS), Tony Heagerty (FBMH)
* PS Faculty Representatives: Dani Murtagh (FSE), Nicola Sheehan (HUMS), Sharon Grant (FBMH)
* Arpana Verma, Head of Division, Division of Population Health, Health Services Research & Primary Care
* David Barker, Director of Compliance and Risk
* Angus Hearmon, Director of IT Services
* Karen Heaton, Director of Human Resources
* Simon Merrywest, Director for Student Experience
* Vicky Ackerley, Director of Sport & Residential Services
* Phil Barley, Director of Special Projects, Compliance & Risk
* Katy Woolfenden, Associate Director, UoM Libraries
* Marianne Webb, Head of Internal and Change Communications
* Patrick Seechurn, Head of Safety Services
* April Lockyer, Head of Research Governance, Ethics, and Integrity

**F. Principles for campus management**

1. The prime consideration of students’ and staff safety & wellbeing and management of COVID-19 risk with sensible and proportionate measures that follow the health and safety hierarchy of controls to reduce the risk to the lowest reasonably practicable level in a manner commensurate with the risk level for on-campus activities.
2. Decisions & actions informed by scientific evidence, and by central and local government guidance and restrictions, and Health & Safety Executive guidance.
3. Consensus on business-critical activity for prioritisation in periods of restriction and actively managed activity on the campus.
4. Managed working on the campus with local decision-making informed by the framework and local risk assessments.
5. All activity subject to thorough risk assessments.
6. Transparent & impartial decision-making, and stakeholder engagement.

**G. Measures to reduce risk of COVID-19 transmission to lowest practicable levels**

 **Individuals**

* Appropriate guidance and induction
* Encourage staff and students to undergo regular home testing for COVID-19 and provide test kits
* Encourage staff and students to get fully vaccinated as soon as possible (providing there are no medical reasons not to have vaccinations).
* Staff and students to isolate if they are symptomatic and/or test positive
* Unvaccinated staff and students to isolate for 10 days if they are ‘contacts’ and get PCR test.
* Fully vaccinated staff and students who are contacts should get a PCR test and only isolate if test-positive
* Appropriate guidance and support for COVID-19 clinically extremely vulnerable staff and those unable to have COVID-19 vaccination
* Strongly encourage staff and students to wear medical grade (IIR) face masks indoors while moving around; set an expectation that face masks will be worn in lecture theatres and larger teaching spaces and that they may be required in smaller spaces if indicated by local risk assessments. Masks to be provided at entrances to the buildings and in teaching spaces with appropriate signage to indicate expectations or requiremnets for the area..

 **Activity and Estate**

* All activity subject to local risk assessment (using COVID-19 guidance/template)
* Social distancing - only to be applied if it does not restrict activity
* Hand sanitisers at building entrances and at key locations
* Adequate handwashing facilities
* Ventilation
	1. All centrally managed teaching spaces are assessed as suitable for teaching with any necessary changes to ventilation made and monitoring scheduled. Openable windows will need to be opened and closed locally by teaching staff.  Air quality audits will be carried out by Estates across campus in all space types. Where it is determined by risk assessment that face coverings need to be worn this will be indicated clearly to the lecturer at the PC with instructions to read out.
	2. Local multiuser spaces to be risk assessed by school/division using the Cambridge tool as a guide; locally implemented mitigations (e.g., natural ventilation, requirements for face masks, use of portable HEPA filtration units) should be applied where ventilation is deemed to be suboptimal.
	3. E&F managed mechanical ventilation systems
		1. Adjusting ventilation recirculation systems, where the air is taken from a room and conditioned (e.g. heated/cooled/filtered) via central air-handling plant and returned to the room, to operate on full fresh air only at ≥10l/s/person
		2. Adjusting air heat recovery units (thermal wheels/heat exchangers) to either off or bypass where appropriate.
		3. Increasing ventilation plant operating periods by starting earlier and shutting off later by two hours. This will provide purge and flush of the air in the spaces they serve.
		4. Altering ventilation systems based on occupancy levels (e.g. carbon dioxide levels), to maintain higher ventilation levels continuously.
		5. Adjusting central toilet extract ventilation systems to run continuously
	4. Based on current HSE guidance, local recirculation units (including air conditioning units), can remain in operation, as long as there is an adequate supply of fresh air and ventilation. Therefore, local air conditioning systems (heat pumps and fan coils units) remain unchanged.
* Sanitisation
	1. Common areas (managed by E&F) and local areas (managed locally)
	2. Personal work areas & equipment (managed individually)
	3. Deep cleaning and decontamination of outbreak areas (managed E&F)