# Template Letter for Headteachers Contacting the LCRC

The template below is designed to be used by schools when contacting the LCRC to seek advice or discuss the situation in their setting. Please fill in the table with as much information as you are able and send it to [LCRC@phe.gov.uk](mailto:LCRC@phe.gov.uk). The more information you give us, the better we will be able to advise you.

You are welcome to add any further details but **please do not include any information that could potentially be used to identify individuals**, including name, date of birth, or address. Any such information must be sent securely or provided over the phone.

The LCRC is requesting this information in order to respond to your query more quickly and efficiently. If you provide us with your contact details, we will call you back to discuss the situation as soon as we are able. This will be between the hours of 9am and 6pm.

Please be aware that you do not need to discuss every case of COVID-19 with the LCRC. We have limited capacity and must direct our attention to the situations of most concern. With this in mind, we ask schools to contact us only if you have multiple confirmed cases and at least one of the following criteria are met:

**For Primary Schools:**

* 10% (or more) of a bubble is affected within 14 days – for example, if there are 3 or more confirmed cases of COVID-19 in a bubble of 30 people
* 10% (or more) of staff are affected within 14 days – for example, if there are 6 or more confirmed cases of COVID-19 in a staff of 60
* 3 (or more) bubbles within your school contain at least one confirmed case
* There have been any admissions to hospital in your students or staff members due to COVID-19
* If your school is for children and young people with special educational needs and disability (SEND)

**For Secondary Schools:**

* 5 or more students are affected in a single school year within 14 days i.e. 5 or more confirmed cases
* 10% (or more) of staff are affected within 14 days – for example, if there are 6 or more confirmed cases of COVID-19 in a staff of 60
* 3 (or more) bubbles within your school contain at least one confirmed case
* There have been any admissions to hospital in your students or staff members due to COVID-19
* If your school is for children and young people with special educational needs and disability (SEND)
* If your school is a boarding school.

## Template Email (Please include table overleaf):

Date:

Dear LCRC,

I am contacting you to request a call back to discuss the situation in my school. Please see below information for your consideration.

I look forward to hearing from you,

[Insert name here]

Fields marked with a star\* are required

|  |  |  |
| --- | --- | --- |
| **Basic Information** | | |
| **Name of Educational Setting\*** |  | |
| **Your main reason for contacting the LCRC\*** |  | |
| **Have you contacted the LCRC before?** If so, please give your reference number |  | |
| **Type of Educational Setting**  (please mark all that apply) | Primary School |  |
| Secondary School |  |
| SEND school |  |
| Further Education College |  |
| Boarding School |  |
| **Address** |  | |
| **Post code\*** |  | |
| **Total number of staff in school** |  | |
| **Total number of students in school** |  | |
| **Contact Details** | | |
| **Main contact person\*** - name |  | |
| **Main contact person** – role |  | |
| **Contact telephone number\***  (if including a mobile number please let us know what times are ok to call, as we work past the end of the school day) |  | |
| **Email address** for our reply\* |  | |
| **Other point of contact** and contact details |  | |
| **Situation Information** | | |
| **Total number of students with a positive test result in the previous 14 days** |  | |
| **Which years/classes are these students in?** Please let us know how many confirmed cases in each. |  | |
| **How many households are affected?** (Are there any siblings amongst the confirmed cases) |  | |
| **Primary schools – how many bubbles have been excluded?** For each bubble, please give the number of students with a positive test |  | |
| **Secondary schools – how many students have been excluded as contacts?** Please give this by year if several years are affected |  | |
| **Have any students or staff been admitted to hospital?** |  | |
| **Have there been any admissions to intensive care or deaths?** |  | |
| **Actions taken** | | |
| **Please tell us what actions you have already taken** |  | |
| **What questions would you like us to answer?** |  | |