



COVID-19: Outbreak Management Plan Guidance and Template

September 2021

Warwickshire COVID-19 Outbreak Management Plan Guidance and Template

Introduction

This Outbreak Management Plan Guidance and Template is designed to support school leaders in developing their responses to single cases, clusters and outbreaks of COVID-19 from September 2021 onwards.

Local recommendations are highlighted in italics throughout the document, which will be regularly reviewed in the light of changing national guidance and the local positions.

The below national COVID-19 operational guidance explains the continuing actions school leaders should take to reduce the risk of transmission of coronavirus (COVID-19) in their school <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-covid-19-operational-guidance>.

Where there is an outbreak (see definitions below) further actions will need to be taken. The DfE contingency framework describes the principles of managing local outbreaks of COVID-19 (including responding to variants of concern) in education and childcare settings <https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-settings>

Please note that the above contingency framework refers to measures that could be taken in a range of outbreak scenarios from small to larger or more significant outbreaks (see definitions below).

New guidance has also been published explaining self-isolation rule changes for some close contacts from 16th August 2021 onwards:

- <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>
- <https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>

This local outbreak plan guidance and template is aligned with national guidance and our local arrangements and all advice given will be considered in line with this plan.

All education and childcare settings should have outbreak plans outlining how they will operate if additional measures are recommended in their setting or area. This includes how they would ensure every child, pupil or student receives the quantity and quality of education and care to which they would normally be entitled. A template outbreak management plan is included below.

Definitions

The national technical definitions for clusters and outbreaks can be found here:

<https://www.gov.uk/government/publications/covid-19-epidemiological-definitions-of-outbreaks-and-clusters>

Outbreak definition:

Two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within 14 days, and one of:

- identified direct exposure between at least 2 of the test-confirmed cases in that setting (for example under one metre face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases
- when there is no sustained local community transmission - absence of an alternative source of infection outside the setting for the initially identified cases

Please note that outbreaks can differ significantly with regard to scale and significance from 2 linked cases in a class, to multiple cases across multiple year groups, to outbreaks linked with new variants of concern. Whilst the measures used to manage outbreaks will be the same, the number of measures and extent of measures taken, alongside the degree to which they become necessary requirements will vary.

The definition of infectious periods and of close contact can be found here (please also see Appendix A)

<https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>

Symptoms of COVID-19 are: new continuous cough, high temperature, loss/change in taste/smell. Anyone with one or more of these symptoms (irrespective of how mild) should isolate with their household and book a PCR test: <https://www.gov.uk/get-coronavirus-test>

Settings should also be aware of the range of less common symptoms of COVID-19: headache, sore throat, fatigue, muscle aches, blocked/runny nose, particularly if you have an outbreak in your setting/you are seeing higher numbers of cases.

National Position

Currently the national position means the majority of measures/mitigations that schools have implemented up to now will no longer be required from September.

It is expected that schools will continue to:

- Promote full vaccination of all staff, alongside promoting vaccination among appropriate pupils and parents.
- Ensure good hygiene for everyone.
- Maintain appropriate cleaning regimes.
- Keep occupied spaces well ventilated.

- Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19.

This position changes if there is an outbreak in your school or local area. Local authorities, directors of public health (DsPH) and health protection teams (HPTs) (from Public Health England, which will become the UK Health Security Agency in October 2021) are responsible for managing localised outbreaks. They play an important role in providing support and advice to education and childcare settings. At this point Local authorities, directors of public health (DsPH) and health protection teams (HPTs) can recommend additional measures in individual education and childcare settings – or a small cluster of settings – as part of their outbreak management responsibilities. A ‘cluster’, as it applies to settings rather than cases of COVID-19, is defined in most cases as being no more than 3 or 4 settings linked in the same outbreak.

Please note that from the 16th August 2021 onwards, close contacts who have had both doses of vaccination (more than 14 clear days prior to date of exposure to case) and those aged under 18 years and 6 months will not be required to self-isolate (unless they are symptomatic or test positive) but will be asked to take a PCR test. They will also continue to be asked to consider continuing with twice weekly LFT testing, limiting their social contact, and wearing face coverings in indoor public spaces.

Local authorities, DsPH and HPTs will also work with their regional partnership teams (RPTs) to escalate issues from the local level into the central government Local Action Committee command structure (gold, silver, bronze). RPTs support local areas in managing outbreaks and provide advice and insights from across the country to the Chief Medical Officer and the Secretary of State for Health and Social Care to inform decision making.

Through the Local Action Committee command structure, ministers consider and take decisions on measures on an area-by-area basis (and can direct local authorities to act) in light of all available evidence, public health advice and the local and national context.

Local Position

Warwickshire County Council has worked hard with schools during the pandemic to maintain consistency in approach. At times we have also taken heed of national guidance, but taken action locally, based on local knowledge and context.

The Local Authority understands there is no "one size fits all" approach and that decisions regarding how to minimise/prevent transmission are made based on circumstances particular to your local setting and local intelligence, alongside other Health & Safety considerations. We are supportive of settings who choose to follow good practice such as using consistent groupings, staggered, start and finish times, minimising bringing parents onto site and further use of face coverings where appropriate.

Triggers for Local Outbreak Management Plan

This Outbreak Management Plan Guidance and Template supports school leaders in designing their response to single cases, clusters and outbreaks of COVID-19 from 16th August 2019 onwards.

We have worked in partnership with Public Health, to identify what will trigger outbreak management plan responses (over and above those identified for single cases or small clusters of unlinked cases) for an individual school or clusters of schools. These local triggers will remain under review, and are defined below:

Triggers:

School raises concern about 2+ *linked* cases

5+ pupil cases within a year group within 5 days

10+ pupil cases across a school across a number of year groups within 5 days

5+ staffing cases, or fewer if impacting on the capacity of the school to operate

Positive Cases, testing and contact tracing

Following the initial on-site testing, Secondary settings will continue to issue staff and pupils with LFTs for twice weekly testing. Primary settings will also issue LFTs to staff for twice weekly testing, *and we will continue to encourage all primary-age pupils to continue to test on a regular basis*. As there will no longer be isolation for doubly vaccinated close contacts and those under 18 years and 6 months, this will be a key mitigation to try and avoid bringing the infection into schools, and we will continue to work with schools to reinforce this with parents and the wider school community.

You should ensure that you are aware and log all pupils in the school who have tested positive for COVID-19 including dates for onset of symptoms (if relevant) and test dates, as well as any known links and exposures inside or outside of school. NHS Test and Trace should have been in contact with the positive case to ascertain some of the known close contacts and recommended any contacts to get a PCR test.

We would advise that in these scenarios you also notify parents that there is a positive case, and recommend other pupils get a PCR test. If you have continued with some local measures and mitigations (such as consistent groupings or zoning) you should be able to identify potential contacts easily. If not then we would suggest as a minimum you ask all class contacts that the case may have had in their infectious period (2 clear days prior to day of symptoms onset/test - if no symptoms - through to 10 days afterwards), alongside any other close contacts the child has had (break times, lunch times, before and after school (including transport) to go for a PCR test, and continue with twice weekly LFT testing (this would be recommended in primary settings with cases also). Please note that this will not require the interrogation of seating plans but will require talking to the pupil/staff about non-class contacts. Please let the LA know about potential transport contacts.

If there is more than one case in the same class/group in a short time period, it may be recommended that parents/staff are notified and an additional PCR test recommended 4-7 days after that notification, alongside continuing with regular LFT tests. Further actions may also be recommended by the LA

This approach is intended to complement the work of NHS Test and Trace who will talk to cases (or their parents) directly about any close contacts they know about in the setting. It will also be important to identify staff close contacts who have not had both vaccinations more than 14 clear days prior to contact with the case, as they will need to isolate for 10 clear days after the day of last contact with the case (alongside taking a PCR test).

Please note that the above local recommendations will be kept under review in the light of changing national/regional guidance and direction. It may be that a change is made from recommending PCR testing to LFT testing, for instance for the broad potential close contact groups identified.

For travel and quarantine related advice, please see:

<https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-covid-19-operational-guidance#travel>

Governance, communications and actions to take for single cases and where you are concerned for Local Outbreak

Please consider the governance arrangements for your outbreak plan. Include contact details, and roles and responsibilities of internal and external teams/individuals in your plan. Consider how to ensure appropriate communication with all key stakeholders. See template plan.

We ask that you continue to notify the Schools Education Corona inbox of positive cases in school. This will enable us to continue to log numbers of pupil and staff testing positive in schools and will ensure that we can jointly ascertain situations where we need to activate the local outbreak management.

Following schools meeting the threshold/triggers set out, an initial discussion will be had with the school, and if necessary, an Incident Management Team (IMT) meeting will be arranged within 24 hours to include colleagues from the school, Local Authority, Public Health and regional HPTs (as appropriate). In these meetings the positive cases will be reviewed, existing mitigations/ measures will be understood, and the general attendance and wellness of staff/pupils attending school will be discussed. You should attend having this information to hand.

Where there is concern about levels of, and spread of, the infection additional measures can be recommended as set out below and in line with the school's outbreak management plan. Where additional measures have been in place a further IMT will be held to jointly review the position before they are removed.

Additional Mitigations/ Measures

Where we are required to activate the local outbreak plan, we will recommend additional measures that should be put in place. These may be one or more of the following and will be set out in the school's outbreak management plan.

- Reintroduction of 'bubbles'
- Measures in relation to contact tracing and isolation
- Reintroduction of face coverings (communal areas, classrooms)
- Re-introduction of on-site LFT testing, or increased home testing
- Additional PCR testing
- Partial closure or closure of the school

- Other measures based on local context of the school

Any additional measures recommended to benefit managing transmission will be weighed against any impact on educating the pupils.

Template COVID-19: Outbreak Management Plan (North Leamington School)

Outbreak Plan Management Version:

Date completed: 01/09/21

Review Date: 01/10/21

Plan Owner: Mike Lowdell

Scope of Plan

Some educational organisations may have multiple sites included within the scope of this plan. Outbreak prevention is partly within scope of this plan but should be mostly covered by your COVID-19 Risk Assessment.

Related Resources

[Schools COVID-19 operational guidance](#)
[Contingency framework; education and childcare settings](#)

Introduction

This plan outlines how we will manage single cases and clusters of COVID-19, as well as how we would operate if we are required to reintroduce measures/mitigations in our setting or area to prevent transmission of COVID-19 in the context of an outbreak. This includes how we would ensure every child, pupil or student receives the quantity and quality of education and care to which they are normally entitled. Outbreak prevention is partly within scope of this plan but should be mostly covered by your COVID-19 Risk Assessment.

A local outbreak is defined as two or more more linked cases within a 14-day period:

<https://www.gov.uk/government/publications/covid-19-epidemiological-definitions-of-outbreaks-and-clusters>

Outbreaks can differ significantly with regard to scale and significance from two linked cases in a class, to multiple cases across multiple year groups, to outbreaks linked with new variants of concern. Whilst the measures used to manage outbreaks will be the same, the number of measures and extent of measures taken, alongside the degree to which they become necessary requirements will vary.

Triggers for outbreak management plan

School raises concern about 2+ linked cases

5+ pupil cases within a year group within 5 days

10+ pupil cases across a school across a number of year groups within 5 days

5+ staffing cases, or fewer if impacting on the capacity of the school to operate

In the case of a local outbreak we will work with the Local Authority, Public Health and regional Health Protection Teams (HPTs). Below sets out all the possible measures/mitigations that will be considered in the case of a local outbreak. The actual measures implemented will be determined jointly and based on the specific situation. They will also balance carefully the impact on the delivery of education with the need to minimise transmission.

Any measures will only ever be considered for the shortest time possible, to allow the outbreak to be managed and minimise transmission of COVID-19. In all cases measures / mitigations will only be implemented to prevent larger scale school closure.

Governance Arrangements

Outline the governance arrangements for your setting responding to COVID-19 outbreaks. This should align with other governance and/or emergency management structures/arrangements/ business continuity in place for your setting, where possible.

Key Contact Details

Agency/Individual(s)	Contact details
Local Authority	education-corona@warwickshire.gov.uk (Mon – Fri) dphadmin@warwickshire.gov.uk (Sat – Sun)
Public Health England (PHE) Health Protection Teams (NB PHE will become part of UK Health Security Agency (UKHSA) in October 2021).	wm.2019cov@phe.gov.uk Tel: 0344 225 3560 Option 0 Option 2
Response Lead/decision maker	Mike Lowdell
Outbreak response team (internal and for attending external Incident Management Team meetings)	Senior Leadership Team

Key Stakeholders

Key stakeholders include those that attend the facility/setting (routinely or occasionally), those who will need to know what is happening and those that have a role in outbreak management in your setting.

Stakeholders	Role(s) in Outbreak Management
Staff (including employees and volunteers)	Amy Woodward
Pupils	Helen Jones/Michelle Foy
Parents/carers	Kate Abbey
Visitors	Kate Abbey
Contractors and delivery personnel	Mike Hubbard/Finance
Where to receive local outbreak advice	PHE

Communications

Communications activities will be coordinated by the setting with support from LA local outbreak control team and regional Health Protection Teams in close liaison with the setting outbreak management coordination team.

Preventing school transmission

Our refreshed risk assessments include how vaccination and good hand hygiene will be promoted among staff, and pupils and parents, how cleaning and good ventilation will be maintained, and how the school will operate from a distancing perspective.

Information about drop-in clinics across Coventry and Warwickshire and all vaccinations sites that you can book into can found in the links below:

<https://www.happyhealthylives.uk/coronavirus/covid-19-vaccination/vaccination-drop-in-clinics/>

<https://www.happyhealthylives.uk/coronavirus/covid-19-vaccination/vaccination-sites/>

Children and staff who are unwell will be advised that they should not attend school/setting. Any child or staff member with one or more of the COVID-19 symptoms (new continuous cough, high temperature, loss/change in taste/smell), irrespective of how mild, will be asked to isolate with their household and book a PCR test: <https://www.gov.uk/get-coronavirus-test>

We are aware of the range of less common symptoms of COVID-19: headache, sore throat, fatigue, muscle aches, blocked/runny nose, diarrhoea and vomiting, and will take this into consideration in an outbreak scenario, and when we are seeing a larger number of COVID-19 cases.

We will ensure that we remain informed about the latest travel and quarantine advice:

<https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-covid-19-operational-guidance#travel>

Our updated risk assessment can be found [here](#)

Reporting cases and when trigger thresholds have been met

We will continue to report all positive cases to the local authority alongside alerting the local authority when any of the triggers outlined in the above guidance have been met

Response to positive cases

Full class groups (note that interrogation of seating plans will not be required), and lunch time, break time and afterschool contacts (including on transport) will be asked to have a PCR test, alongside twice weekly LFT testing for all contacts. Staff contacts who have not had both vaccinations more than 14 clear days before the day of contact with the positive case will also be identified, as they will need to isolate for 10 clear days following the day of last contact with the case. If additional cases are identified in the same class/group, it may be recommended that additional communications are sent to parents/staff to recommend one further PCR test 4-7 days after notification, alongside continuing LFT testing. Further actions may also be recommended by the LA.

Reintroduction of consistent groups ‘bubbles’

It may become necessary to reintroduce ‘bubbles’ for a temporary period, to reduce mixing between groups.

Reintroduction of face coverings

Consideration will be given to whether face coverings should temporarily be worn in communal areas or classrooms (by pupils in - secondary settings only, but by staff and visitors in all school settings (unless exempt)).

The use of face coverings may have a particular impact on those who rely on visual signals for communication. Those who communicate with or provide support to those who do, are exempt from any recommendation to wear face coverings in education and childcare settings.

No pupil or student will be denied education on the grounds of whether they are, or are not, wearing a face covering.

Reasonable adjustments will be made for disabled pupils to support them to access education successfully. Where appropriate, you should discuss with pupils and parents the types of reasonable adjustments that are being considered to support an individual.

Reintroduction of testing/Additional PCR testing

Consideration will be given as to whether the reintroduction of onsite asymptomatic LFT testing (secondary settings) or increased use of home testing by staff, and pupils is necessary. *We will also continue with our local recommendation that all pupils in early years and primary settings take twice weekly asymptomatic testing.*

Where these measures are necessary, it will be important to work jointly with the LA and Public Health to identify any support required (e.g. supply of additional tests). Where onsite testing is reintroduced, we will look to do this in a way that does not negatively impact on the education for pupils.

There may also be occasions where a mobile symptomatic testing unit/service is made available on the school site and pupils are invited to take a PCR test, or additional PCR tests may be organised through other means.

Contact tracing / isolating

From the 16th August people who are double vaccinated (second dose more than 14 clear days prior to day of last contact with case), and children and young people under the age of 18 years and 6 months are no longer required to isolate where they are a close contact of a positive case. We may reintroduce isolation of pupils who have been a close contact of a direct case for a limited time period. Please also see section re response to positive case

Other restrictions

We may need to limit activities that require bringing parents and carers onto site (other than for drop off and pick up) e.g. open days, performances, open evenings. We may also reintroduce staggered start and finish times (if not already in operation) to minimise the number of people on the school site at the start and finish of the day.

We will also review any activities bringing pupils together in addition to the normal school day, or that required transportation for larger numbers of pupils (e.g. school trips / holidays - including residential educational visits). This could also include any activities bringing together pupils from a number of schools (e.g. transition/taster days).

Clinically Extremely Vulnerable

Shielding is currently paused. In the event of a major outbreak or variant of concern that poses a significant risk to individuals on the shielded patient list (SPL), ministers can agree to reintroduce shielding. Shielding would be considered in addition to other measures to address the residual risk to people on the SPL, once the wider interventions are taken into account. Shielding can only be reintroduced by national government.

In the event of a reintroduction of shielding we would need to review staffing capacity to ensure we could continue to operate staffing in a safe manner. Any attendance reductions as a result of this would be in line with the principles below.

Current guidance on clinically extremely vulnerable individuals can be found in the link below:

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#school-college-and-other-educational-settings>

Attendance Restrictions

As a last resort, we may need to introduce attendance restrictions. We will provide high-quality remote education for all pupils not able to attend.

Where attendance restrictions are necessary there will be an order of priority applied in terms of which pupils would continue to attend on-site provision. The only deviation to this will be where they are required to isolate (either as a result of testing positive or as a result of a local reintroduction of close contact isolation – see above).

First priority for onsite attendance will always be given to vulnerable children and young people and children of critical workers.

Priority will be given to pupils in years 10, 11, 12 and 13, and other pupils who were due to take external exams this academic year.

In Out-of-school settings/wraparound childcare where attendance restrictions are in place, vulnerable children and young people will continue to be allowed to attend. For all other children, face-to-face provision will be provided for a limited set of essential purposes, such as going to or seeking work, attendance at a medical appointment, or to undertake education and training.

Where attendance restrictions are needed we will be vigilant and responsive to all safeguarding threats with the aim of keeping vulnerable children and young people safe, particularly as more children and young people will be learning remotely.

If we have to temporarily stop onsite provision on public health advice, we will discuss any alternative arrangements necessary for vulnerable children and young people with the local authority. Where vulnerable children and young people are absent or do not take up a place offered to them, we will:

- follow up with the parent or carer, working with the local authority and social worker (where applicable), to explore the reason for absence and discuss their concerns
- encourage the child or young person to attend educational provision, working with the local authority and social worker (where applicable), particularly where the social worker and the Virtual School Head (where applicable) agrees that the child or young person's attendance would be appropriate
- focus the discussions on the welfare of the child or young person and ensuring that the child or young person is able to access appropriate education and support while they are at home
- have in place procedures to maintain contact, ensure they are able to access remote education support, as required, and regularly check if they are doing so

Staffing Capacity

Where staffing capacity (following use of available supply teaching capacity) is impacting on our ability to open fully we will follow the principles outlined in the attendance restrictions above.

Free School Meal provision

We will continue to provide free school meals support in the form of meals or lunch parcels/vouchers for pupils who are eligible for benefits related free school meals and who are not attending school because they:

- are self-isolating
- have had symptoms or a positive test result themselves

Response action plan

Standard Practices

Hand & respiratory hygiene

Staff/Students/Visitors to regularly wash/sanitise hands and observe good respiratory hygiene practices

Classrooms and communal spaces will have windows and doors open where appropriate

Face coverings

Personal preference only

Social Distancing

Segregated entry/exit routes for students

Zoned year group play spaces and timed canteen access

Year group lessons only

Other Measures

None

Stage 1 Response

Hand & respiratory hygiene

As per standard practices

Face coverings

Staff/Visitors, who are not exempt, will be asked to keep on or put on a face covering when arriving at school and moving around indoors in places where social distancing is difficult to maintain, such as in communal areas

Social Distancing

As Standard Practices plus;

We will reintroduce staff social distancing measures in shared office spaces and other communal areas

Other Measures

If recommended by PHE, we will limit:

Residential educational visits

Open days

Transition or taster days

Parents/visitors coming into school

Live performances

Indoor lettings

Stage 2 Response

Hand & respiratory hygiene

As per standard practices

Face coverings

As Stage 1 Response

Social Distancing

As Standard Practices plus;

No large year group gatherings (i.e. assemblies)

Reintroduce one way systems, where appropriate

Students remain seated in lessons

Other Measures

If recommended by PHE, we will limit:

Residential educational visits

Open days

Transition or taster days

Parents/visitors coming into school

Live performances

Indoor & external lettings

Stage 3 Response

Hand & respiratory hygiene

As per standard practices

Face coverings

Reintroduce face coverings for all, unless exempt

Social Distancing

As Stage 2 Response plus;

No external visitors (except in an emergency or for essential maintenance)

Reintroduce year group bubbles and consider attendance restrictions (as set out in section 8)

Other Measures

If recommended by PHE, we will limit:

Residential educational visits

Open days

Transition or taster days

Live performances

Indoor and external lettings

Appendix A

ISOLATION PERIODS, DEFINITIONS OF CLOSE CONTACT AND INFECTIOUS PERIOD FOR COVID-19

- ❖ Positive person: isolate from **day symptoms started/day of test (if no symptoms) and for the next 10 full days AND until well and fever free for 48 hours**
- ❖ Identify **ALL** close contacts in infectious period (see below definitions) – all to isolate for **10 full days after day of last contact with case, unless exempt (see below)**
- ❖ **Exception: positive cases and contacts** who are residents/patients in care homes/hospitals/anyone discharged who receives care - to isolate for **14 days (cases and contacts)**
- ❖ **Exemptions from self-isolation as a close contact (except health and care workers):**
 - ❖ *Fully vaccinated - i.e. more than 14 clear days after day of second dose of UK COVID-19 vaccination*
 - ❖ *Under 18 years and 6 months*
 - ❖ *Part of COVID-19 vaccine clinical trial or medically exempt from vaccination (seek separate advice)*
 - ❖ *Those exempt should undertake a PCR test, regular twice weekly lateral flow testing, limit social contact and wear a face covering*
 - ❖ *Note the above exemption rules are not the same for health and care workers (separate guidance has been issued)*
- ❖ Follow "[Guidance for contacts of people with confirmed COVID-19](#)" guidance

DEFINITIONS

CLOSE CONTACTS	INFECTIOUS PERIOD
Direct physical contact (any duration)	If symptomatic: 2 clear days before day on which symptoms start – and for 10 days after
Face-to-face contact under 1m (any duration)	
Close contact under 1m for 1 minute or more	
1-2m for 15 minutes or more (cumulative over 24 hrs)	No symptoms: 2 clear days before the day of the test – to 10 days after
Travel in a vehicle	