Bradford District COVID-19 Outbreak Control Plan

City of Bradford Metropolitan District Council

June 2020

Version Control

Version	Author	Change	Date
1.0	Kathryn Ingold	Final draft	25062020
1.0	Duncan Cooper	Added in updated Education SOP	25062020
1.1	Kathryn Ingold	Changes following SOP exercise	29062020
1.1	Kathryn Ingold	Changes following feedback from the leader and peer reviewer	29062020
2.0	Kathryn Ingold	Adding page numbers, removed phone numbers	30602020

Contents

Appendices

Glossary

Abbreviation	Meaning
BAME	Black Asian and Minority Ethnic
CBMDC	City of Bradford Metropolitan District Council
DBS	Disclosure and Barring Service
DPH	Director of Public Health
HPT	Health Protection Team
JBC	Joint Biosecurity Board
LA	Local Authority
LRF	Local resilience Forum
MTU	Mobile Testing Unit
OCT	Outbreak Control Team
PH	Public Health
PHE	Public Health England
PPE	Personal Protective Equipment
SOP	Standard Operating Procedure
SPOC	Single Point of Contact
UTLA	Upper Tier Local Authority

1. Introduction

The Bradford District outbreak control plan sets out how local partners will work together to reduce transmission of COVID-19. This plan explains how we will deliver against our local Test and Trace action plan which is based on the seven themes set nationally for local authorities and partners to focus on (listed in appendix i). This plan sets out:

- Aim and objectives
- Background and context
- Principles
- Governance
- Overview test and trace
- Managing complex cases and outbreaks
- Local contact tracing capacity
- Testing
- Data
- Engagement
- Communication
- Training and workforce development
- Support to isolate
- Standard Operating Procedures (version controlled)

2. Aim and objectives

Aim
To reduce the spread of COVID-19 in Bradford District to prevent mortality and harm.

Objectives

- Enable lockdown to be eased while minimising the spread of COVID-19 in Bradford District.
- Proactively preventing the spread of COVID-19 through engagement with partners to ensure infection prevention and control measures are understood and adhered to.
- Good engagement and communication with residents and partners to seek and maintain commitment and consensus to ensure Test and Trace can work.
- Testing is accessible to all residents in Bradford District.
- Effective surveillance of the COVID-19 pandemic in Bradford District to enable early identification of outbreaks and good outbreak management.
- Robust complex case management and outbreak management processes are in place with clear roles and responsibilities agreed between the council and Public Health England (PHE).
- Reduce the health inequalities and health impact of COVID-19 for residents in Bradford District.

3. Background and Context

Health protection and communicable disease control is a key strand of public health practice and part of the day to day work of local public health teams working with PHE.

On 31 December 2019 a new coronavirus disease was identified in Wuhan, China. This is now called COVID-19 and is caused by severe acute respiratory syndrome coronavirus 2 (SARS‑CoV‑2). Subsequently the infection spread around the world and was labelled a Public Health Emergency of International Concern by the World Health Organisation (WHO) on 30 January 2020. It was decreed to be a pandemic on 11 March.

As of 21 June 2020, almost 9 million cases of COVID-19 have been reported in more than 188 countries and territories, resulting in close to 500,000 deaths. Both figures are likely to be significantly lower than actual numbers. There are different ways of measuring the death rate, and it is hard to compare between countries. However in England between 7th March (when we saw the first death from COVID-19) and the 12th June there have been over 45,000 deaths to date where COVID-19 is mentioned on the death certificate, and almost 51,500 excess deaths compared to what we would expect to usually see (source: Death registrations and occurrences by local authority and health board).

Multi-national research to understand the epidemiology of COVID-19 is underway and information about its symptoms and impact are emerging as we learn more about it. Common symptoms include fever, a new continuous cough and loss of or change in sense of smell or taste. Complications may include pneumonia and acute respiratory distress syndrome. The time from exposure to onset of symptoms is typically around five days but may range from two to fourteen days. There is no known vaccine or specific antiviral treatment; although some medical interventions have been shown to be effective in those who are in acute respiratory distress and new potential interventions continue to be proposed following intense medical studies. All effective medical interventions identified to date help those people who have more severe consequences of the infection rather than being treatment for COVID-19 infection per se.

The national strategy initially focussed on case-finding and isolation by testing suspected cases and identifying contacts of confirmed cases and was managed by PHE. With limited capacity for testing nationally, as cases increased during March 2020, testing was redirected towards seriously ill hospitalised cases.

The preventative approach focussed initially on hand and respiratory hygiene, before the rising number of cases prompted the introduction of 'lockdown' of the economy at the end of March and subsequent strategies based on 'stay at home', 'social distancing', household self-isolation where symptoms are present and protecting the clinically vulnerable.

Testing capacity has increased. On 18th May everyone in the UK became eligible for testing if they have symptoms.

Nationally the Government has commissioned contractors to deliver testing, and a bank of contact tracers was established to follow up people who test positive to advise on isolation and to identify close contacts who are in turn contacted and asked to isolate. This has happened separately to established local systems.

The NHS Test and Trace Service went live on 28th May, led by the Department of Health and Social Care (DHSC). In May a national team was set up to ensure these systems are more closely linked with expertise from PHE and embedded into local authority public health teams in order to shape the test and trace programme to meet local need. Tom Riordan (Chief Executive of Leeds City Council) and Sarah-Jane Marsh (Chief Executive of Birmingham Women's and Children's NHS Foundation Trust) were both seconded from their substantive posts to NHS Test and Trace in order to build links with local authorities.

Controlling the spread of an infectious disease involves disrupting its spread from person to person. This is the aim of test and trace. This outbreak control plan for COVID-19 describes how local health protection expertise and capabilities combine with a wider multi-agency response in order to control COVID-19 at the scale needed to reduce the spread of COVID-19 and associated morbidity and mortality.

Bradford District has strong outbreak management arrangements in place, with robust local governance under the leadership of the DPH. These well-established outbreak management arrangements are underpinned by the Bradford District outbreak management plan developed and approved by the Bradford District Health Protection Assurance Group. These arrangements are robust, effective, timely, and responsive, outlining clear roles and responsibilities of health and care services to manage outbreaks within a wide range of settings and population groups. The Bradford District Covid-19 Outbreak Control Plan builds on the existing outbreak plan, scaling up and enhancing existing arrangements and services to meet the needs of local communities.

4. Principles

The following principles will guide our approach to developing and delivering the Bradford District COVID-19 outbreak control plan. The prevention and management of the transmission of COVID-19 should:

- Be guided by robust community engagement to maintain trust and implement test and trace with consensus and local ownership
- Be based on need and address health inequalities
- Be rooted in public health systems and leadership and build on our strengths and what is already in place
- Adopt a whole system approach
- Be delivered through an efficient and locally effective and responsive system dependent on being informed by timely access to data and intelligence
- Be sufficiently resourced
- Be evidence based
- Build in local learning and improvement

5. Governance

The legal responsibility for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits with:

- PHE under the Health and Social Care Act 2012
- Directors of Public Health under the Health and Social Care Act 2012
- Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and PHE to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- Other responders specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004

In the context of COVID-19, this framework has been considerably modified by the provisions of and Central Government legislation and guidance issued under the Coronavirus Act 2020.

Local authorities (Public Health and Environmental Health) and PHE share the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through the local health protection partnerships and local memoranda of understanding. In Bradford District this is overseen by the Health Protection Assurance Group. These arrangements were clarified in the 2013 guidance: Health Protection in Local Government. The work of local health protection partnerships underpins the leadership of the local Director of Public Health, working closely with other professionals and sectors.

PHE is nationally mandated to fulfil the Secretary of State's duty to protect the public's health from infectious diseases, working with the NHS, local government and other partners. This includes

providing surveillance; specialist services, such as diagnostic and reference microbiology; investigation and management of outbreaks of infectious diseases; ensuring effective emergency preparedness, resilience and response for health emergencies. At a local level PHE's health protection teams and field services work with the Director of Public Health. PHE provides both a strategic and an operational leadership role in the development and implementation of outbreak control plans and in the identification and management of outbreaks.

The Director of Public Health has and retains primary responsibility for the health of their local communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented. The primary foundation of developing and deploying local outbreak management plans is the public health expertise of the local Director of Public Health.

The partnership arrangements to deliver Bradford District's Outbreak Control Plan are illustrated below:

The Test and Trace Steering Group work streams are focusing on:

- Communications
- Community engagement
- Inclusion health group
- Children and young people
- Care homes
- Support to isolate

Terms of reference for the Outbreak Control Board, Health Protection Assurance Group and Test and Trace Steering group are included in appendix ii.

The Test and Trace Steering Group will also nurture close partnerships with:

- West Yorkshire Local Resilience Forum
- West Yorkshire and Harrogate Integrated Health and Care Partnership
- NHS England West Yorkshire Test and Trace Programme and
- Yorkshire and Humber PHE team.

6. Overview of test and trace

To set the context for the rest of the plan, a description of how Test and Trace will work locally described here:

- Effective local community engagement is in place to understand what communities need to ensure all residents have equitable access to information and testing.
- Effective local and national communications are in place to ensure residents in Bradford District are aware of the local Test and Trace scheme.
- Residents know that if they have COVID-19 symptoms they can book a test and are able to access a test.
- IPC staff will work with partners to ensure the prevention elements in the Standard Operating Procedures are in place.
- Testing is accessible.
- A person is tested and informed of their result.
- If a person is positive they are contacted by a contact tracer.
- There are three tiers of contact tracers, and escalation of tracing moves upwards from Tier 3 through to Tier 1.
- A bank of 25,000 Tier 3 and 2 contact tracers have been recruited and trained nationally as part of the NHS Test and Trace Service.
- A case (person who has tested positive for COVID-19) will initially be contacted by a Tier 3 tracer and asked to isolate from 7 days of becoming ill. The tracer will also enquire about their contacts.
- Contacts of the case will be contacted, asked to isolate for 14 days and access testing if they develop symptoms of COVID-19.
- More complex cases will be escalated to a Tier 2 contact tracer who have more in depth training and are often staff with clinical, medical or public health backgrounds.
- If the case requires more in depth support, or is linked to an outbreak, then they can be escalated to a Tier 1 contact tracer. Tier 1 is managed by Consultants in Communicable Disease Control at PHE.
- Tier 1 cases may be exclusively managed by PHE or in some cases with the assistance and support from the local authority.
- City of Bradford Metropolitan District Council Public Health team has a dedicated single point of contact email, HPTBradford@bradford.gov.uk, where PHE can confidentially share details of complex cases or outbreaks which they propose manage jointly with the local authority or will pass over for local management.
- The CBMDC Outbreak Control Team will have capacity to jointly or independently manage complex cases or outbreaks. This will be led by the Director of Public Health or Head of Heath Protection and delivered by additional staff appointed to ensure capacity to contact trace and support outbreak management. These staff will be made of teams from health protection, environmental health and infection prevention and control.
- Standard operating procedures (SOPs) have been agreed between PHE, the local authority and broader stakeholders. The SOPs set out procedures, roles and responsibilities to mange outbreaks in different settings.
- The whole local public health and environmental health teams will be trained and supported so they work flexibly to meet temporary surges in demand.
- There is a local resource of additional contact tracers we can drawn on if needed.
- Support systems are in place to help people who may struggle to isolate for 14 days.

This plan sets out how we will deliver test and trace.

7. Managing complex cases and outbreaks

Local authorities routinely manage outbreaks in partnership with Public Health England and skills and relationships are embedded. The difference now is the need for increased capacity to effectively manage the volume of complex cases and outbreaks due to the COVID-19 pandemic. This is why

capacity has been increased so the local authorities can take a larger role in supporting PHE colleagues.

The definition of an outbreak in a COVID-19 scenario is where two or more people with confirmed COVID-19 (positive test) are linked by a common setting. This could be a health or care setting, a workplace, a school or a business. Single cases may be investigated in high-risk settings such as healthcare settings, but won't necessarily be declared as an outbreak.

The local authority lead for managing complex cases and outbreaks is the DPH, supported by the Head of Public Heath who leads the health protection, infection prevention and control and environmental health teams. They will be supported by Consultant colleagues who may be asked to manage specific cases or provide additional capacity.

The DPH / Head of Public Health will be supported by an Outbreak Control Team comprised of staff recruited to increase capacity to manage outbreaks, with skills in health protection, infection prevention control and environmental health. If there is a temporary surge DPH will evaluate the need to flex the whole environmental health and public health team temporarily to support, or consider mobilising additional contact tracers outlined in section 8.

The public health administration team manage the outbreak control inbox, to ensure we are aware of any Tier 1 requests immediately. In addition through communications and engagement we ensure partners are aware of the SPOC email HPTBradford@bradford.gov.uk and encourage partners to report any concerns about cases or clusters they may hear about through their networks.

Upon notification of a complex case or outbreak via the SPOC, the DPH will be informed. In turn they will notify the Chief Executive of the Council, Leader, Portfolio Holder for Healthy People and Places, who will inform relevant ward councillors and commutations team. There is a mutual agreement that DsPH across Yorkshire and Humber will share information about outbreaks that have potential to cross local authority boundaries.

The case or outbreak will be recorded on the CBMDC register of cases or outbreaks.

A risk assessment will be undertaken directly by a Consultant in Communicable Disease from PHE and the DPH or nominee. The risk assessment will be recorded in an information sharing document developed by PHE (see appendix iii).

A joint decision will be taken as to what action is required to manage the case or outbreak, and who will undertake this.

If required, an Outbreak Control Team (OCT) meeting will be set up following the PHE operational Guidance on Communicable Disease Outbreak Management and complex cases or outbreaks will be managed by following Standard Operating Procedures agreed between DsPH and Yorkshire and Humber PHE. These are included in section 15 and appendix v of this plan.

Membership of the OCT will vary according to the nature or circumstances of the outbreak and the incident level. A PHE HPT staff member is expected to be involved in all outbreaks. Usually an Environmental Health Officer and a Local Authority public health professional will also be required. All OCTs should include a communications lead. Additional members will be expected to be involved dependent on the nature of the outbreak. For example, in an outbreak associated with a school the head teacher will be encouraged to join the team, in a workplace outbreak, a representative of the employer will be encouraged to join.

The multiagency OCT will:

- Confirm and assess any outbreak
- Establish appropriate outbreak control measures to minimise viral transmission while mitigating social risks caused by control measures
- Mobilise the people and resources required to maximise outbreak control.

Responsibility for managing outbreaks is shared by all organisations who are members of the OCT. This responsibility includes the provision of sufficient financial and other resources necessary to bring the outbreak to a successful conclusion.

Outbreaks confined to NHS Trust premises, whether acute, community or mental health, will usually be led by the relevant trust in accordance with their operational plans and with the advice and input of a local Consultant in Communicable Disease Control (CCDC). The local CCG and DPH should also be informed. This includes by extension any outbreaks in primary care settings.

If the outbreak crosses HPT or LA boundaries there will need to be close liaison with neighbouring HPTs and LAs and a decision made as to who will lead the investigation. The PHE Centre Director or HPT Directors together with the respective DsPH should make this decision as soon as possible. The lead area will most likely be where the outbreak is first identified or the majority of cases reside. Where the outbreak crosses LA boundaries the relevant DsPH will need to establish and maintain good communication with the neighbouring authority.

It is essential that effective communication is established between all members of the OCT, partners, the public and the media and maintained throughout the outbreak. A communications lead should be part of the management of an outbreak from the outset and a strategy developed for informing the public and key stakeholders should be discussed and agreed at the OCT. Communications teams of organisations involved should be in contact with each other to ensure that messages are consistent. Use of communication through the media may be a valuable part of the control strategy of an outbreak and the OCT should consider the risks and benefits of proactive versus reactive media engagement in any outbreak.

The Chair should ensure that minutes are taken at all OCT meetings and circulated to participating agencies as soon as possible afterwards. All key decisions should be recorded, the minute-taker is accountable to the Chair for this. It is recommended that administrative support be provided to the OCT as standard.

The OCT will decide when the outbreak is over and will make a statement to this effect. The decision to declare the outbreak over should be informed by on-going risk assessment and when there is no longer a risk to the public health that requires further investigation or management of control measures by an OCT; the number of cases has declined or the probable source has been identified and withdrawn.

For large outbreaks where there is significant learning, at the conclusion of the outbreak the OCT will prepare a written report. Final outbreak reports are primarily for dissemination to a distribution list agreed by OCT members and should be completed within 4 weeks of the formal closure of the outbreak.

Lessons identified and recommendations from the outbreak report and constructive debrief process should be disseminated as widely as possible to partner agencies and key stakeholders. These should be reviewed by the Local Outbreak Control Board within 3 months of the formal closure of the

outbreak. Learning should be reviewed against local plans and plans updated in light of this where required.

8. Local contact tracing capacity

There is a national requirement that local authorities assess local and regional contact tracing and infection control capability in complex settings and the need for mutual aid. For example:

- identifying specific local complex communities of interest and settings
- developing assumptions to estimate demand and
- developing options to scale capacity if needed.

We have built relationships with colleagues in Skills House and Bradford University to identify a pool of staff we could call on to train as Tier 3 contact tracers if required. We are working through the Test and Trace Steering Group and the Inclusive Health Working Group to ensure we have built relationships with partners who can support contact tracing with people who may not access traditional services. We could consider other staff groups with skills in contact tracing if required e.g. sexual health teams and TB nurses. If mutual support is required we are able to request this through the LRF.

9. Testing

There are a number of routes and offers for people to be tested for COVID-19 in Bradford District.

- The standard route is for a person experiencing symptom of COVID-19 symptoms to phone 119 or access the national online portal www.nhs.uk/coronavirus. Through this route people will be offered an appointment at testing centre or if available a home testing kit. The testing centre in Bradford is a drive through site at Bradford University on Horton Road. Test results are mailed or texted to the individual 48 – 72 hours after testing.
- In addition, locally the NHS has set up the Marley Fields testing site in Keighley. This can be accessed by key workers who are symptomatic or asymptomatic. Workers may be from health or social care, care homes, police, fire, local companies. Their family members and children over 5 are also welcome to request a test. The site is drive through and tests are self-administered with onsite support staff. The site is open 6 days per week excluding Sundays, including bank holidays. Referral made via email and person seen next day between 9.30 and 10.30 am, afternoon session on a Wednesday. Test results are mailed or texted to the individual 48 – 72 hours after testing.
- DsPH have access through the West Yorkshire Local Resilience Forum to mobile testing units. These units are staffed by the army and can be deployed to locations to undertake testing if required. Capacity of these teams is being increased and local authorities have been asked to ensure readiness to deploy mobile testing units (including walk up) to high risk locations (e.g. defining how to prioritise and manage deployment). The DPH can request a MTU by calling the DHSC operations phone line which is available 24 hours a day.

We are aware some residents in Bradford district may not find these testing options accessible for a variety of reasons. Colleagues leading community engagement are working to understand barriers and enablers. Early intelligence suggests there are issues around: trust of how data are used, language and literacy barriers around complex instruction, people who do not drive people who do not understand or trust the health care system and people who do not have access to the internet.

One of our objectives is to ensure our local Test and Trace work does not exacerbate existing health inequalities and to that end we aim to ensure Test and Trace is accessible to all. Bradford has also been selected nationally as a test area to explore ideas for improving access to testing for vulnerable

communities and develop prototype methodologies for this purpose. We are in discussions with the national team to:

- Pilot a city centre walk in testing station. This station could be accessed by booking an appointment online or by phone, or by dropping in. Our local communications team will tailor communications and our community engagement leads will aim to understand what works well and what needs to be improved with this offer.
- We are in negotiations to open the Marley Fields site to the general public and add in a walk in offer.
- We are also in discussion with the national team to explore the feasibility of piloting home testing kits to be distributed via trusted partners and targeted at our most underserved and marginalised communities e.g. people who are street sleeping, sex workers and failed asylum seekers.

The science around testing and its delivery is moving at pace and it may be that in future there will be more effective options available to mobilise e.g. point of care testing with high sensitivity and specificity that could give immediate results.

10. Data

A paper written b y the ADPH and partners, Guiding Principles for Effective Management of COVID-19 at a Local Level, sets out standards for data led outbreak control. The paper suggests that a good local outbreak control plan will be able to receive, share process data to and from a range of sources in a timely way to deliver all outbreak management functions including contact tracing. A good plan will show integration of data from all sources to enable a) contact tracing, b) infection mapping and surveillance and c) epidemiological analysis to enable decisions and monitor effectiveness and impact. The local authority can not yet access all these data.

There are three main areas where data is imperative to the effective delivery of Test and Trace locally:

- Data to understand the activity and epidemiology of the COVID-19 pandemic
- Data to identify clusters of positive cases in order to manage outbreaks and reduce onward transmission
- Data to manage cases and outbreaks across local authority and PHE

Data to understand the activity and epidemiology of the COVID-19 pandemic
Currently the CBMDC Public Health Intelligence Team, use a combination of both data to report on the current picture of COVID-19 within the District. Data sets used include:

- Daily confirmed cases of Pillar 1 tests via https://coronavirus.data.gov.uk/
- Daily confirmed cases of Pillar 2 tests via the local authority testing dashboard
- Daily reported COVID-19 deaths to Bradford Registration service
- Analysis of weekly registered deaths to Bradford Registration service
- Care home outbreak data obtained from calls from the Infection Prevention Team within Public Health
- Calls to NHS 111
- Hospital activity data from Bradford Teaching Hospitals NHS Trist and Airedale NHS Foundation Trust.
- Numbers of Bradford residents accessing the NHS Test and Trace Service via the local authority testing dashboard

Whilst these data are useful in terms of analysing trends and giving a broad overview of what is happening in terms of COVID-19 within the District, different time delays in the way these data sets

are reported inhibit our capacity to form a real time picture of the pandemic and limit the ability timely decisions.

Data to identify clusters of positive cases in order to manage outbreaks and reduce onward transmission

The government has created a Joint Biosecurity Centre (JBC) with the aim of bringing together expertise and analysis to inform decisions to control COVID-19. It is planned that the JCB will deliver an independent analytical function to provide real-time analysis about infection outbreaks. It will analyse data from Test and Trace to support local authorities to identify and respond to outbreaks of COVID-19 as they arise. This intelligence with be shared by the JBC with local authority DsPH and local PHE teams to identify localised outbreaks.

Currently the local authority has access to numbers of Bradford District residents who have been contacted by the Test and Trace service – how many have used the web based tool, been followed up by call handlers and number of contacts. The local authority also has access to an interactive data dashboard created by the Department of Health and Social Care National Testing Programme, NHS Digital, and NHSX . This has been developed for colleagues in Local Government, Directors of Public Health and Clinical Commissioning Groups. It is a password protected database, accessible to the DPH and senior public health analyst. It combines three data sources:

- NHS Digital's COVID-19 National Testing Programme database, which consists of data received from the National Pathology Exchange (NPEx).
- The consolidated data covering the National Testing Programme, which is already reported on coronavirus.data.gov.uk.
- 111/999 data about the rate of calls to these services relating to COVID-19.

This database provides anonymised data on the total number of tests conducted and the total number of positive tests, including an "n"-day rolling average figure (e.g. the last seven days). There are plans that additional information will be included in the future comprising of care home data, 111 online data, and views via Super Output Area.

Until local authorities have access to postcode level data or positive cases or LSOA data, we will be unable to use these national data sets to guide targeted activity to control outbreaks.

Locally we have developed a system to record all cases and outbreaks we are aware of through our Tier 1 SPOC or word of mouth. This record will be analysed to identify outbreaks and hotspots of infection and trigger proactive management whilst we wait for fuller national data.

Data to manage cases and outbreaks across local authority and PHE

- Initial data identifying cases and outbreaks will be received by the CBMDC Outbreak Control Team through the SPOC or word of mouth.
- These will be recorded on our local outbreak management system.
- An initial risk assessment will be undertaken by the local authority and PHE and recorded on the joint risk assessment tool in appendix iii.
- These data can be transferred between CBMDC and PHE securely and will be recorded on the PHE IT system, HP Zone and stored securely locally.
- Cases managed jointly by PHE and the local authority will be recorded on HP Zone.
- Cases and outbreaks managed solely by the CBMDC Outbreak Control Team will be recorded on our local Environmental Health IT system Civica APP.
- CBMDC has a privacy notice which describes how these data will be used
    - https://www.bradford.gov.uk/privacy-notice/
    - https://www.bradford.gov.uk/open-data/data-protection/covid-19-privacy-notice/

- https://www.bradford.gov.uk/open-data/data-protection/public-health-privacy-notice/

11. Engagement

Good engagement and communication with residents and partners is also imperative to seek and maintain their commitment and consensus and so ensure Test and Trace can work. Through effective engagement we aim to ensure equitable access for complex and underserved groups, build trust and engage with communities through trusted VCFS partners. We aim to work with communities to develop accessible health messages that will ensure that people have the best chance of accessing the right information and being able to taking effective action to protect themselves, across a range of different population groups and to promote understanding of Test and Trace to maximise participation across Bradford District.

There are three strands to delivering the engagement work:

- Social media campaigns using Community Action, Engaging People, Healthwatch and the new COVID-19 young people's initiative
- Small grants to Community Anchors to support work carried out by Self Champions or other staff and/or volunteers within these organisations. A list of anchors is in appendix iv
- Micro-grants for small organisations to do specific outreach activity, investing in a network of small organisations to work with our hardest to engage communities e.g. Roma, asylum seekers, people with learning difficulties etc. and access translation into different community languages.

Insight gathered through engagement will be shared at the Test and Trace Steering Group meeting and will inform all other areas of work.

12. Communication

Trusted communication is imperative to the success of Test and Trace in Bradford District. It has been agreed that the communications strategy will be driven by intelligence gathered via community engagement with the aim of keeping a community response and the centre of our focus. We will also use national communication materials. Given the high profile of the Test and Trace and concerns that have already been raised in terms of privacy, trust, capacity, capability and managing public expectations; our core communication principles are:

- Humanise the process, and ensure it is community-driven – illustrate with real examples of people signing up for, using, carrying out and benefitting from contact tracing.
- Assemble and use trusted figureheads – local celebrities, doctors, teachers etc. engaging with the tracing progress
- Peer-to-peer where possible – identify people that our specific audiences trust to deliver messages to specific groups (e.g. religious leaders, NHS staff, teachers, 'community champions' influencer group).
- Bottom-up – community VCS, Bevan Healthcare etc. and PHE supported (build on established localised networks, messaging, languages etch)
- Articulating and bringing to life the benefits – identify and publicise people's experiences of contact tracing as a means of protecting their loved ones, alongside figures of COVID-19 discharges, reduced admissions and other stats that demonstrate progress etc.
- Supportive of the wider public health messaging – around social distancing, hand washing, safe working etc.
- Bradford as an exemplar – maximise potential of being selected as a pilot site for BAME community and learning lessons

- Demystify contact tracing – harnessing examples of where it has benefited the people of Bradford, from meningitis outbreaks to food poisoning
- Research – use existing projects (e.g. Born in Bradford) to canvas community opinion on their needs and fears, for tackling in communications messaging

Methods for communicating will include: media briefing, media buying, media training for key spokespeople and ambassadors, mobilising community champions and councillors, producing video information, developing core content for partners, using social media, equipping teams to equip community influencers with messages, create a web resource to house Test and Trace information, learn from good practice elsewhere, develop a communication calendar and explore the possibility of text messaging where appropriate.

The communications team will need to flex to support the delivery of Test and Trace iteratively. Initially there were lots of communications when Test and Trace went live, the team is also involved with promoting general COVID-10 infection prevention and control messages. Once the Standard Operating Procedures have been agreed communication colleagues will support the delivery of messages via different settings to help prevent the transmission of COVID-19 and reduce cases and outbreaks.

The focus of the coms work will be reviewed and directed at the weekly Test and Trace Steering Group meetings.

13. Workforce development and training

The workforce will be developed by adding capacity to deliver Test and Trace locally. Through:

- direct investment in posts to form a CBMDC Outbreak Control Team
- commissioning of additional capacity to deliver elements of the plan
- building skills in partner organisations.

A CBMDC Outbreak Control Team will be recruited to and created, led by the head of health protection. The team will be made up of staff with training and expertise in public health, health protection, infection prevention and control and environmental health. There will be investment into the places directorate, funding staff to continue delivering support to people who need it to isolate and investment in the VCFS to deliver the engagement strategy.

In terms of training, PHE are providing training to help deliver Test and Trace locally. This is in development but it is likely to cover:

- Overview of COVID-19, epidemiology and infection prevention and control
- What is contact tracing and why are we doing it?
- Outbreak management, and ways of working in specific settings
- Good conversation skills for effective contact tracing

It is envisaged this training may be accessed by the new posts described above, and over time all public health and environmental health staff in case we need to flex our workforce to meet any surge in demand. VCFS partners working with vulnerable groups will also be encouraged to access the training so they are in a position to support contact tracing if needed. If we need additional capacity for contact tracing as described in section 8 we would ensure access to PHE training for that cohort of staff too.

14. Support to isolate

The purpose of the national and local Test and Trace project is to ensure symptomatic people are supported to be tested and if positive, they and their contacts isolate – so the chain of transmission of COVID-19 is broken. This is 7 days from the onset of their symptoms for a case and 14 days from onset for a contact. For some people this may be a challenge.

Since lockdown the local authority has put in place systems to support people who need it to shield or self isolate. Support can be accessed by phoning Bradford Council Contact Centre on 01274 431000 or by texting 07790 347389 if hard of hearing. Staff in the contact centre can direct residents to localities for further support. Wardens in localities can arrange essentials such as food, shopping or pick up and delivery of medication.

To enable Test and Trace to work, we need to build on this existing system. Investment has been made into the warden team to support people to isolate. Contact tracers now have information about where to refer Bradford District Residents for support. In terms of the expected level od demand for support services, we are currently identifying 930 confirmed cases per month. If that level continues then 1% in need social support equates to 9 people, 5% equates to 28 people and 10% equates to 90 people.

The following activities are able to continue:

- Supporting people to access food banks
- Medication pick up and delivery via the Fire and Rescue Service
- Shopping for people who are self-isolating via the VCS
- Ward Officers and Warden support with communications

The number of people needing Council support was much lower than anticipated during lockdown. People who are shielding will need support for prolonged periods of time but those asked to self – isolate will only require it for a maximum of 14 days. While Wardens can continue to support the current Hub infrastructure during the next phase; there is potential for a loss of income for such services and so a separate proposal from the VCS covers the communication and community engagement needs. The current system could manage an additional 200 people per hub within current capacity. Different pressure points in this support system should be kept under review until more is known about the impact of the new test and trace system on local capacity

15. Standard Operating Procedures

Consultants in Communicable Disease Control from PHE Yorkshire and Humber have worked with local authorities across the region to develop a bank of Standard Operating Procedures (SOPs) to guide the work of local outbreak control teams. These are included in appendix v. They need to be exercised by partners in a range of scenarios to ensure hey are fit for purpose locally, complete, owned and understood. SOPs are included for:

- Primary Care
- Education settings
- Domiciliary care
- Underserved groups
- Vulnerable populations in residential settings
- Care homes
- Workplaces

Appendix i: Seven themes local authority test and trace action plans are required to cover

- Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).
- Identifying and planning how to manage other high-risk workplaces, communities of interest and locations including sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings, rough sleepers etc (e.g. defining preventative measures and outbreak management strategies).
- Ensuring readiness to deploy mobile testing units (including walk up) to high risk locations (e.g. defining how to prioritise and manage deployment).
- Assessing local and regional contact tracing and infection control capability in complex settings (e.g., Tier 1b) and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed).
- Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning including data security).
- Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.
- 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.

Appendix ii: Terms of reference for the Outbreak Control Board, Health Protection Board and Test and Trace Steering Group

Bradford District Outbreak Control Board Terms of Reference

Context	An integrated national and local nationwide COVID-19 test and trace programme is being implemented that is designed to control the virus and enable people to live a safer and more normal life. For the test, trace and contain stage to be successful, it is critical that as a district we communicate widely with the public and employers to gain their support for any actions that we need to implement.
Purpose	The board has two main roles: Ensuring public oversight of the implementation of the test, trace and contain stage for Bradford District. Ensuring all sectors and communities are communicated with effectively and that as a result any required behaviours are adopted by individuals and organisations.
Decision maker	The Board itself has no legal status or authority and so decisions made during meetings of the Board will only have legal effect through the governance arrangements of the bodies represented at the Board and the statutory and delegated powers of those in attendance at each meeting. The Scrutiny processes of the Council must be exhausted before decisions made by Council officers are final. In most cases these decisions will be authorised either through the DPH's statutory powers or the delegated powers of the Council's Chief Executive .
Frequency	The board will meet on a three weekly basis initially, although the chair has the ability to make recommendations to change the frequency.
Objectives	• Receive regular updates from the Health Protection Board via the Director of Public Health • Provide public oversight of progress on the implementation of the Test, Trace, Contain stages

	• Ensure that the implementation plan builds on existing good practice and that lessons learned from other geographies are taken into account. • Identify any barriers to progress and delivery and help resolve them, making the most of any opportunities that may arise. • Report to the Health and Wellbeing Board through the DPH. • Support and strengthen the communication plan that will need to underpin every decision we take as we move through the next stage of managing the pandemic, helping to make sure that all communities and sectors are communicated with effectively. • Ensure that all key stakeholders have been identified and that the best routes to communicate with them are utilised. • Oversee the evaluation of the communication plan, measuring success through the successful adoption of the required behaviours by individuals and organisations across the city with no community or sector left behind. • It will ensure that data protection and confidentiality considerations are applied to all matters considered during meetings and will ensure that all those in attendance are legally bound to appropriate confidentiality agreements.
Quorum	The quorum is three for all meetings and must include the Chair or the Deputy Chair. Items can be reviewed and recommendations from the board requested by email, at the chair's discretion.
Membership	It is required that the Outbreak Control Board is chaired by the leader of the council. This function will be delivered by the members of the Health and Wellbeing Board with additional members including representation from young people and trade unions.
Standardised Agenda	1. Introduction 2. Update on each sector's recovery, with a focus on how the contact tracing programme may impact it 3. Update from the Test and Trace Steering Group 4. Overview of current data (incl. localised outbreaks or specific community impact) 5. Risks and Issues 6. Communications 7. AOB

Bradford District Health Protection Assurance Group Terms of Reference

Purpose

From April 2013 the Health and Social care regulations changed the statutory responsibility for health protection arrangements of the PCT to ensure plans are in place to protect the health of local people so that each local authority shall provide information and advice to every responsible person and relevant body within, or which exercises functions in relation to, the authority's area, with a view to promoting the preparation of appropriate local health protection arrangements ("health protection arrangements"), or the participation in such arrangements, by that person or body.

Given this and following the introduction of multiple new NHS commissioning organisations and agencies involved in health protection it is necessary to ensure that there is one group with the responsibility for coordinating these bodies to ensure threats to local health are minimised and dealt with promptly. This responsibility will be with the Health Protection Assurance Group (HPAG) whose membership consists of commissioners, providers and regulators.

The Group will take a system wide overview of stakeholders contributing to health protection in Bradford District and provide a whole system overview.

Accountability
The HPAG will:

- Have formal accountability to the Bradford Health and Wellbeing Board (HWB) in providing assurance that plans are in place and effective as well as performance management
- Report to the HWB regarding risks, and progress in minimising threats to local health, through an annual report at least. This will operate through the HPAG being a subcommittee of the HWB
- Report to the West Yorkshire Local Health Resilience partnership (LHRP) as appropriate; LHRP is responsible for ensuring the NHS response to any major incidents as well as the Public Health (PH) response. This Group will report to the LHRP regarding the health related relevant Emergency Planning risks for Bradford District from the NHS and provide assurance of the (PH) response within Bradford District, and will work jointly with the other Directors of Public Health (DsPH) across West Yorkshire
- Have a formal relationship with PHE (PHE), NHS England, BDCFT, BTHFT, ANHSHT and the three Clinical Commissioning Groups (CCGs); namely Bradford City, Bradford District and Craven CCG.

Scope
The scope of the HPAG is to minimise local hazards to human health, and to ensure that any threats are promptly dealt with. As a result the scope of assurance required incorporates the following areas:

- Infection prevention and control (IPC) including healthcare associated infections (HCAI)
- Communicable disease control: detection, prevention and management of outbreaks and incidents, as well as new and emerging infections, including zoonoses but not animal health
- TB/Blood borne Viruses (BBV) commissioning
- New and emerging infections, including zoonoses but not animal health
- Environmental hazards and control, biological, chemical, radiological and nuclear, including air and water quality, food safety
- Commissioning of immunisation and vaccination programmes
- Emergency preparedness, response and resilience-health related (EPRR)
- PHE and PH out of hours on call rotas to cover PH outbreaks and incidents
- Commissioning of Sexual health services
- Screening programmes
    - Young person and adult
      Breast Cancer, Cervical Cancer, Bowel Cancer, Abdominal Aortic Aneurysm, Diabetic Retinopathy
    - Antenatal and new-born
      Down's Syndrome, Foetal Anomaly Ultrasound Scan, Infectious Diseases in Pregnancy, Antenatal Sickle Cell and Thalassemia, New-born and Infant Physical Examination, New-born Blood Spot, New-born Hearing Screening

Functions
To ensure that effective plans are in place and are implemented, to protect the people of Bradford District, whether resident, working or visiting Bradford District. This will cover the following areas taken from the scope:

- Infection Prevention and Control, including Health Care Associated Infections
- Environmental hazards and communicable disease control, including outbreaks
- Immunisations & Vaccinations
- EPRR
- Sexual health services
- Screening

The functions include:

A. Core Group function

1. To ensure strong relationships between all agencies are maintained and developed to provide a robust health protection function in Bradford District.

2. To ensure effective health protection surveillance information is obtained, assessed, used appropriately so that appropriate action can be taken where necessary.

3. To agree with commissioners and providers the relevant standards for performance in Bradford District. These standards will be based on national standards, whenever feasible, and be applied to the Bradford District context.

4. Reporting progress and forward planning:
    A. To review regular/ quarterly performance monitoring from commissioners
    B. To produce an annual report
    C. To produce an annual work programme to ensure effective strategies & commissioning are in place

B. Group function in partnership with other bodies

5. To be assured key partners are delivering effective interventions to minmise local hazards to human health and ensure any threats are dealt with promptly across all key areas identified earlier in this document

6. To be assured plans are in place to ensure prompt and effective cascade of major health protection alerts (including Chief Medical Officer cascade, Medicines and Healthcare products Regulatory Agency (MHRA) alerts, and other major alerts) to appropriate audiences and to confirm that systems are in place for responding to such alerts

C. Oversight function of Group

7. To ensure systems are fit for purpose, especially in managing the interdependencies between organisations and programmes.

8. To ensure emerging health protection risks in delivering effective commissioning and provision of health and social care are being managed effectively. To escalate risks when required to relevant commissioners using the expert advice of the Group to the HWB, depending on the risk, for resolution and assurance that appropriate action has been taken.

9. To scrutinise significant incidents (including outbreaks), considering the responses of providers and commissioners so giving an overview to the Group. The group will also review significant reports where appropriate

Key relationships of the Health Protection Assurance Group

The HPAG is an overall co-ordinating, and thus strategic group for Bradford District.
Key strategic links are to:

- For EPRR: the Local Resilience Forum (LRF), the Local Health Resilience Partnership (LHRP)
- WY Screening Group
- WY Immunisation Group

Key local links to:

- Infection Prevention and Control steering group
- Communicable disease control and Environmental hazards via the Environmental Health CD group and :
    - communicable disease control
    - food safety
    - chemical, radiation, air, water and land.
- EPRR - Bradford and Airedale Health Resilience Forum
- Sexual Health Network
- TB Network
- Others yet to be clarified

The relevant Health Protection related groups, networks and projects will:

- Provide regular reports on progress against key functions to the HPSG in line with national and local strategies and policies.

Relationships with other areas for cross-boundary issues
Relationships are in place with other areas for cross-boundary issues and to link with similar Groups /Committees across West Yorkshire.
Reporting processes

To the Health and Wellbeing Board in respect of performance management, risk escalation and overall progress against targets

From the NHS England , PHE, CCGs , Environmental Health , LA social care commissioners and other key members quarterly reporting against their own targets and standards as appropriate.

Core Membership

- Director of Public Health or deputy (Chair)
- Local authority Health Protection Lead
- PHE Consultant in Communicable Disease Control
- CCG representatives
- NHS England Local Area Team office representatives – emergency preparedness & immunisation and screening leads
- BTHFT representative
- BDCFT representative
- ANHSFT representative

- It is expected that core members will attend all meetings and representation will be from a Senior lead wherever feasible. Where they cannot, an appropriately competent deputy, with the relevant skills and delegated authority, should attend in their place.

Attendance of core members to group meetings will be monitored and reported in the annual reports of the HPAG.

Co-opted members:

- Other providers of NHS and LA funded health and social care services as appropriate
- Other individuals from member organisations relevant to subjects under discussion

Quoracy:

- Chair plus three others from any of local NHS, NHS England, PHE or CBMDC

Frequency of meetings

- Quarterly

Bradford District COVID-19 Test and Trace Steering Group Terms of Reference

Membership

Name	Job title	Organisation	Role	Notes
Sarah Muckle	Director of Public Health	CBMDC – Health & Well-being	Sponsor	Receive minutes only
Kathryn Ingold	Public Health Consultant	CBMDC – Health & Well-being	Chair	
Linda Sands	Administration Officer	CBMDC – Health & Well-being	Administrator	
David Colbear Mary Siwiak-Jaszek		Impower	Project Management Support	
Angela Brindle	Environmental Health Manager	CBMDC – Health & Well-being	EHO lead	
Angela Hutton	Senior Public Health Specialist	CBMDC – Health & Well-being	Link to Place / Businesses	Receive minutes only
Anna Fryer	Neighbourhood Director	Incommunities	Support vulnerable groups	
Dean Roberts	Interim Assistant Director	CBMDC – Health & Well-being	ASC link	
Joanne Conlan	Strategic Manager	CBMDC - Customer Facing Services		
Nancy O'Neil	Strategic Director	CCG	Testing lead	Karen Leach to deputise
Marium Haque	Deputy Director for Education	CBMDC – Children's Services	Education lead	Duncan Cooper to deputise
Noreen Akhtar	Area Co-ordinator	CBMDC – Place		
Ralph Saunders	Head of Public Health	CBMDC – Health & Well-being	Outbreak lead	
Richard Chew	District Gold Command Comms	Independent	Comms lead	
Soo Nevison	CEO Community Action	VCS Representative	Engagement lead	Helen Speight to deputise
Jo Simpson	Volunteer	Independent	Expertise around data	
Piali Das Gupta	Regional Engagement Lead	National Team DHSC	Co-production national pilot	
Suzi Coles	Consultant in Communicable	PHE (Yorkshire and Humber)	PHE lead	

	Disease Control			
Mat Sidebottom	Nurse Consultant	Bevan Health Care	Support vulnerable groups	
Kate Questa	Senior Public Health Registrar	CBMDC – Health & Well-being	Lead vulnerable groups	Until mid July

Aim
To ensure an effective Bradford District COVID-19 Test and Trace Project is developed, led, coordinated and delivered to control the spread of COVID-19 and enable the lift of lockdown.

Purpose
The purpose of the Bradford District COVID-19 Test and Trace Steering Group is to lead the local Test and Trace service and act as a responsive resource, providing timely advice, guidance and recommendations on testing, tracing and isolation issues. The responsibilities of the COVID-19 Test and Trace Bradford District Steering Group will include:

- Oversight of local management in complex settings (care homes/ schools / hostels)
- Direct support to complex groups and households (e.g. homeless/ shielded)
- Proactive advice and guidance (e.g. schools/ workplaces)
- Local engagement and intelligence gathering (e.g. VCS/ LA front-line)
- Local communications
- Ensuring data flow, analytics, and surveillance for testing, tracking, tracing and isolation with reporting of timely, accurate information
- Reviewing approaches for complex contact tracing in liaison with the emerging national and regional approach to testing, tracing and isolation
- Providing specialist advice and guidance
- Assessing logistical arrangements, including test/swab kits, laboratory capacity, results, transport

Accountability: Reports to the Bradford District Health Protection Assurance Group may receive additional support from existing Gold command forums and the Outbreak Control board communicate with the general public.

Frequency of meeting Weekly initially
Chair Kathryn Ingold
Administrator Linda Sands

Appendix iii: Local Authority / PHE Information Sharing Template (Draft)

Setting (Name, Address, Post code):	**HP Zone number:**

Summary of Key Information (type of setting, number of employees, number affected (including members of the public / patients), whether cases numbers are rising, overall risk assessment)

Risk Assessment

Number of cases:

Date of onset of first case:

Number of contacts identified:

Total number of staff:

If healthcare premises: number of patients / residents potentially exposed:

If educational premises: number of students potentially exposed:

Number hospitalised:

Number died:

Social distancing arrangements: Good Poor

Confidence in management: High Low

Public facing: Y/N

If Y approx. how many members of the public per day

Level of anxiety: High Low

Media Interest: Y/N

Any other issues considered:

Summary of Risk Assessment:

Follow up arrangements LA Follow up HPT / LA Follow up Need for an IMT			
Follow up record			
Date	**N° Cases**	**N° Contacts**	**Other issues**

Proposed flow of information:

1. HPT receives information about a case(s) in one of the settings that requires further follow up
2. HPT will notify LA SPOC via e-mail and provide initial information and what additional follow up is required by the LA
3. LA uses information sharing template to gather initial information, assess the situation and risk assess
4. If details of contacts are required for follow up these can be completed using the CTAS template (draft to be attached) - these contacts will then be followed up as per process described in Joint Working Agreement
5. Initial information and details of contacts can be returned to PHE by secure e mail
6. Reviewed and further discussion if needed.

Appendix iv) List of community anchor organisations undertaking engagement work

Organisation	Target group
HALE	Families/older people
Inspired Neighbourhoods	BAME
Carers Resource	Carers
Community Action	Older people
Girlington Centre	BAME
Thornbury Centre	Roma
Trident	Students and young families
Royds	Eastern European
Bridge Project	Rural and substance misuse
Healthy Lifestyle Solutions	Families
BDYP	Young people
Keighley Healthy Living	Airedale, rural, BAME
Ilkley Community Network	Wharefdale, rural, older people
CNet	BAME; district-wide response to support others

Appendix v) Standard Operating Procedures Agreed between Yorkshire and Humber PHE and local authorities

1. Responding to confirmed Cases and Outbreaks of COVID-19 in a primary care setting: Joint working arrangements

Purpose:

Outline initial joint working arrangements between PHE YH and local systems responding to **confirmed** cases of COVID – 19, with aim of reducing transmission, protecting the most vulnerable and preventing an increased demand on healthcare resource. Arrangements should outline common principles and plan for flexibility in implementation at place.

Note - this joint working agreement covers the response to laboratory confirmed cases and their contacts. Possible cases identified in settings should be advised to self – isolate and access testing, the setting should be provided with advice as per prevention section below.

Principles:

- Joint working and whole system approach
- Consistency in approach across settings and local systems
- Build on what works using existing and newly developed outbreak plans
- Develop clear roles and responsibilities and prevent duplication
- Ensure local voice with consistent messages across organisations
- Working arrangements will evolve over time

○ **Description of setting (s)**
This joint working agreement covers GP practice settings.
○ **Key partners**
CCG, NHS, LA public health, community IPC, (primary care networks or GP Federations if appropriate locally)
○ **Guidance**
COVID-19 management of staff and exposed patients or residents in health and social care settings guidance. National infection prevention and control guidance including in staff areas Practices should be fully familiar with when PPE is required https://www.gov.uk/government/collections/coronavirus-covid-19-personal-protective-equipment-ppe Practices and all primary care settings should consider workplace guidance on making businesses Covid

secure

Standard operating procedure for general practice in the context of coronavirus (COVID-19) https://www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/

Additional Health and Safety guidance useful for non-clinical areas https://www.hse.gov.uk/coronavirus/working-safely/index.htm

Guidance on Test and Trace, as set out at: https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works

- **Prevention**

CCG planning:

- Provide SPOC email for CCG, to allow communication with the HPT (8am-8pm, 7 days) and ensure process and responsibility to monitor inbox/phone line
- Practices should also report to the same CCG SPOC to minimise confusion
- CCG contacts DPH to ensure representation on Covid Outbreak Control Board (OCB) and have a clearly identified CCG lead officer for partners
- CCG work with the DPH to review healthcare aspects of the Covid Outbreak Control Plans
- CCG incident management plans and arrangements need to be reviewed in light of Covid risks
- Review IPC support available to practices and their capacity
- CCGs should ensure that all practices are familiar with local arrangements for possible incidents, reporting/escalation mechanisms and how to access support
- CCG comms to practices reminding of need for planning, including business continuity
- Ideally the practice planning that CCGs should support will ensure that when cases are identified, all appropriate precautions had been taken such as appropriate IPC measures, physical distancing etc.

Practice planning should cover:

- Managing increasing patient visits to the premises e.g. distancing between patients in waiting areas
- Continuing telephone and online appointments where safe and possible to do so
- Ensuring social distancing, necessary precautions at work between staff in work or social areas
- Thinking about a new way of working: common rooms, meetings, reception and other high use areas, cleaning
- IPC and environmental cleaning measures
- Wearing a surgical face mask when not in PPE or in a part of the facility that is COVID-secure
- Identifying patients attending the premises and rapidly gathering information for risk assessments

- Staff working across different settings
- Making infection prevention control messaging clearly visible, e.g. around staff restrooms, easy-read posters in communal areas

For Symptomatic and Positive Asymptomatic Staff

- There should be a clear staff notification process if staff are going for testing
- If a member of staff is symptomatic at work, they should immediately go home and self-isolate. If they develop symptoms at home, they should not come to work. Any staff member with symptoms should arrange testing
- Staff should be advised that if the test is positive, they will be contacted by NHS Test and Trace and they should isolate for a minimum of 7 days from start of symptoms
- Since the NHS T&T Service is not quick, it is likely that the earliest the HPT will notify you of staff who have tested positive will be 48hrs after the positive result.
- Staff should inform their line/practice manager of a positive result as soon as they receive it so that relevant Practice actions can be completed immediately.
- The practices should then inform the CCG

Contacts (see appendix for contact definition)

- Identified contacts of a confirmed case will need to self-isolate for 14 days from their last contact with the person who has tested positive

○ Confirmed Cases

Notification of Covid positive cases may be via either:

The HPT will be notified through Track and Trace of anyone who has been tested positive for COVID-19

- The employer or employee may contact PHE or CCG seeking advice.

- Although the Track and Trace system will flag confirmed cases who are associated with a healthcare setting to the HPT, the CCG should also notify the HPT of these

Description of straightforward cases in primary care setting:

Patient tested and tests positive- did they have contact with other staff or patients on the visit (incl. PPE used when patient swabbed)

- Staff member (non-clinical) tests positive- have all staff been socially distancing, what was contact with patients and others
- Staff member (clinical)- contact with patients, other clinical staff, other staff when not in PPE (and review of PPE use)

Description of a complex case in primary care settings:

- Above straightforward cases, as a single case in a poorly managed setting (poor staff social distancing, few extra precautions in place, lack of confidence in management, high staff anxiety), failure to strictly follow PPE and IPC guidance
- Many staff contacts in common areas
- Staff working across multiple settings
- Patients being exposed
- NB: for more than one case in a single setting, see below

Complex case example:

- Senior partner with significant contact with most of the healthcare team and several patients while infectious.

Follow up of cases and identifying contacts

See appendix 1 for **contact definition.**

HPT to pass single cases to CCG for the CCG/practice to jointly manage

Actions for CCG/ practice:

In the first few hours:

- Details of case, onset, date last in setting etc.
- Timeline of case in workplace in 48 hours before symptoms or positive test result (if asymptomatic
- Identification of possible contacts
- Risk assessment of contacts (refer below* and to section 6 of guidance)
- List (excel template) for sending to HPT with details of contacts requiring follow up (data sharing is outlined in 'practicalities' section below) (NB likely that these will be sent back to NHS Test and Trace Tier 3 for individual follow up)
- Provide advice for contacts via text, phone messaging and letters on exclusion/ isolation, including any wider communications that may be needed
- Providing advice/ guidance to setting on control measures
- Information on any other suspected/ confirmed cases in setting, severity, control measures, anxiety or media interest – outline briefly what this information is
- Assessment of situation, consider escalation and need for incident management team meeting

Within 24 hours:

- Arrange follow up assessments and on-going monitoring
- Incident management meeting if required
- Preparation of reactive comms. Consider practice website information

If CCG is content with risk assessment, then continue to follow up the practice providing advice as required and monitoring compliance with it. Continue to monitor number of cases and contacts. If concerns, then discuss with HPT for possible escalation.

Escalation from CCG to HPT for discussion and joint risk assessment re next steps:

- Where there are concerns with the management of a single case
- There have been 2 or more cases associated with the setting within 14 days

**definition of contact is any of the following without appropriate PPE being used (from 2 days before the person was symptomatic up to 7 days from onset of symptoms):*

- *Direct Face-to-face contact (e.g. talking) for any length of time; or*
- *Being within 1m for 1 min or longer; or*
- *Being within 2m for 15 mins or longer.*

○ Outbreaks

Outbreak definition in this setting

Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days

AND

Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case

Roles and responsibilities

Identification of outbreak: CCG to escalate to HPT where there have been 2 or more cases associated with the setting within 14 days

CCG and HPT to discuss management of settings with 2 or more cases within 14 days, including situation lead.

- CCG, IPC, LA PH and HPT should be part of the IMT
- Gathering initial information (as detailed above for single cases): Practice, supported by CCG
- Providing appropriate information to the contacts on exclusion/ isolation: Practice, supported by CCG
- Context specific risk assessment: Practice supported by CCG/ IPC. Do the partners have previous concerns about the practice and their ways of working
- Convening an OCT: CCG/ HPT
- Providing advice on control measures, isolation/ exclusion and IPC: CCG/HPT
- On-going management, follow up with setting and on-going monitoring: CCG with updates to HPT
- Further investigations including options/ routes for testing: CCG/ HPT
- Communications: CCG/ HPT

If CCG is content with risk assessment, then continue to follow up the practice, providing advice as

required and monitoring compliance with it. Continue to monitor number of cases and contacts. If appears to be escalating to a complex outbreak, then discuss with HPT for possible further escalation.
○ **Practical considerations**
• Support visits to premises for prevention purposes and during management of outbreaks to provide advice by IPC/ CCG • IPC team capacity • Data sharing nhs.net to nhs.net by email. • HPT NHS email is phe.yorkshirehumber@nhs.net
○ **Interdependencies**
Staff working across multiple settings, especially primary and secondary care
○ **Plan for review and adaptation**
To be reviewed within one week or sign off and then every 2 weeks

Appendix 1: Contact Definitions

A 'contact' is a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic up to 7 days from onset of symptoms (this is when they are infectious to others). For example, a contact can be:

- people who spend significant time in the same household as a person who has tested positive for COVID-19
- sexual partners
- a person who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:
  - being coughed on
  - having a face-to-face conversation within one metre
  - having skin-to-skin physical contact, or
  - contact within one metre for one minute or longer without face-to-face contact
- a person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes
- a person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19

From: <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>

Responding to Cases and Outbreaks of COVID-19 in School and Educational Settings: Partnership working arrangements

Bradford District v1.3 (29th June 2020)

Purpose:

To describe joint-working arrangements between the Public health England (PHE) Health Protection Team (HPT), Bradford Local Authority and Bradford District educational settings.

To outline the approach to managing cases & outbreaks of COVID-19 in educational settings, covering schools, special schools, FE colleges and early years settings. Residential educational settings and Young Offender settings are included in separate SOPs. To reduce coronavirus transmission and protect the most vulnerable.

Key messages

1] Possible cases (without a test) > self-isolation of case and their family contacts, no self-isolation for school contacts, Do NOT need to inform HPT and LA

2] Confirmed case (with a positive test result) > self-isolation of case and school contacts, inform PHE Health Protection Team (HPT) and the Local Authority

3] More than one confirmed case > self-isolation of case and contacts, inform HPT and Local Authority as a potential outbreak.

4] Confirmed cases in parents > only contacts of that case should isolate (e.g a child of the case)

Actions for schools

For **2] confirmed case** & **3] confirmed cases (outbreak)** the Headteacher should:

Complete the **Local Authority / PHE Information Sharing Template** (Appendix F)

Discuss this information with the PHE Health Protection Team (HPT) who will risk assess the situation & advise on isolation of contacts, school closure & infection control. Schools should speak to the HPT before taking the decision to close schools.

Share these decisions and the information (Appendix F) with the LA (using the usual Incident Reporting System)

Contacts:
PHE Health Protection Team (HPT) - 0113 386 0300

Local Authority Incident Reporting - 01274 431000 & ask for Emergency Management (or 24hr Duty Phone: 07582 106525)

Contents

1 Principles and joint working

Principles:

- Joint working and whole system approach
- Consistency in approach across settings and local systems
- Build on what works using existing and newly developed outbreak plans
- Develop clear roles and responsibilities and prevent duplication
- Ensure local voice

Joint Working between the Local Authority and Y&H Health Protection team (HPT)

The suggested overarching joint approach to managing **complex cases and outbreaks** will be as follows:

- Y&H HPT will **advise** on swabbing and testing for symptomatic individuals when first aware of an outbreak in line with local arrangements.
- Y&H HPT will undertake a risk assessment and give advice to the setting and the local system on the management of the outbreak;
- The local system (Bradford Local Authority and partners) will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control;
- Y&H HPT will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions
- Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.

2 Summary of Guidance

Guidance collection: Coronavirus (COVID-19): guidance for schools and other educational settings

https://www.gov.uk/government/collections/coronavirus-covid-19-guidance-for-schools-and-other-educational-settings

Coronavirus (COVID-19): implementing protective measures in education and childcare settings

https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings

Cleaning and disinfection in non-healthcare settings here

https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings

Health protection in schools and other childcare facilities
https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities

The Department of Education's helpline for schools - 0800 046 8687 - should respond to all queries from schools (particularly in relation to published guidance). Lines are open from 8am to 6pm, Monday to Friday, and 10am to 4pm at weekends.

3 Standard Operating Procedures

3.1 Possible (suspected) coronavirus case

Possible cases (without a test) > self-isolation of case and their family contacts, no self-isolation for school contacts, Do NOT need to inform HPT and LA

Definition of a possible (suspected) coronavirus case

- a new continuous cough and/or high temperature and/or anosmia

If a child or member of staff has these symptoms they should use the NHS 111 online symptom checker: https://111.nhs.uk/covid-19/

If a child or member of staff:

- lives with someone who is displaying COVID-19 symptoms.
- has arrived at the setting with COVID-19 symptoms.
- has become unwell with COVID-19 symptoms whilst at the setting.

they should not enter a school or educational setting. They must self-isolate for 7 days from the onset of symptoms, and their household members should isolate for 14 days.

3.2 Confirmed coronavirus case

Confirmed case (with a positive test result) > self-isolation of case and school contacts, inform PHE Health Protection Team (HPT) and the Local Authority

- Schools should notify the Health Protection Team (HPT) [0113 386 0300] and Local Authority of any **confirmed** COVID cases (in staff or students) reported to them.

- The HPT *will also* be notified separately through Track and Trace of any staff or student who is

tested and confirmed to have COVID-19, but schools are asked to notify directly to ensure cases are not missed and to support early-action.

- Schools should complete the Local Authority / PHE Information Sharing Template (Appendix F) and share this information with the PHE Health Protection Team (HPT) and the LA (using the usual Incident Reporting System). This will support the PHE Health Protection Team (HPT) who will risk assess the situation & advise on isolation of contacts, school closure & infection control.

Definition of a confirmed case

- laboratory positive case of COVID-19 with or without symptoms (new continuous cough, temperature or anosmia).

Contacting a case

On notification of a confirmed case, the HPT will contact the case to obtain further information, undertake a risk assessment and provide advice on self-isolation to the case.

If the case **has not been** in school 48 hours prior to symptoms (or test result) or within 7 days after, no further action will be recommended by HPT and the school does not need to advise anyone to self-isolate or close.

If the child or staff member **has been** in school in the school 48 hours prior to symptoms (or test result if asymptomatic) or within 7 days after onset of symptoms then the HPT will contact the headteacher.

Follow up of cases and identifying contacts

*See appendix E for **definition of a contact***

The headteacher and HPT will conduct a joint risk assessment according to the HPT internal SOP and include identifying if any other children or staff and unwell and need to be self-isolated and tested.

The school will be asked to identify if any children, visitors or staff meet definition of direct / proximity / travel contacts during the infectious period of the case.

The HPT will provide the school with suggested letter to send to identified contacts advising 14-day isolation and to get tested if they become symptomatic. Household contacts of contacts will not need to self-isolate.

If a child, young person or staff member tests positive and has been in school whilst they are infectious, it is likely that the rest of their class, bubble, or group will be sent home and advised to self-isolate for 14 days (but the HPT will advise on this decision).

The HPT and school will discuss how they are implementing social distancing and infection, prevention and control (IPC) measures, and provide advice as required. If there are concerns from the setting about their ability to implement measures due to resource constraints or operational issues posed by staffing the school or HPT will discuss these with the local authority where appropriate.

Where schools are observing guidance on infection prevention and control, which will reduce risk of transmission, closure of the whole setting will not generally be necessary.

The HPT will ask the setting to inform their local authority. The HPT will also inform local authorities of all new cases in schools.

Local authorities should have a single point of contact for PHE to inform them of new cases or situations in schools. For all urgent situations these will also be escalated through established on call arrangements to the DPH.

3.3 Outbreaks

More than one confirmed case > self-isolation of case and contacts, inform HPT and Local Authority as a potential outbreak.

We are asking educational settings to notify the HPT and local authority if they have either:

Outbreak (cluster) definition

- Two or more confirmed cases of COVID-19 among children or staff in the setting within 14 days or;
- An overall increase in sickness absence reporting where COVID-19 is suspected (but where no tests have been done or results are available)

When notified of a possible outbreak, the HPT will obtain further information from the school to inform a risk assessment (this may involve asking the school to complete a data return) (Appendix F).

- This will include details of the setup of the school, total number of staff and students confirmed or symptomatic, vulnerability of student population, potential number of contacts and current social distancing and IPC measures.

HPT will also discuss how school are implementing social distancing and infection, prevention and control (IPC) measures, and provide advice as required.

The HPT will undertake a risk assessment to consider the severity and spread of outbreak, current control measures and the wider context (including communications from the school, anxiety level amongst students, staff and families, media interest etc.)

HPT will inform the local authority (pending local discussions) and jointly consider any need for an Outbreak Control Team (OCT). The HPT (or OCT) will help schools to identify contacts who need to isolate (any symptomatic contacts will be encouraged to access testing) and provide the setting with letters to be sent to contacts and non-contacts.

OCTs will not normally be required for straightforward outbreaks but may be needed in some circumstances for example:

- during early phase of school re-opening
- there has been a death at the school/college

- there are a large number of clinically vulnerable children
- there are a high number of cases
- the outbreak has been ongoing despite usual control measures
- there are concerns on the safe running of the school
- there are other factors that require multi-agency coordination and decision making

It is possible that the HPT may advise widespread swabbing of the staff and student population, particularly in the early stages of Test and Trace. However, it is important to note that primarily this would be to add to our overall understanding of COVID transmission rather than to inform the management of individual outbreaks.

Arranging swabbing in the local system will require discussion with partners in the local system as to how this is achieved.

4 Practical considerations

The DfE guidance asks Local Authorities to support schools to access local PPE supplies and available stock, escalating through Local Resilience Forums (LRFs) if required. Bradford Authority has put a mechanism in place for schools to receive additional **PPE** (see Appendix G).

A single point of contact for local authorities for PHE to contact regarding single cases or outbreaks is recommended to ensure timely notification and enable early multi-agency coordination.

If risks in capacity or training are identified, partners should seek to work as a whole-system to support each other in remedying these.

Information will be shared between HPT and LAs as follows:

7. HPT receives information about case(s) that require further follow up
8. HPT will notify LA SPOC via e-mail or phone, provide initial information and outline what additional follow up is required by the LA
9. LA uses information sharing template (Appendix F) to gather initial information, assess the situation and risk assess
10. If details of contacts are required for follow up these can be completed using the CTAS template (to be sent along with request – Appendix F) - these contacts will then be followed up as per process described in the SOP above.
11. Initial information and details of contacts can be returned to PHE by secure e mail

(provided when request is sent)

12. Reviewed and further discussion if needed.

Data Sharing

Data sharing between our organisations is underpinned by the General Data Protection Regulations. This requires specific conditions to be met to ensure that the processing of personal data is lawful.

These relevant conditions are included below:

- **Article 6(1)(d)** – is necessary in order to protect the vital interests of the data subject or another natural person.
- **Article 6(1)(e)** – is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller
- **Article 9(2)(i)** – is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health.

These conditions have been met due to the threat posed by COVID-19, and therefore it is appropriate to share information following the process outlined above

5 Appendix A: Contact information

Public Health England (PHE) Health Protection Team (HPT)

Phone: 0113 386 0300

Out of hours for public health professionals only: please phone 0114 304 9843 and ask for public health on-call.

Bradford Local Authority Emergency Management

Local Authority Incident Reporting - 01274 431000 & ask for Emergency Management (or 24hr Duty Phone: 07582 106525)

HPTBradford@bradford.gov.uk

Department of Education

The Department of Education's helpline for schools - 0800 046 8687 - should respond to all queries from schools (particularly in relation to published guidance). Lines are open from 8am to 6pm, Monday to Friday, and 10am to 4pm at weekends.

PPE

See Appendix G. Contact - strategiccontractsteam@bradford.gov.uk

Social workers

For queries about allocated social workers (if you cannot contact the social worker directly) contact the Education Safeguarding Team on 01274 437043

Support for shielded people

Since lockdown the local authority has put in place system to support people who need it to shield or self isolate. Support can be accessed by phoning Bradford Council Contact Centre on 01274 431000 or by texting 07790 347389 if you are hard of hearing. In light of new Government guidance about shielded populations the guidance are being updated and will be distributed to schools shortly.

In light of new Government guidance (24th June) about shielded populations these three pieces of local guidance are being updated and will be distributed to schools shortly.

Appendix B: Guidance for education settings on people displaying symptoms

Appendix C: Guidance for education settings on pupil attendance and clinical vulnerability

Appendix D: Guidance for education settings on staff attendance and clinical vulnerability

Appendix E: Case/Contact Definitions

Case definitions:

Possible (suspected) case: new continuous cough and/or high temperature and/or loss of sense of smell

Confirmed case: laboratory positive case of COVID-19 with or without symptoms

Outbreak (cluster)

Two or more confirmed cases of COVID-19 among children or staff in the setting within 14 days or;

An overall increase in sickness absence reporting where COVID-19 is suspected (but where no tests have been done or results are available)

Contact: A 'contact' is a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic (or 2 days before a test if no symptoms) up to 7 days from onset of symptoms (this is when they are infectious to others). For example, a contact can be:

- people who spend significant time in the same household as a person who has tested positive for COVID-19
- sexual partners
- a person who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:
    - being coughed on
    - having a face-to-face conversation within one metre
    - having skin-to-skin physical contact, or
    - contact within one metre for one minute or longer without face-to-face contact
- a person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes
- a person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19

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

Appendix F: Local Authority / PHE Information Sharing Template

For completion Local Authority and Public Health England (PHE staff)

Send to HPTBradford@bradford.gov.uk

Local Authority / PHE Information Sharing Template

Completed by HPT
Setting (Name, Address, Post code): **HPZone number:**

Summary of Key Information (type of setting, number of employees, number affected (including members of the public / patients), whether cases numbers are rising, overall risk assessment)

Risk Assessment
Number of cases:
Date of onset of first case:
Number of contacts identified:
Total number of staff:
If healthcare premises: number of patients / residents potentially exposed:
If educational premises: number of students potentially exposed:
Number hospitalised:
Number died:
Social distancing arrangements: Good Poor
Confidence in management: High Low
Public facing: Y/N
If Y approx. how many members of the public per day
Level of anxiety: High Low
Media Interest: Y/N

Any other issues considered:

Summary of Risk Assessment:

Follow up arrangements
LA Follow up
HPT / LA Follow up
Need for an IMT

Follow up record

Date	N° Cases	N° Contacts	Other issues

Appendix G: PPE for educational settings

This document aims to answer some frequently asked questions about providing PPE to school settings across the Bradford District. It is based on the updated DfE Guidance for schools, colleges and local authorities for June 2020.

Bradford Council has compiled a list of common questions relating to the provision of PPE.

1. Can Schools order PPE Items from the Local Authority?

Yes, schools are able to order PPE from the Local Authority to support them in obtaining PPE.

2. Does the Local Authority have a catalogue of PPE items?

Yes, a catalogue of items is attached to this document.

3. Is there a form to fill in for ordering PPE?

Yes, a form with a sample order is attached to this guidance showing schools how they can order PPE. An example order has been embedded in the document for reference.

4. Where should schools send completed order forms for PPE?

Schools should send completed orders to the email address below. The order will be reviewed and if there are any queries they will contact schools direct.

strategiccontractsteam@bradford.gov.uk

In an emergency situation where a stock of PPE may be needed very rapidly the above email address can also be used to secure three days worth of PPE for a school.

5. Will schools have to pay for PPE that is provided?

Yes, a cost list is attached with the order form that has been sent with this guidance. Completed order forms will then be made up and an invoice will be raised to schools for payment.

6. How will the PPE items be delivered?

Facilities Management will deliver the ordered PPE items to your school. A schedule of deliveries will be sent to schools once the initial demand has been assessed. We are looking to establish a weekly delivery timetable for schools to fulfil orders which we will be shared with schools. We hope to fulfil all orders within 5 working days from day of receipt of the order.

7. If I have a concern with any deliveries can I contact my designated Lead?

All queries for PPE should be directed in the first instance to the strategic contracts inbox in this email **strategiccontractsteam@bradford.gov.uk** If however you have any further concern you can raise these with your designated school lead.

8. Is there a limit on how many items can be ordered?

We would ask that schools order what they need, to ensure that there is enough PPE for all schools across the district. Follow up orders can be made from schools if there is a further need for PPE items.

9. PPE Price List

Item	Quantity	Price
IIR Masks	1	60p
FFP2 Masks	1	2.10
Blue paper towels	1 pack	82p
Disposable aprons	100	3.20
Orange clinical waste bags	50	2.00
Yellow clinical waste bags	50	2.00
Black refuse sacks medium duty	50	2.50
100ml hand sanitiser	1	2.50
Safety glasses	1	2.63
Safety goggles	1	2.89
Antibacterial soap	1	1.37
Disposable gloves Medium	1	9.45
Disposable gloves Large	1	9.45
Large Surface Wipes	1 pack	7.42

10. PPE order template

Please complete the spread sheet using the drop down list and complete quantities required and then return to strategiccontractsteam@bradford.gov.uk

Bradford School - PPE Order Form v1.0

Appendix H: Coronavirus action card for school and early years settings

Please consider all the actions below (mark as not applicable [NA] as necessary)		
1.	Inform Health Protection Team (Public Health England) and the Local Authority Contact if there is a confirmed case (from a laboratory test result).	
2.	Any suspected case (anyone showing symptoms) needs to arrange to have a test done as soon as possible (https://111.nhs.uk/covid-19/).	
3.	**Key Contacts for Early Advice and Support include:** Local authority [to include] ☐ Public Health England – [to include] [Out of Hours] ☐ 111 online Coronavirus available here or via calling 111 service if they are unable to access the online platform.	
4.	**In the interim:** ☐ Contact parents or carers of the children/young person affected to arrange for them to be collected. ☐ Whilst the child/young person is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people. ☐ If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else. ☐ **In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not encourage them to visit the GP, pharmacy, urgent care centre or a hospital.**	
5.	**Implement infection prevention & control precautions:** ☐ Good hand hygiene should be implemented before entering and after leaving the setting – **see hand hygiene** ☐ If a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home, a fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. ☐ Ensure that everyone (staff and pupils) catch coughs and sneezes in tissues. If you do not have a tissue to hand then use the crook of your elbow rather than hands. Dispose of tissues promptly in a waste bin and then perform hand hygiene.	
6.	**Cleaning** All surfaces that the symptomatic person has come into contact with must be cleaned	

	and disinfected, including: • objects which are visibly contaminated with body fluids • all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells	
7.	Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below: • use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine or • a household detergent followed by disinfection (1000 parts per million av.cl.). Note: if an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses.	
8.	**Waste** Any waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues): • Should be put in a plastic rubbish bag and tied when full. • The plastic bag should then be placed in a second bin bag and tied. • It should be put in a suitable and secure place and marked for storage until the individual's test results are known. • Waste should be stored safely and kept away from children. You should not put your waste in communal waste areas until negative test results are known or the waste has been stored for at least 72 hours.	
9.	Staff with symptoms should be excluded from work, should self-isolate for at least 7 days from the onset of symptoms following the current advice in the **staying at home guidance**. If someone has serious symptoms they cannot manage at home they should use NHS 111 online	
10.	Children/young people with symptoms should be excluded from the setting and should self-isolate for at least 7 days from the onset of symptoms following the **current advice.** Other members of the family (parents/guardians) will also need to self-isolate for 14 days. If someone has serious symptoms they cannot manage at home they should use NHS 111 online	
11.	**Daily actions:** • Nominate a named staff member to co-ordinate & communicate outbreak information • Maintain & update any Outbreak Chart that may be in place, recording affected children / staff	

Other resources

Q&A Covid-19 Public Health Information for Schools – distributed to schools / available on request from Bradford Council school coordinators

Public Health Early Years guidance for families

During the coronavirus (Covid-19) outbreak, families with babies or young children may need additional support to stay healthy. A series of guides to help families remain healthy and safe are available via.

https://www.bradford.gov.uk/health/improve-your-childs-health/public-health-early-years-guidance-for-families/

3. Responding to confirmed Cases and Outbreaks of COVID-19 in Domiciliary Care: Joint working arrangements

Purpose:

Outline initial joint working arrangements between PHE YH and local systems responding to confirmed cases of COVID – 19, to reduce transmission, protect the most vulnerable and prevent an increased demand on healthcare resource.

Arrangements should outline common principles and plan for flexibility in implementation at place. There will be a rapid transition period while resources and capacity are developed locally to support this.

Note - this joint working agreement covers the response to laboratory confirmed cases and their contacts. Possible cases should be advised to self – isolate and access testing, advice should be provided as per prevention section below.

Principles:

- Joint working and whole system approach
- Consistency in approach across settings and local systems
- Build on what works using existing and newly developed outbreak plans
- Develop clear roles and responsibilities and prevent duplication
- Ensure local voice

Joint Working Between Local Authority and Y&H HPT

The suggested overarching joint approach to managing **complex cases and outbreaks** will be as follows:

- Y&H HPT will **advise** on swabbing and testing for symptomatic individuals when first aware of an outbreak in line with local arrangements.
- Y&H HPT will undertake a risk assessment and give advice to the setting and the local system on the management of the outbreak;
- The local system will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control;
- Y&H HPT will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions
- Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.

Description of setting (s)
This joint working agreement covers settings where CQC registered domiciliary care is provided in people's own homes. It does not include unpaid carers?? https://www.gov.uk/government/publications/coronavirus-covid-19-providing-unpaid-care
Key partners
Key partners include: Local Authority Public Health, Local Authority Adult Social Care, CCG, NHS primary and secondary care providers, Community IPC, and Community Nursing services, VCF
Providing Home Care https://www.gov.uk/government/publications/coronavirus-covid-19-providing-home-care Adult Social Care Action Plan https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan Guidance on Shielding https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19 Social Distancing https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing Infection Prevention and Control https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control How to work safely in domiciliary care https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care Care Act easements https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities Hospital Discharge https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities Supporting adults with learning disabilities and autistic adults https://www.gov.uk/government/publications/covid-19-supporting-adults-with-learning-disabilities-and-autistic-adults
Prevention

- Ensure social distancing arrangements are in place throughout the workplace including at rest breaks and travelling to and from work
- Promote hand washing on a regular basis among staff
- Promote awareness of Covid symptoms among staff and ensure fitness to work policy is implemented
- Engage with staff and union representative to promote safe working arrangements
- Ensure staff who have symptoms are excluded from work, tested using the NHS Test and Trace service (https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/) and any contacts followed up
- Work with Occupational Health department (if available), health and safety representative and human resource departments.
- Work in partnership to ensure effective communication of patients being discharged from hospital, who are in receipt of domiciliary care
- Ensure domiciliary care providers have access to advice and guidance from local IPC teams
- Ensure domiciliary care providers have adequate supplies of PPE
- If an outbreak occurs cooperate with the authorities to control and contain it.
- Secure step up/down accommodation provision for service users or other household members to access temporarily where social distancing/isolation within the home is not practicable and non-infected household members have vulnerabilities e.g. shielding

Confirmed Cases

Notification may be via either:

- The HPT will be notified through Track and Trace of anyone who has been tested positive for COVID-19
- The LA will be notified through local testing processes
- The domiciliary care provider may contact PHE/LA/local IPC seeking advice.

Description of a straightforward case in a domiciliary care setting:

- A single case in a well-managed setting (good social distancing, appropriate precautions in place, appropriate use of PPE, confident management)
- Few contacts among staff/public/service users

Description of a complex case in relation to domiciliary care:

- A single case in a poorly managed setting (poor social distancing, few extra precautions in place, lack of confidence in management, lack of PPE use or breach of PPE, high staff anxiety)
- Additional household members with vulnerabilities and environmental factors that challenge the ability to social distance/isolate within the home e.g. one bedroom accommodation
- Many staff/public/service user contacts
- Cognitive impairment of service user and/or household members
- Communication difficulties with service user and family
- E.g. Family difficulties implementing social distancing, lots of carers (paid and unpaid) supporting the same service user. Poorly compliant management, high staff anxiety.

Follow up of cases and identifying contacts

*See appendix 1 for **contact definition.***

Single cases are unlikely to be reported to Tier 1 initially as they will be dealt with on an individual basis by Tiers 2 and 3. The HPT may become aware due to coincidence alerts from CTAS – more than one case occurring with the same provider identified by post code (if employer details provided) or the HPT and LA may be alerted by a call from the domiciliary care provider, staff member, social worker or service user..

Initial Contact:

- LA to make initial contact with the domiciliary care provider gathering information on contacts and setting to inform risk assessment including:
  - Details of the provider: number of employees, number of employees tested positive, PPE use, social distancing arrangements, public facing intervention, waste disposal, doubling up staff/staff rotas, staff travel arrangements between appointments, business continuity planning for COVID19 etc
  - Details of case, onset, date last in setting etc.
  - Number and details of contacts requiring follow up
  - Information on any other suspected/ confirmed cases in setting, severity, control measures, anxiety or media interest
  - Any soft intelligence: level of anxiety, competence and compliance within the setting

Ascertain, could anyone they worked with or provided care for be classed as a close contact

Care worker going into someone's home:

1. Test date and symptom onset – anyone else unwell in their household (reason for test)
2. Do they work alone or are they in a pair
3. Purpose of visit and closeness of contact (washing shower etc)
4. Level of PPE worn any breaches of PPE
5. Dates of visits and number of visits
6. Commissioner of service (i.e. is it a large company where others may have been affected)

- Actions for LA
  - Provide advice/ guidance to setting on control measures
  - Providing general advice on contacts and exclusion/ isolation, including any communications
  - Consider needs of service user and provision of service

Outbreaks

Declaring and ending an outbreak and cluster in a non-residential setting (e.g. a workplace, local settings such as schools and national infrastructure)

	Criteria to declare	Criteria to end
Cluster	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days	No confirmed cases with onset dates in the last 14 days

	(In the absence of available information about exposure between the index case and other cases)	
Outbreak	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days AND ONE OF: Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case OR (when there is no sustained community transmission or equivalent JBC risk level) - absence of alternative source of infection outside the setting for initially identified cases	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)

Description of a straightforward cluster / outbreak in a domiciliary care setting:

- Occurring in a well-managed setting (good social distancing, appropriate precautions in place, appropriate use of PPE, confident management)
- Few (<5) contacts among staff/public/service users
- Number of cases stable
- E.g. appropriate arrangements in place. Management aware of guidance and implementing appropriately, staff calm

Description of a complex cluster / outbreak in relation to domiciliary care:

- A cluster / outbreak in a poorly managed setting (poor social distancing, few extra precautions in place, lack of confidence in management, lack of PPE use or breach of PPE, high staff anxiety)
- Additional household members with vulnerabilities and environmental factors that challenge the ability to social distance/isolate within the home e.g. one bedroom accommodation
- Many staff/public/service user contacts
- Cognitive impairment of service user and/or household members
- Communication difficulties with service user and family
- E.g. Family difficulties implementing social distancing, lots of carers (paid and unpaid) supporting the same service user. Poorly compliant management, high staff anxiety.

Actions for LA / HPT

- Provide advice/ guidance to setting on control measures

- Providing general advice on contacts and exclusion/ isolation, including any communications
- Gathering details of the number of contacts and ensuring that the appropriate information is provided to them
- Arrange follow up assessments and on-going monitoring

If LA content with risk assessment, then continue to follow up the situation providing advice as required and monitoring compliance with it. Continue to monitor number of cases and contacts. If appears to be escalating to a complex outbreak, then discuss with HPT for possible escalation.

Practical considerations

Information will be shared between HPT and LAs as follows:

13. HPT receives information about case(s) that require further follow up
14. HPT will notify LA SPOC via e-mail or phone, provide initial information and outline what additional follow up is required by the LA
15. LA uses information sharing template (appendix 2) to gather initial information, assess the situation and risk assess
16. If details of contacts are required for follow up these can be completed using the CTAS template (to be sent along with request) - these contacts will then be followed up as per process described in Joint Working Agreement / SOP
17. Initial information and details of contacts can be returned to PHE by secure e mail (provided when request is sent)
18. Reviewed and further discussion if needed.

<u>Data Sharing</u>

Data sharing between our organisations is underpinned by the General Data Protection Regulations. This requires specific conditions to be met to ensure that the processing of personal data is lawful.

These relevant conditions are included below:

- **Article 6(1)(d)** – is necessary in order to protect the vital interests of the data subject or another natural person.
- **Article 6(1)(e)** – is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller
- **Article 9(2)(i)** – is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health.

These conditions have been met due to the threat posed by COVID-19, and therefore it is appropriate to share information following the process outlined above.

Interdependencies

Plan for review and adaptation

Appendix 1: Case/ Contact Definitions

Case definitions:

Confirmed case: laboratory positive case of COVID-19 with or without symptoms

Possible (suspected) case: new continuous cough and/or high temperature and/or anosmia

Contact definitions:

A 'contact' is a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic (or 2 days before a test if no symptoms) up to 7 days from onset of symptoms (this is when they are infectious to others). For example, a contact can be:

- people who spend significant time in the same household as a person who has tested positive for COVID-19
- sexual partners
- a person who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:
    - being coughed on
    - having a face-to-face conversation within one metre
    - having skin-to-skin physical contact, or
    - contact within one metre for one minute or longer without face-to-face contact
- a person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes
- a person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19

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

Appendix 2: Information Sharing Template

Local Authority / PHE Information Sharing Template

Completed by HPT **Setting (Name, Address, Post code):** **HPZone number:**
Summary of Key Information (type of setting, number of employees, number affected (including members of the public / patients), whether cases numbers are rising, overall risk assessment)
Risk Assessment Number of cases: Date of onset of first case: Number of contacts identified: Total number of staff: If healthcare premises: number of patients / residents potentially exposed: If educational premises: number of students potentially exposed: Number hospitalised: Number died: Social distancing arrangements: Good Poor Confidence in management: High Low Public facing: Y/N If Y approx. how many members of the public per day Level of anxiety: High Low

Media Interest: Y/N

Any other issues considered:

Summary of Risk Assessment:

Follow up arrangements

LA Follow up

HPT / LA Follow up

Need for an IMT

Follow up record

Date	**N° Cases**	**N° Contacts**	**Other issues**

4. Responding to confirmed Cases and Outbreaks of COVID-19 in vulnerable groups: Joint working arrangements

Purpose:

Outline initial joint working arrangements between PHE YH and local systems responding to confirmed cases of COVID – 19, to reduce transmission, protect the most vulnerable and prevent an increased demand on healthcare resource.

Arrangements should outline common principles and plan for flexibility in implementation at place. There will be a rapid transition period while resources and capacity are developed locally to support this.

Note - this joint working agreement covers the response to laboratory confirmed cases and their contacts. Possible cases should be advised to self – isolate and access testing, advice should be provided as per prevention section below.

Principles:

- Joint working and whole system approach
- Consistency in approach across settings and local systems
- Build on what works using existing and newly developed outbreak plans
- Develop clear roles and responsibilities and prevent duplication
- Ensure local voice

Joint Working Between Local Authority and Y&H HPT

The suggested overarching joint approach to managing **complex cases and outbreaks** will be as follows:

- Y&H HPT will **advise** on swabbing and testing for symptomatic individuals when first aware of an outbreak in line with local arrangements.
- Y&H HPT will undertake a risk assessment and give advice to the setting and the local system on the management of the outbreak;
- The local system will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control;
- Y&H HPT will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions.
- Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.

1.1 Description of setting(s)
This joint working agreement covers local communities of interest that may be complex or underserved by public services and may be at increased risk of transmission and/ or more severe consequences of infection. For example, including and not restricted to: • Roma communities • Traveller and Gypsy communities • Faith or other community settings (e.g. for Eastern European, BAME populations) where transmission may be exacerbated by close-proximity and barriers to accessing services or advice • Clusters or outbreaks of infection concentrated in underserved communities • Rough sleepers and those who have found themselves without a home
1.2 Key partners
LA public health teams, LA housing options, VCFS, Healthcare providers, CCG / Primary care, Infection Prevention Control, Others including commissioned services, Relevant partnership groups
1.3 Guidance

Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19

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

Guidance for those who provide unpaid care to friends or family

https://www.gov.uk/government/publications/coronavirus-covid-19-providing-unpaid-care/guidance-for-those-who-provide-unpaid-care-to-friends-or-family

Coronavirus (COVID-19): what to do if you're self-employed and getting less work or no work
https://www.gov.uk/guidance/coronavirus-covid-19-what-to-do-if-youre-self-employed-and-getting-less-work-or-no-work

Coronavirus (COVID-19): what to do if you're employed and cannot work
https://www.gov.uk/guidance/coronavirus-covid-19-what-to-do-if-youre-employed-and-cannot-work

Coronavirus (COVID-19): what to do if you were employed and have lost your job
https://www.gov.uk/guidance/coronavirus-covid-19-what-to-do-if-you-were-employed-and-have-lost-your-job

Providing free school meals during the coronavirus (COVID-19) outbreak
https://www.gov.uk/government/publications/covid-19-free-school-meals-guidance/covid-19-free-school-meals-guidance-for-schools

People who are seeking asylum

Changes to Asylum & Resettlement policy and practice in response to Covid-19
https://www.refugeecouncil.org.uk/latest/news/changes-to-home-office-asylum-resettlement-policy-and-practice-in-response-to-covid-19/

Gypsy Travellers

COVID-19: mitigating impacts on Gypsy and Traveller communities

https://www.gov.uk/government/publications/covid-19-mitigating-impacts-on-gypsy-and-traveller-communities

COVID-19: Guidance for supporting people living on Traveller sites, unauthorised encampments and canal boats

https://www.gypsy-traveller.org/news/covid-19-guidance-for-supporting-people-living-on-traveller-sites-unauthorised-encampments-and-canal-boats/

NRPF

Entitlements for people with NRPF during the coronavirus pandemic
http://www.nrpfnetwork.org.uk/News/Pages/coronavirus-update-2.aspx

Coronavirus (COVID-19): temporary extension of free school meals eligibility to NRPF groups
https://www.gov.uk/government/publications/covid-19-free-school-meals-guidance/guidance-for-the-temporary-extension-of-free-school-meals-eligibility-to-nrpf-groups

People fleeing abuse and violence

Domestic abuse and sexual violence guidance for homelessness settings:

Domestic abuse in homelessness settings COVID19.pdf | 507K

Rough Sleeping/Homelessness

The NHS has produced information on prioritisation within health services during the COVID-19 outbreak which mentions homeless health in section 7. Prioritisation within health services information during Covid-19

Rough sleeping services have been advised to follow the government's guidance for professionals in advising the general public on the virus. https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance

Local Authority Partnerships: Housing people who were rough sleeping and those at risk who have been accommodated due to Covid-19. Rough sleeper accommodation guidance

Emergency Hotel Provision Service Model: Riverside Emergency-hotel-provision-service-model-FINAL.pdf | 431K

Coronavirus (COVID-19) and data protection: Coronavirus and data protection_ZorvaConsultingLtd_briefing note.pdf | 41K

Guidance for those unable or unwilling to self-isolate: Guidance for those unable or unwilling to self

isolate v4.docx | 25K

Shelter: Priority need during the pandemic: https://england.shelter.org.uk/legal/housing_options/covid-19_emergency_measures/homelessness#1

COVID-19 Information for People Experiencing Homelessness/Rough Sleeping Booklet: PavementCovidSpecialFinalWEB.pdf | 1271K

Additional sources of information

Friends Families and Travellers maintains a service directory of Gypsy and Traveller support organisations across the country, who may be able to help you engage with and understand the needs of Gypsies and Travellers in your area: https://www.gypsy-traveller.org/services-directory/

Loneliness and Social Isolation

https://www.local.gov.uk/loneliness-social-isolation-and-covid-19-practical-advice

Accessing voluntary and community support

Accessing support: the role of the voluntary and community sector during COVID-19 : https://www.local.gov.uk/accessing-support-role-voluntary-and-community-sector-during-covid-19

Contact details for all Local Authority Community Hubs is Y&H: https://www.mecclink.co.uk/yorkshire-humber/covid-19-support/

If you can't pay your bills because of coronavirus: https://www.citizensadvice.org.uk/debt-and-money/if-you-cant-pay-your-bills-because-of-coronavirus/

English as a second language

Doctors of the World are really pleased to be able to share with you Coronavirus (COVID-19) advice for patients in 60 languages, which were produced in partnership with the British Red Cross: https://www.doctorsoftheworld.org.uk/coronavirus-information/

Migrant Hub translated resource: https://migrantinfohub.org.uk/multilingual-resources

Easy Read Advice

Mencap Information about Coronavirus – Covid-19: https://www.mencap.org.uk/advice-and-support/coronavirus-covid-19/what-coronavirus-covid-19

Keep Safe have produced some easy read materials to help explain the government's guidance on coronavirus, including:

- new rules for June
- update for people who are shielding
- how to stay safe
- rules for May to June
- shielding
- face masks.

Digital Inclusion

Good Things Foundation has created a suite of resources to guide people through getting reliable health advice and how video calling their GP can help prevent the virus from spreading: https://www.goodthingsfoundation.org/coronavirus-and-digital-inclusion

1.4 Prevention

Local authorities will often be best placed to lead the development of local prevention activities, along with other agencies and partners, including PHE, for example:

- Awareness raising among communities and groups.
  Local authorities to work with provider organisations and partners to develop tailored and targeted communications which help to raise awareness of COVID symptoms, need for testing, when and how to get tested. Methods to include community engagement to build trust and to identify local barriers and dissemination methods. Use of behavioural insights to frame messaging (key points on COVID 19 to be shared from Yorkshire and Humber Behavioural Science Hub led by PHE.)

- Provision of key IPC advice and guidance to provider organisation(s) and partners for dissemination with vulnerable groups e.g. continued social distancing, hand hygiene, use of face masks. Sourcing and distribution of face coverings to vulnerable groups should also be considered (consider joint funding LA/CCG).
  Providers may need to translate information for their populations and consider easy-read / image-based information.

- Training / learning sessions around IPC / social distancing good practice for settings where face to

face services are recommencing.

- Providers to complete their own risk assessment processes for minimising risk of infection in staff and service users using available national guidance. Commissioners to support provider organisations in acquiring PPE where necessary (i.e. identifying supply chains).

- Targeted interventions (e.g. providing individual accommodation for people who would otherwise be sleeping rough e.g. community development approaches for connecting with under-served groups, e.g. initiation of any local support structures such as emergency food, hygiene packs, distraction initiatives to support those at most significant risk from having to leave their accommodation). LA and CCG to consider interventions to promote good nutrition, vitamin d supplementation, sleep and physical exercise which may boost immunity against COVID-19 in vulnerable groups.

- Ensuring plans are in place to address potential barriers faced by individuals or communities in relation to digital exclusion, e.g. contacting organisations who currently are supporting such groups and how they maintain contact/trust. Work with partners to assess need/quantity of phones/devices with data are required in event of outbreak. Explore options for household device for communal settings options being provided through housing colleagues? Distribution of phones/devices with data to those assessed as greatest risk of severe infection?

Plan for cases and outbreaks by working with communities of interest about how they would prefer to receive information.

1.5 Confirmed Cases

Notification of confirmed cases – see Appendix 1 for case definition

- HPT will be notified of some cases through Test and Trace, however individual cases in higher risk communities are unlikely to be identified through this system.
- Uncomplicated cases in these communities are likely to be followed up by Tier 2 or Tier 3 contact tracers and will be advised by that route
- It is recommended that Local Authorities put systems in place to ensure that apparent clusters from potentially higher risk communities are notified to HPT, for example via local providers or organisations.
- HPT to notify LA of any linked cases notified via TT in higher risk communities (i.e. via postcode coincidence reports) to LA Single Point of Contact.

Definition of straightforward case(s)

- Cases in a community with no or few language or literacy barriers, settled accommodation, for street populations – assessed as low risk by local teams (e.g. in terms of chaos indices or other local tools used to assess vulnerability)

Definition of complex case (s)

- Cases in a community with language or literacy barriers, mistrust of authorities, unwilling or unlikely to share information or for street population assessed as high risk by local teams (in terms of chaos indices or other local tools used to assess vulnerability)

1.6 Follow up of cases and identifying contacts

See appendix for **contact definition.**

Priority will be identifying and managing emerging clusters - defined as two or more confirmed cases of COVID-19 among individuals associated with specific high-risk communities and / or setting with onset dates within 14 days. In some circumstances a single case that is particularly high risk or complex may warrant discussion.

- HPT and LA discuss possible cluster, risk assess based on available information and agree follow up, including who within is best placed to do this.
- For both straightforward and complex clusters in these communities it is likely that local partners will have existing relationships and be better placed to identify / advise cases and contacts.
- Contacts meeting the close contact definition should be advised according to current PHE guidance.
- LA report back via process described below, using the data collection template, including the number of contacts identified and discuss with HPT if any concerns arise.
- HPT to provide advice and support throughout a per joint working principles

Escalation:

Escalation to HPT and LA if cases have high number of contacts, or other if cases linked to settings emerge that might be of concern (e.g. workplace, mosque, school etc.)

Conclusion

- Once follow up of cases and any contacts completed

1.7 Outbreaks

Outbreak definition:

Two or more confirmed cases of COVID-19 among individuals in a higher risk community with onset dates within 14 days and with known close contact between cases.

Notification / identification of outbreak:

As described above, local system will need to ensure these are reported promptly to HPT. Given these will usually be complex joint management will be required.

Straightforward cluster or outbreak:

e.g. Two or more linked cases associated with an identified community setting (e.g mosque, community centre), minimal language barriers, exclusion/ IPC advice understood and adhered to, social distancing

in place. Will accept support services such as medicines drop off, food deliveries through local schemes.

Complex outbreak or situation.

e.g. Two or more linked cases on a Traveller site, limited engagement or access to services, social distancing difficult, difficulties engaging with exclusion advice, digital exclusion / no data, little trust of public bodies and unlikely to accept support packages from agencies unknown to them to support self – isolation.

Initial investigation:

HPT to work with LA and partners to gather following information to inform risk assessment including:

- Number of confirmed/ suspected cases, severity, spread, any control measures / isolation in place and ease of implementing this
- Potential number of contacts
- Vulnerable staff/residents (in this context, this means people who are at increased risk of infection or severe consequences of infection)
- Any challenges experienced with isolation, social distancing?
- Any soft intelligence – increased anxiety? Political/ media interest?

<u>Initial Actions</u>

Ensure initial advice on IPC, isolation of symptomatic individuals and contacts and guidance is provided and being followed - agree who is best to provide this, may best provided by local community link.or healthcare provider

HPT Phone LA PH/ DPH:

- Conduct joint risk assessment based on information available
- Agree whether to convene an OCT
- Agree who will identify and advise cases and contacts and provide ongoing support, advice and management of situation (as above)
- Agree further investigations including options/ routes for testing.

<u>Further investigations</u>

If further investigations/swabbing is indicated (because the outbreak is continuing despite control measures) possible investigations should be guided by the risk assessment will be discussed on a case by case basis.

<u>Escalation</u>

Escalate if increasing number or severity of cases, anxiety or outbreak doesn't seem to be brought under control.

Conclusion of the outbreak

Review of situation to determine if transmission is ongoing within the community of interest, generally this will be concluded when more than 28 days without new confirmed linked cases.

1.8 Practical considerations

It is recognised that there will be a rapid transition period while resources and capacity are developed locally to support this.

It is recommended that local systems identify staff from internal and commissioned services and partners who may be able to contribute to this work (using the key partners table and the process) and ensure they have undertaken appropriate training around COVID 19 and contact tracing in advance of needing to be called on.

Information will be shared between HPT and LAs as follows:

1. HPT receives information about case(s) that require further follow up
2. HPT will notify LA SPOC via e-mail or phone, provide initial information and outline what additional follow up is required by the LA
3. LA uses information sharing template (Appendix 2) to gather initial information, assess the situation and risk assess
4. If details of contacts are required for follow up these can be completed using the CTAS template (to be sent along with request) - these contacts will then be followed up as per process described in Joint Working Agreement / SOP
5. Initial information and details of contacts can be returned to PHE by secure e mail (provided when request is sent)
6. Reviewed and further discussion if needed.

Data Sharing

Data sharing between our organisations is underpinned by the General Data Protection Regulations. This requires specific conditions to be met to ensure that the processing of personal data is lawful.

These relevant conditions are included below:

- **Article 6(1)(d)** – is necessary in order to protect the vital interests of the data subject or another natural person.
- **Article 6(1)(e)** – is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller
- **Article 9(2)(i)** – is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health.

These conditions have been met due to the threat posed by COVID-19, and therefore it is appropriate

to share information following the process outlined above.
1.9 Interdependencies
Connection with the SOP for under-served communities in communal residential settings.
2.0 Plan for review and adaptation
This joint working arrangement should be reviewed by the working group after one month or sooner if required.

Appendix 1: Case/ Contact Definitions

Case definitions:

Confirmed case: laboratory positive case of COVID-19 with or without symptoms

Possible (suspected) case: new continuous cough and/or high temperature and/or anosmia

Contact definitions:

A 'contact' is a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic (or 2 days before a test if no symptoms) up to 7 days from onset of symptoms (this is when they are infectious to others). For example, a contact can be:

- people who spend significant time in the same household as a person who has tested positive for COVID-19
- sexual partners
- a person who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:
    - being coughed on
    - having a face-to-face conversation within one metre
    - having skin-to-skin physical contact, or
    - contact within one metre for one minute or longer without face-to-face contact
- a person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes
- a person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19

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

Appendix 2: Information Sharing Template

Local Authority / PHE Information Sharing Template

Completed by HPT **Setting (Name, Address, Post code):** **HPZone number:**
Summary of Key Information (type of setting, number of employees, number affected (including members of the public / patients), whether cases numbers are rising, overall risk assessment)
Risk Assessment Number of cases: Date of onset of first case: Number of contacts identified: Total number of staff: If healthcare premises: number of patients / residents potentially exposed: If educational premises: number of students potentially exposed: Number hospitalised: Number died: Social distancing arrangements: Good Poor Confidence in management: High Low Public facing: Y/N If Y approx. how many members of the public per day Level of anxiety: High Low

Media Interest: Y/N

Any other issues considered:

Summary of Risk Assessment:

Follow up arrangements

LA Follow up

HPT / LA Follow up

Need for an IMT

Follow up record

Date	**N° Cases**	**N° Contacts**	**Other issues**

Responding to confirmed Cases and Outbreaks of COVID-19 in Vulnerable Populations within Residential Settings: Joint working arrangements

Purpose:

Outline initial joint working arrangements between PHE YH and local systems responding to confirmed cases of COVID – 19, to reduce transmission, protect the most vulnerable and prevent an increased demand on healthcare resource.

Arrangements should outline common principles and plan for flexibility in implementation at place. There will be a rapid transition period while resources and capacity are developed locally to support this.

Note - this joint working agreement covers the response to laboratory confirmed cases and their contacts. Possible cases should be advised to self – isolate and access testing, advice should be provided as per prevention section below.

Principles:

- Joint working and whole system approach
- Consistency in approach across settings and local systems
- Build on what works using existing and newly developed outbreak plans
- Develop clear roles and responsibilities and prevent duplication
- Ensure local voice

Joint Working Between Local Authority and Y&H HPT

The suggested overarching joint approach to managing **complex cases and outbreaks** will be as follows:

- Y&H HPT will **advise** on swabbing and testing for symptomatic individuals when first aware of an outbreak in line with local arrangements.
- Y&H HPT will undertake a risk assessment and give advice to the setting and the local system on the management of the outbreak;
- The local system will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control;
- Y&H HPT will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions.
- Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.

1.1 Description of setting(s)
This joint working agreement covers **communal residential settings** for: • People who are homeless – (hostels and other) • People who are seeking asylum in Home Office accommodation, including Urban House hotels or other communal residential settings***** • People who are drug and/or alcohol dependent (in residential settings) • People fleeing abuse and violence (refuges and other communal residential settings) • *****Asylum seeker accommodation, including in hotels, is provided by Mears and commissioned by the Home Office and healthcare is commissioned by CCGs. Ensuring Mears and Home office are linked into prevention and response to COVID 19 will be addressed at regional level.

1.2 Suggested Key partners for this work (local authority public health teams and their partners can populate with more detail as they operationalise)				
•	• People who are homeless in hostels	• People who are seeking asylum and accommodated in hotels or similar	• People with substance misuse problems in residential settings	• Vulnerable people in refuges or similar
• *LA public health team (using Single Point of Contact - see draft information flow)*	• x	• x	• x	• X
• *LA housing options*	• x	• X	•	•
• *LA lead*	•	•	•	•
• *Elected members*	• Through local Outbreak Control Boards			
• *VCFS*	• x	• x	• x	• x
• *Healthcare provider*	•	• Home Office local healthcare provider, Mears	•	•
• *CCG / Primary care*	• x	• Practice / group working with this group	• x	• x
• *Infection Prevention Control*	• x	• x	• x	• x
• *Others including commissioned services*	•	• Migration Yorkshire	• X	• x
• *Relevant partnership groups*	•	•	•	

1.3 Guidance

Generic guidance but applicable guidance for various settings

Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19 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

Coronavirus (COVID-19) guidance for the charity sector https://www.gov.uk/guidance/coronavirus-covid-19-guidance-for-the-charity-sector

People who are seeking asylum

Changes to Asylum & Resettlement policy and practice in response to Covid-19 https://www.refugeecouncil.org.uk/latest/news/changes-to-home-office-asylum-resettlement-policy-and-practice-in-response-to-covid-19/

People fleeing abuse and violence

Coronavirus (COVID-19): support for victims of domestic abuse https://www.gov.uk/government/publications/coronavirus-covid-19-and-domestic-abuse/coronavirus-covid-19-support-for-victims-of-domestic-abuse

Domestic abuse and sexual violence guidance for homelessness settings Domestic abuse in homelessness settings COVID19.pdf | 507K

Rough Sleeping/Homelessness

The NHS has produced information on prioritisation within health services during the COVID-19 outbreak which mentions homeless health in section 7. Prioritisation within Health Services - Information

Rough sleeping services have been advised to follow the government's guidance for professionals in advising the general public on the virus https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance

Rough sleeping services have been advised to follow the government's guidance for professionals in advising the general public on the virus https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance

Local Authority Partnerships: Housing people who were rough sleeping and those at risk who have been accommodated due to Covid-19 Rough sleeper accommodation guidance

Emergency Hotel Provision Service Model Riverside Emergency-hotel-provision-service-model-FINAL.pdf | 431K

Coronavirus (COVID-19) and data protection Coronavirus and data protection_ZorvaConsultingLtd_briefing note.pdf | 41K

Guidance for those unable or unwilling to self-isolate Guidance for those unable or unwilling to self isolate v4.docx | 25K

Shelter: Priority need during the pandemic https://england.shelter.org.uk/legal/housing_options/covid-19_emergency_measures/homelessness#1

COVID-19 Information for People Experiencing Homelessness/Rough Sleeping Booklet PavementCovidSpecialFinalWEB.pdf | 1271K

Gypsy and Traveller communities

COVID-19: mitigating impacts on Gypsy and Traveller communities https://www.gov.uk/government/publications/covid-19-mitigating-impacts-on-gypsy-and-traveller-communities

Traveller sites, unauthorised encampments and boats guidance https://www.gypsy-traveller.org/news/covid-19-guidance-for-supporting-people-living-on-traveller-sites-unauthorised-encampments-and-canal-boats/

No Recourse to Public Funds Network Corona Virus Information

Entitlements for people with NRPF during the coronavirus pandemic

http://www.nrpfnetwork.org.uk/News/Pages/coronavirus-update-2.aspx

Coronavirus (COVID-19): temporary extension of free school meals eligibility to NRPF groups https://www.gov.uk/government/publications/covid-19-free-school-meals-guidance/guidance-for-the-temporary-extension-of-free-school-meals-eligibility-to-nrpf-groups

Migrant support

Coronavirus (COVID-19): get support if you're a migrant living in the UK https://www.gov.uk/guidance/coronavirus-covid-19-get-support-if-youre-a-migrant-living-in-the-uk

Drugs & Alcohol

Public Health England Guidance

PHE Alcohol drugs and nicotine in emergency accommodation.pdf | 201K

COVID-19: guidance for commissioners and providers of services for people who use drugs or alcohol

Homeless Link Harm Reduction Strategies for alcohol dependence Harm reduction strategies for alcohol dependence.pdf | 340K

Letter from the Home Secretary to the Chair of the Advisory Council on the Misuse of Drugs Home Secretary Letter to ACMD around emergency controlled drug legislation change

CQC: Routine inspections suspended in response to coronavirus outbreak https://www.cqc.org.uk/news/stories/routine-inspections-suspended-response-coronavirus-outbreak

EMCDDA update on the implications of COVID-19 for people who use drugs (PWUD) and drug service providers https://www.emcdda.europa.eu/system/files/publications/12879/emcdda-covid-update-1-25.03.2020v2.pdf

EMCDDA COVID-19 resources page https://www.emcdda.europa.eu/publications/ad-hoc/covid-19-

resources_en

Advice for health and justice healthcare teams on medicines and pharmacy services continuity https://www.england.nhs.uk/coronavirus/publication/advice-for-health-and-justice-healthcare-teams-on-medicines-and-pharmacy-services-continuity/

Pharmaceutical Services Negotiating Committee – Shared-Care service provision for people being treated for substance use during the COVID19 pandemic https://psnc.org.uk/wp-content/uploads/2020/03/COVID-19-BC-guidance-shared-care-clients-v2-250320.pdf

1.4 Prevention

Local authorities will often be best placed to lead the development of local prevention activities, along with other agencies and partners, including PHE, for example:

	People who are homeless	People who are seeking asylum	People with substance misuse problems	People fleeing abuse and violence
Provision of advice and guidance to setting (s)		Mears / home office / hotel providers / commissioners of accommodation		
Specialist and targeted communications and messaging based on national and regional materials		As above including posters / advice in community languages		
Training / learning sessions around IPC / social distancing good practice for settings	PC provider	Primary Care provider or commissioned service/s	PC provider or commissioned service/s	
Targeted interventions	Clinical homeless sector plan	Significant risk to this work around lack of access to telephones and data for		

		individuals to make contact for support including testing and tracing – local approaches to addressing this		

Additional resources

Gypsy Traveller

Friends Families and Travellers maintains a service directory of Gypsy and Traveller support organisations across the country, who may be able to help you engage with and understand the needs of Gypsies and Travellers in your area: https://www.gypsy-traveller.org/services-directory/.

English as a second language

Doctors of the World are really pleased to be able to share with you Coronavirus (COVID-19) advice for patients in 60 languages, which were produced in partnership with the British Red Cross https://www.doctorsoftheworld.org.uk/coronavirus-information/

Migrant Hub translated resource https://migrantinfohub.org.uk/multilingual-resources

Homeless Link Resource Download List

- COVID19_HomelessnessTransition_FAQv1_020620.pdf | 386K
- COVID19_HomelessnessTransition_LocalPractice_v2.pdf | 397K
- COVID19 and Homelessness Resource List v9.pdf | 397K
- Engaging with health services during Covid-19_final.pdf | 337K
- Structure of the NHS in England2020.pdf | 228K
- COVID19 and Homelessness FAQs v9 290420.pdf | 616K
- Welfare Support Update May2020.pdf | 261K
- Homelessness and COVID-19 funding opportunities v4 080420.xlsx | 13K
- Activities during lockdown v2.pdf | 320K
- Housing First and Covid-19.pdf | 395K

- Supporting people in COVID19 hotels.pdf | 341K
- COVID19 Supporting people in accommodation.pptx | 783K
- Volunteer Recruitment and Mobilisation_COVID19 v2.pdf | 371K

Hostel/Hotel Resident Distraction Packs

- NHS_Distraction_Pack_Issue_1.pdf | 4784K
- Derventio Activity Booklet to print.pdf | 3986K
- Derventio Distraction Pack Interactive.pdf | 4010K
- Evolve Housing+ Support Wellbeing Handbook for Staying at Home.pdf | 4030K

Substance misuse recovery service and support

Humankind: COVID-19 advice for people who use substances

https://humankindcharity.org.uk/assets/resources/COVID-19/humankind-covid-19-advice-for-people-who-use-substances.pdf

COVID-19 – What AFA members are doing to support families and the sector

https://www.alcoholandfamiliesalliance.org/covid-19.html

Narcotics Anonymous

Support for anyone with an addiction to drugs. Online meetings available using Zoom. Helpline open 10am - midnight every day. Call 0300 999 1212

Alcoholics Anonymous

Support for anyone with an addiction to alcohol. Helpline open 10am - 10pm every day. Call 0800 917 7650. Online meetings are available.

Cocaine Anonymous

Support for anyone struggling with a cocaine problem. Helpline open 10am - 10pm every day. Call 0800 612 0225.Online meetings are available.

Drugfam

Support for families, friends and partners affected by someone else's addiction to drugs or alcohol. Open 9am to 9pm every day. Call 0300 888 3853

Al-Anon

Support for families and friends of people with an alcohol addiction. Helpline available 10am to 10pm every day. Call 0800 0086 811

SMART Recovery

Online meetings available throughout the week. There is also a friends and family meeting.

Adfam

Information and support for families affected by drugs and alcohol. Use their online form to talk about your experiences with others.

Release

Free non-judgemental advice related to drug use and drug laws. Helpline open 11am to 1pm & 2pm – 4pm. Call 0207 324 2989

Drinkaware

Confidential advice about your own or someone else's drinking. Speak to someone online or call Drinkline on 0300 123 1110. Open weekdays 9am – 8pm and weekends 11am – 4pm

FRANK

Advice about drugs. Live chat is open every day 2pm – 6pm Their helpline and text service are open 24/7. Call 0300 123 6600 or text 82111

Re-Solv

Advice if you struggle with solvent abuse or know someone who does. Open Monday – Friday 10am – 4pm. Call 01785 810762, text or whatsapp 07496959930 or speak to someone online.

1.5 Confirmed Cases

Notification of confirmed cases – see appendix 1 for case definition

- HPT will be notified of some cases through the Test and Trace system, however individual cases or clusters in these settings may not be rapidly identified via this route.
- It is recommended that Local Authorities put systems in place to ensure high-risk settings will notify the HPT of confirmed cases. This should be done by calling the acute response centre (ARC) on 0113 386 0300
- HPT will notify confirmed cases in high-risk settings to LA Single Point of Contact (SPOC) via information sharing process outlined below.

Definition of a **straightforward case** in relation to these settings:

- Single case in a well-managed setting, with IPC, PPE, isolation and social distancing in place and adhered to by staff and residents
- Case understands and can comply with exclusion advice
- Likely to be a limited number of staff or residents that would meet the contact definition
- Little or no additional interest or anxiety
  (e.g. single case asylum seeker hotel accommodation where social distancing, IPC, isolation, regular health checks are in place and good support to residents provided)

Definition of a **complex case** in relation to these settings:

- Single case in a less well managed setting, where there are difficulties in maintaining social distancing, exclusion or IPC, or
- where language issues may present challenges in adhering to advice
- Potentially large number of contacts meeting definition
- Increased interest or anxiety among staff, residents or local population

(e.g. single case in a homeless hostel with high turnover of residents, difficulties in maintaining social distancing, service – users with complex needs, including drug and/ or alcohol dependencies)

1.6 Follow up of cases and identifying contacts

*See appendix for **contact definition.***

Initial contact

HPT to make contact with setting and gather following initial information for risk assessment, including:

- Details of case, onset, date last in setting, whether isolated.
- Description of setting (numbers of residents and staff, how the setting is organised, e.g. number of

floors, number in setting, shared rooms)

- Number of confirmed / suspected cases
- Potential number of contacts
- Communication with residents thus far
- Vulnerable staff/residents (in this context, this means people who are at increased risk of infection or serious consequences from infection)
- Any challenges experienced with isolation, social distancing?
- Any soft intelligence – increased anxiety? Political/ media interest?

Initial actions:

- Provide advice/ send guidance to the setting on control measures (see appendix 4)
- Ensure national guidance is available and being followed (guidance section above)
- Provide advice on identifying contacts and exclusion/ isolation of these (see appendix 6)

HPT to phone LA via SPOC

- Advise on situation and agree further follow up, including whether IMT needed for single case (i.e. if complex)
- LA and HPT to jointly agree an appropriate and safe response. LA, working with PHE, to coordinate, oversee and mobilise the local response. This will involve identifying an appropriate local lead with knowledge of that setting (e.g. community healthcare provider) to follow up on contact tracing, local risk assessment and advice:
  - Identify individual contacts and provide isolation advice in an appropriate format.
  - Provide IPC and prevention advice (as above), including social distancing
  - Undertake monitoring and provide support
  - Report number of contacts and any other key information back to HPT via data sharing template (see below)

Escalation

- Consider escalation if increase in numbers, issues with IPC / lack of following guidance or anything else that may be cause for concern – discuss with HPT.

Conclusion

Case management concluded when LA and HPT agree all actions undertaken.

1.7 Outbreaks

Outbreak definition:

Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days.

Given the complexity of these settings and risk of transmission, any outbreak will be considered complex and require joint risk assessment. Particular consideration would be given where there has been a death in the setting, there are a large number of vulnerable people (due to health needs or risk of exposure), a high number of cases or concerns about the safe running of the setting.

Notification identification of outbreak

As above, local system will need to ensure there are mechanisms in place to report promptly to HPT.

Initial investigation

HPT to make initial phone call to setting

- Gather information on setting as above, including information about severity, spread, control measures and ease of implementing and any anxiety/media interest (see appendix 3 for information gathering)
- Provide initial advice on IPC, isolation of symptomatic individuals and contacts – ensure guidance is provided and being followed (see appendix 4).

HPT to phone LA SPOC/ DPH:

- Conduct joint risk assessment based on information available (see appendix 5 for basis for risk assessment)
- Agree whether to convene an OCT
- Agree who will identify and advise contacts and provide ongoing support, advice and management of setting (as above)
- Agree further investigations including options/ routes for testing. It is recommended that local systems have considered how they might provide testing in these settings.

Further investigations

If further investigations/swabbing is indicated (because the outbreak is continuing despite control measures) possible investigations should be guided by the risk assessment will be discussed on a case by case basis.

If no formal multi–agency OCT

HPT and LA will discuss and agree an appropriate and safe response, ensuring there is capacity and capability in the system. LA working with PHE, to coordinate, oversee and mobilise the local response. This is likely to involve LA identifying an appropriate local lead with knowledge of that setting (e.g. healthcare provider) to follow up contact tracing, local risk assessment and advice (as above).

Escalation

Escalate if increasing number or severity of cases, anxiety or outbreak doesn't seem to be being brought under control. – may require further OCTs.

Conclusion of outbreak

No new confirmed cases with onset dates in the last 28 days in that setting.

1.8 Practical considerations

It is recognised that there will be a rapid transition period while resources and capacity are developed locally to support this.

It is recommended that local systems identify staff from internal and commissioned services and partners who may be able to contribute to this work (using the key partners table and the process) and ensure they have undertaken appropriate training around COVID 19 and contact tracing in advance of needing to be called on.

PHE will be developing resources to support this capacity, training information will be shared between HPT and LAs as follows:

1. HPT receives information about case(s) that require further follow up
2. HPT will notify LA SPOC via e-mail or phone, provide initial information and outline what additional follow up is required by the LA
3. LA uses information sharing template (appendix 2) to gather initial information, assess the situation and risk assess
4. If details of contacts are required for follow up these can be completed using the CTAS template (to be sent along with request) - these contacts will then be followed up as per process described in Joint Working Agreement / SOP
5. Initial information and details of contacts can be returned to PHE by secure e mail (provided when request is sent)
6. Reviewed and further discussion if needed.

Data Sharing

Data sharing between our organisations is underpinned by the General Data Protection Regulations. This requires specific conditions to be met to ensure that the processing of personal data is lawful.

These relevant conditions are included below:

- **Article 6(1)(d)** – is necessary in order to protect the vital interests of the data subject or another natural person.
- **Article 6(1)(e)** – is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller
- **Article 9(2)(i)** – is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health.

These conditions have been met due to the threat posed by COVID-19, and therefore it is appropriate to share information following the process outlined above.

1.9 Interdependencies

Connection with the SOP for complex communities outside of residential settings.

Connection with the SOP for NHS/ Mental Health settings (NHS may provide some of the communal settings described in this SOP)

2.0 Plan for review and adaptation

This joint working arrangement should be reviewed by the working group after one month or sooner if required.

Appendix 1: Case/ Contact Definitions

Case definitions:

Confirmed case: laboratory positive case of COVID-19 with or without symptoms

Possible (suspected) case: new continuous cough and/or high temperature and/or anosmia

Contact definitions:

A 'contact' is a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic (or 2 days before a test if no symptoms) up to 7 days from onset of symptoms (this is when they are infectious to others). For example, a contact can be:

- people who spend significant time in the same household as a person who has tested positive for COVID-19
- sexual partners
- a person who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:
    - being coughed on
    - having a face-to-face conversation within one metre
    - having skin-to-skin physical contact, or
    - contact within one metre for one minute or longer without face-to-face contact
- a person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes
- a person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19

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

Appendix 2: Information Sharing Template

Local Authority / PHE Information Sharing Template

Completed by HPT **Setting (Name, Address, Post code):** **HPZone number:**
Summary of Key Information (type of setting, number of employees, number affected (including members of the public / patients), whether cases numbers are rising, overall risk assessment)
Risk Assessment Number of cases: Date of onset of first case: Number of contacts identified: Total number of staff: If healthcare premises: number of patients / residents potentially exposed: If educational premises: number of students potentially exposed: Number hospitalised: Number died: Social distancing arrangements: Good Poor Confidence in management: High Low Public facing: Y/N If Y approx. how many members of the public per day Level of anxiety: High Low

Media Interest: Y/N

Any other issues considered:

Summary of Risk Assessment:

Follow up arrangements

LA Follow up

HPT / LA Follow up

Need for an IMT

Follow up record

Date	**N° Cases**	**N° Contacts**	**Other issues**

Appendix 3: Minimum information gathering

NOTE: This is for HPT but may also be useful for LA risk assessments

Check List	
Callers Name/ advice to:	
HPZ Ref:	
Date:	
Address, Postcode	
Date of onset of 1st case/2nd Case & most recent cases	
Any cases hospitalised? record details	
Recent deaths	
GP diagnosed/aware?	
Residents affected out of total beds occupied	
Staff affected out of total employed	
Staff self-isolating & reason if known	
Layout/floors/rooms affected	
Following risk assessment consider remaining OPEN/ CLOSE to new residents ***see end-note***	
Symptoms: Fever >37.8 degrees **New continuous cough** **Anosmia (loss of smell / taste)** **Other**	
Resident description i.e. pregnant women /elderly care etc, age profile, at risk individuals/ groups	
Main languages spoken by residents?	
What activities are provided at the	

accommodation?	
Number of GP practices that serve the accommodation?	
GP contact details	

Appendix 4: IPC for residential settings

This will be used to assist in risk assessment and advice by HPT/LA

LAs may also wish to use to develop preventative approaches such as training/advice.

ACCOMMODATION MANAGEMENT / Residents	
Consider whether accommodation should accept any admissions /or make any transfers to other accommodation (unless to hospital or self-isolation unit and they must be notified of OB)	
Alert visitors. Visitor handwashing. Offer advice sheets in appropriate languages for visitors/relatives	
Isolation of residents with symptoms until symptom free (where possible)	
Monitor other residents for raised temperatures & respiratory symptoms, access NHS 111 if clinical advice needed	
Stress handwashing – liquid soap & paper towels/tissues & disposal **"Catch it, Bin it, Kill it"**	
Attempt to cohort residents with symptoms	
If someone has symptoms they should avoid shared spaces (kitchens/bathrooms/sitting areas) where possible	
Bathroom – if it has to be shared consider devising a rota where people with symptoms use it last and clean it themselves if possible, disposable hand-towels to be used / own and kept in room	
Kitchen – people with symptoms to avoid using it whilst others are there, take meals back to room, wash crockery in dishwasher or have own pots and cutlery and teatowels etc and keep in own room	

Accommodation to inform GP & update of new cases / those requiring clinical review.	
STAFF	
Exclusion of staff with symptoms until as per national guidance for self -isolation, staff will be eligible for **statutory sick pay (SSP)**	
Name of any external agencies working at hostel e.g. SERCO staff, cleaners, catering, volunteers- confirm that agency staff working in hotel should limit their movement to other facilities and practice good infection control if unavoidable	
Stress handwashing – liquid soap & paper towels/tissues & disposal **"Catch it, Bin it, Kill it"**	
PPE available if appropriate	
Uniforms- if worn staff should not go home in them	
Identify pregnant or immunocompromised staff	
ENVIRONMENT	
Increase cleaning regime. e.g. Hard surfaces/clothes/furnishings/rooms/ bathrooms	
Advise on cleaning and waste	
Discard contents of fruit bowls, biscuit tins etc	
Advise on laundry: use warmest water, all clothes can be washed together	
Other actions	
Stress - NHS care for COVID-19 is **FREE** for everyone regardless of immigration status & NHS will not make any immigration checks – *make sure hotel managers stress this to residents*	

Send COVID19 resources in appropriate languages	
Ask setting to alert LA Partners if self-isolation guidance cannot be followed	

Appendix 5: Risk Assessment

- Severity – any residents or staff reported to have been admitted to hospital, ICU or known to have died as a result of COVID-19. Are any residents/staff particularly vulnerable
- Spread – Establish the date 48 hours before the earliest onset of symptoms or positive test for any confirmed or suspected case, the current number of confirmed or suspected cases among staff and residents. HPT staff to cross check with CTAS/Laboratory data,
- Uncertainty – how clear the setting is that the symptoms experienced are caused by COVID-19.
- Control measures – assess actions taken to date and number of cases and contacts already self-isolating, check compliance with self-isolation of cases, infection control, handwashing, current social distancing measures in place, the setting layout and segregation of staff and students, consider the likely adherence to measures.
- Context – communication with residents already done, operational issues due to staffing anxieties or absence, anxiety or misinformation circulating in residents; adherence to social distancing/IPC measures; vulnerable people.

Appendix 6: Isolation Advice

- Any identified contacts will be advised to self-isolate for 14 days (but will be released from self-isolation if and when a negative result on the case is received). This group will not be offered testing unless they become symptomatic
- Contacts who are symptomatic will be advised to self-isolate and get tested. This group may need to be traced as presumptive cases.
- Asymptomatic people who are swabbed (for whatever reason) and found to be positive will be advised to self-isolate until 7 days after date of specimen (or re-set the clock to 7 days after onset of symptoms if they go onto develop symptoms). We will contact trace from 2 days prior to specimen date to 7 days after.
- Household contacts of asymptomatic contacts do not need to self-isolate

Responding to confirmed Cases and Outbreaks of COVID-19 in Workplaces: Joint working arrangements

Purpose:

Outline initial joint working arrangements between PHE YH and local systems responding to **confirmed** cases of COVID – 19, with aim of reducing transmission, protecting the most vulnerable and preventing an increased demand on healthcare resource. Arrangements should outline common principles and plan for flexibility in implementation.

Note - this joint working agreement covers the response to+ laboratory confirmed cases and their contacts. Possible cases identified in settings should be advised to self – isolate and access testing, the setting should be provided with advice as per prevention section below.

Principles:

- Joint working and whole system approach
- Consistency in approach across settings and local systems
- Build on what works using existing and newly developed outbreak plans
- Develop clear roles and responsibilities and prevent duplications
- Ensure local voice

Joint Working Between Local Authority and Y&H HPT

The suggested overarching joint approach to managing **complex cases and outbreaks** will be as follows:

- Y&H HPT will **advise** on swabbing and testing for symptomatic individuals when first aware of an outbreak in line with local arrangements.
- Y&H HPT will undertake a risk assessment and give advice to the setting and the local system on the management of the outbreak;
- The local system will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control;
- Y&H HPT will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions.

Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required

1.1 Description of setting (s)
This joint working agreement covers workplace settings including offices, manufacturing sites, retail industry, leisure facilities, transport, and hospitality Industry. Although educational establishments, care homes and healthcare settings are workplaces they are covered under separate Joint Working Arrangements
1.2 Key partners
PHE, LA public health, LA Environmental Health and Health and Safety, Trading Standards, HSE, Workplace Management, Unions, Chamber of Commerce, Business Leaders, Local Enterprise Partnerships, VCFS
1.3 Guidance
Business support: www.gov.uk/coronavirus/business-support including guidance on: Financial support and employer responsibilities. Working safely during coronavirus: www.gov.uk/guidance/working-safely-during-coronavirus-covid-19 including guidance on: Construction and other outdoor work, factories, plants and warehouses, labs and research facilities, offices and contact centres, other people's homes, restaurants offering takeaway or delivery, shops and branches, vehicles. Coronavirus: safer transport guidance for operators www.gov.uk/government/publications/coronavirus-covid-19-safer-transport-guidance-for-operators/coronavirus-covid-19-safer-transport-guidance-for-operators Guidance and support for employees during coronavirus: www.gov.uk/guidance/guidance-and-support-for-employees-during-coronavirus-covid-19 Businesses to remain closed: https://www.gov.uk/government/publications/further-businesses-and-premises-to-close/further-businesses-and-premises-to-close-guidance List includes exemptions Health and Safety Executive: Coronavirus: latest information and advice: www.hse.gov.uk/news/coronavirus.htm Health and Safety Executive: Working safely during the coronavirus outbreak: https://www.hse.gov.uk/news/working-safely-during-coronavirus-outbreak.htm The Advisory, Conciliation and Arbitration Service (ACAS): Coronavirus: advice for employers and employees: www.acas.org.uk/coronavirus NHS test and trace: workplace guidance: Guidance on the NHS test and trace service for employers, businesses and workers.https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance

1.4 Prevention

- Ensure social distancing arrangements are in place throughout the workplace including at rest breaks and travelling to and from work
- Promote handwashing on a regular basis among staff
- Promote awareness of Covid symptoms among staff and ensure fitness to work policy is implemented
- Engage with staff and union representative to promote safe working arrangements
- Ensure staff who have symptoms are excluded from work, tested using the NHS Test and Trace service (https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/) and any contacts followed up
- Work with Occupational Health department (if available), health and safety representative and human resource departments.
- Ensure environmental cleaning to reduce risk of contamination especially where there is potential for large numbers of people passing through or using facilities whether staff, service users or visitors – see COVID-19: cleaning of non-healthcare settings
- If an outbreak occurs cooperate with the authorities to control and contain it.
- There may be scope for locally determines Intervention Model as proposed in North Yorkshire which is built on two components (See Appendix 2)
    - Prevention (universal and targeted approaches)
    - Response (support organisations who have confirmed Covid cases)

1.5 Confirmed Case(s)

Notification may be via either:

- The HPT will be notified through Track and Trace of anyone who has been tested positive for COVID-19
- The employer or employee may contact PHE or LA seeking advice.

Description of a straightforward case in a workplace setting:

- A single case in a well-managed setting (good social distancing, appropriate precautions in place, confident management)
- Few contacts among staff
- Little / no contact with the public
- E.g. small / medium sized self-contained business, with appropriate arrangements in place. Management aware of guidance and implementing appropriately, staff calm)

Description of a complex case in relation to a workplace

- A single case in a poorly managed setting (poor social distancing, few extra precautions in place, lack of confidence in management, high staff anxiety)
- Many staff contacts
- Lots of contact with the public in a poorly controlled manner

- Casual workforce with communication difficulties
- E.g. Facility with difficulties implementing social distancing, lots of staff mixing at break times and public facing operation also with lack of social distancing. Poorly compliant management, high staff anxiety.

1.6 Follow up of cases and identifying contacts

See appendix 1 for **contact definition.**

Single cases are unlikely to be reported to Tier 1 initially as they will be dealt with on an individual basis by Tiers 2 and 3. The HPT may become aware due to coincidence alerts from CTAS – more than one case occurring at the same workplace identified by post code or the HPT and LA may be alerted by a call from the employer or employee.

Initial Contact:

- If contacted by a workplace about a case in a workplace gather information on the setting to inform risk assessment including (the case itself will be followed up by T&T nationally):
  - Details of the workplace: number of employees, social distancing arrangements, public facing etc
  - Details of case, onset, date last in setting etc.
  - Number and details of contacts requiring follow up
  - Information on any other suspected/ confirmed cases in setting, severity, control measures, anxiety or media interest
  - Any soft intelligence: level of anxiety, competence and compliance within the setting

Actions for LA

- Provide advice/ guidance to setting on control measures
- Providing general advice on contacts and exclusion/ isolation, including any communications
- Gathering details of the number of contacts and ensuring that the appropriate information is provided to them
- Arrange follow up assessments and on-going monitoring if felt necessary

If LA is content with risk assessment, then continue to follow up the workplace providing advice as required and monitoring compliance with it. If concerns, then discuss with HPT for possible escalation.

1.6 Outbreaks

Declaring and ending an outbreak and cluster in a non-residential setting (e.g. a workplace, local settings such as schools and national infrastructure)

	Criteria to declare	Criteria to end
Cluster	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days	No confirmed cases with onset dates in the last 14 days

	(In the absence of available information about exposure between the index case and other cases)	
Outbreak	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days AND ONE OF: Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case OR (when there is no sustained community transmission or equivalent JBC risk level) - absence of alternative source of infection outside the setting for initially identified cases	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)

Description of a straightforward cluster / outbreak in a workplace setting:

- Occurring in a well-managed setting (good social distancing, appropriate precautions in place, confident management)
- Few (<5) cases among staff
- No cases among public associated with the workplace
- Number of cases stable
- E.g. small / medium sized self-contained business, with appropriate arrangements in place. Management aware of guidance and implementing appropriately, staff calm

Description of a complex cluster / outbreak in relation to a workplace

- A cluster / outbreak in a poorly managed setting (poor social distancing, few extra precautions in place, lack of confidence in management, high staff anxiety)
- Many staff contacts
- Lots of contact with the public in a poorly controlled manner

- Casual workforce with communication difficulties
- Rising number of cases
- E.g. Facility with difficulties implementing social distancing, lots of staff mixing at break times and public facing operation also with lack of social distancing. Poorly compliant management, high staff anxiety.

Risk stratification considerations (e.g.):

1. Size of business (e.g. larger no of employees higher risk)
2. Function of business (e.g. food production – meat/dairy or working in high risk settings – e.g. 121 client contact physical touching involved)
3. Environment (e.g. difficult to ventilate / social distance / handwashing etc)
4. Percentage of employees where English is not a first language (e.g. higher percentage – higher risk - communication difficulties)
5. Percentage of migrant workers (e.g. higher percentage – higher risk - cultural differences-understanding 'norms')
6. Percentage of employees who live in temporary accommodation / hostels / B&B / Houses of Multiple Occupation
7. Employees working in 'at risk' occupations

The above factors can be used as a framework for assessing the level of concern raised during a telephone call to workplaces. See North Yorkshire example of risk scoring matrix in Appendix 3. Depending on the risk assessment a decision will be made whether the situation is managed by the LA alone or with the HPT.

Actions for LA / HPT

- Provide advice/ guidance to setting on control measures
- Providing general advice on contacts and exclusion/ isolation, including any communications
- Gathering details of the number of contacts and ensuring that the appropriate information is provided to them
- Arrange follow up assessments and on-going monitoring

If LA content with risk assessment, then continue to follow up the workplace providing advice as required and monitoring compliance with it. Continue to monitor number of cases and contacts. If appears to be escalating to a complex outbreak, then discuss with HPT for possible escalation.

1.7 Practical considerations

Possible to perform support visits to premises for prevention purposes and during management of outbreaks to provide advice?

How to mobilise support from other areas: Chamber of Commerce – what could they support?

Communication with transient / foreign workforce

Transfer of data between LA and PHE

Information will be shared between HPT and LAs as follows:

1. HPT receives information about case(s) that require further follow up
2. HPT will notify LA SPOC via e-mail or phone, provide initial information and outline what additional follow up is required by the LA
3. LA uses information sharing template (Appendix 2) to gather initial information, assess the situation and risk assess
4. If details of contacts are required for follow up these can be completed using the CTAS template (to be sent along with request) - these contacts will then be followed up as per process described in Joint Working Agreement / SOP
5. Initial information and details of contacts can be returned to PHE by secure e mail (provided when request is sent)
6. Reviewed and further discussion if needed.

<u>Data Sharing</u>

Data sharing between our organisations is underpinned by the General Data Protection Regulations. This requires specific conditions to be met to ensure that the processing of personal data is lawful.

These relevant conditions are included below:

- **Article 6(1)(d)** – is necessary in order to protect the vital interests of the data subject or another natural person.
- **Article 6(1)(e)** – is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller
- **Article 9(2)(i)** – is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health.

These conditions have been met due to the threat posed by COVID-19, and therefore it is appropriate to share information following the process outlined above

1.8 Interdependencies
Any key connections with other settings joint working agreements? Not sure if there is required reporting through HSE and RIDDOR for workplaces?
1.9 Plan for review and adaptation
• To be reviewed within one week or sign off and then every 2 weeks

Appendix 1: Contact Definitions

A 'contact' is a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic up to 7 days from onset of symptoms (this is when they are infectious to others). For example, a contact can be:

- people who spend significant time in the same household as a person who has tested positive for COVID-19
- sexual partners
- a person who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:
    - being coughed on
    - having a face-to-face conversation within one metre
    - having skin-to-skin physical contact, or
    - contact within one metre for one minute or longer without face-to-face contact
- a person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes
- a person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19

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

Appendix 2: Information sharing template

Local Authority / PHE Information Sharing Template

Completed by HPT **Setting (Name, Address, Post code):** **HPZone number:**
Summary of Key Information (type of setting, number of employees, number affected (including members of the public / patients), whether cases numbers are rising, overall risk assessment)
Risk Assessment Number of cases: Date of onset of first case: Number of contacts identified: Total number of staff: If healthcare premises: number of patients / residents potentially exposed: If educational premises: number of students potentially exposed: Number hospitalised: Number died: Social distancing arrangements: Good Poor Confidence in management: High Low Public facing: Y/N If Y approx. how many members of the public per day Level of anxiety: High Low

Media Interest: Y/N

Any other issues considered:

Summary of Risk Assessment:

Follow up arrangements

LA Follow up

HPT / LA Follow up

Need for an IMT

Follow up record

Date	**N° Cases**	**N° Contacts**	**Other issues**

Appendix 3: North Yorkshire Intervention Model

	Prevention		Response
	Universal	**Targeted**	**Outbreak management**
	Level 1 support	**Level 2 support**	**Level 3 support**
	Any workplace	Any workplace identified by nature of their size Those workplaces assessed as "high risk " Recent concerns raised via involvement of HSE or local EHOs	Workplaces who have been identified as having an outbreak or cluster of cases.
Sector	All sectors	All sectors	All sectors
Access or referral route	Website Generic communications channels	Telephone calls to the largest businesses in NY (BES database) Concerns raised via HSE , EHOs	Variety of sources including Concerns raised via HSE/ EHOs Intelligence from public health outbreak management Other settings work eg schools, housing.
Risk level	Low risk	Medium to high risk based on size, demographics of workplaces, occupation of workers etc	Workplaces with a cluster of cases
Resources required	Website development costs already agreed. Some additional cost for additional functionality	Additional capacity redeployed from delivery of workplace wellbeing award to support businesses.	Initially within current resources, but may be dependent on demand. May require expertise from specialist areas.
PH offer	• Self service via website • Signposting to relevant information	• Bespoke signposting to relevant documents • Establish relationship and point of contact with large local businesses • Intelligence gathering about business type, demographics of workforce, • Regular updates and maintenance of contact	As per prevention offer • Support to the organisation on numerous issues for example • Communications • Help to understand and implement Infection control measures • Implementing guidelines on social distancing in the workplaces • Influencing policy e.g absence recording and monitoring

Appendix 4: North Yorkshire Risk Scoring Matrix

Risk matrix

The following risk matrix has been developed

Risk factors	3	2	1
Size of business	Over 250 employees	50-249 employees	1-49 employees
Function of business	Employees are in direct contact with the public / visitors / colleagues	Limited contact with public, visitors and/or contact with colleagues	Work alone
Percentage of migrant workers	Over 50%	10-50%	Below 10%
Percentage of employees where English is not a first language	Over 50%	10-50%	Below 10%
Percentage of employees who live in temporary accommodation	Over 20%	5-20%	Below 5%
Employees working in 'at risk' occupations	>50% of employees working in at risk occupations	10-50% of employees working in at risk occupations	<10% of employees working in at risk occupations
A work environment that is difficult to make covid secure	Workplace unable to put all covid-19 secure measures in place	Workplace unable to put all covid-19 secure measures in place	No HSE /FSA concerns raised AND workplace able to put all covid-19 secure measures in place

Scoring

Level of concern, minimum score =7, maximum score =21

Level 1; score of 7-11

Level 2; score of 12-16

Level 3; score of 17-21

The risk assessment matrix themes will be discussed with businesses and a risk rating given. This is for guidance only and is a tool to assist with the internal categorisation of most vulnerable organisations. **Any organisation which is subject to concerns by the Health and Safety Executive or district Environmental Health officers will automatically be categorised as HIGH RISK.**

High risk organisations will be closely monitored. All information will be recoded

Calls will be followed up with a courtesy, thank you email which reinforces the key verbal messages and further contact details.

Appendix 5: workplace outbreaks: test results and exclusion times

Workplace with *low* number of cases (i.e. ***unlikely*** that all workers will have been in contact with a case)		
Test result	**Symptoms**	**Action**
+ve	Yes	Isolate for 7 days from symptom onset
+ve	No	Isolate for 7 days from date of test
-ve	Yes	Can return to work when well (might be another infectious disease e.g. influenza)
-ve	No	Return to work
Not tested	No	No action
Not tested	Yes	Isolate for 7 days from symptom onset
Workplace with *high* number of cases (i.e. ***likely*** that all workers will have been in contact with a case – as agreed by IMT)		
Test result	**Symptoms**	**Action**
+ve	Yes	Isolate for 7 days from symptom onset
+ve	No	Isolate for 7 days from date of test
-ve	Yes	Isolate for 14 days from last day on premises (may be incubating Covid)
-ve	No	Isolate for 14 days from last day on premises (may be incubating Covid)
Not tested	No	Isolate for 14 days from last day on premises (may be incubating Covid)
Not tested	Yes	Isolate for 14 days from last day on premises (these symptoms may not be due to Covid and may be incubating Covid)

Responding to confirmed Cases and Outbreaks of COVID-19 in Care Homes: Joint working arrangements

Purpose:

Outline initial joint working arrangements between PHE YH and local systems responding to confirmed cases of COVID – 19, to reduce transmission, protect the most vulnerable and prevent an increased demand on healthcare resource.

Arrangements should outline common principles and plan for flexibility in implementation at place. There will be a rapid transition period while resources and capacity are developed locally to support this.

Note - this joint working agreement covers the response to laboratory confirmed cases and their contacts. Possible cases should be advised to self – isolate and access testing, advice should be provided as per prevention section below.

Principles:

- Joint working and whole system approach
- Consistency in approach across settings and local systems
- Build on what works using existing and newly developed outbreak plans
- Develop clear roles and responsibilities and prevent duplication
- Ensure local voice

Joint Working Between Local Authority and Y&H HPT

The suggested overarching joint approach to managing **complex cases and outbreaks** will be as follows:

- Y&H HPT will **advise** on swabbing and testing for symptomatic individuals when first aware of an outbreak in line with local arrangements.
- Y&H HPT will undertake a risk assessment and give advice to the setting and the local system on the management of the outbreak;
- The local system will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control;
- Y&H HPT will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions.
- Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.

1.1 Description of setting (s)
Care homes, supported living/independent living, domiciliary care, direct payment
1.2 Key partners
PHE Y&H HPT, LAs, CCGs, Community IPCs, care home providers, (unpaid carers), (foster homes)
1.3 Guidance
Coronavirus (COVID-19): support for care homes https://www.gov.uk/government/publications/coronavirus-covid-19-support-for-care-homes Admission and care of people in care homes (to be updated): https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes Adult social care action plan: https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan How to work safely in care homes: https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes COVID-19: supporting adults with learning disabilities and autistic adults https://www.gov.uk/government/publications/covid-19-supporting-adults-with-learning-disabilities-and-autistic-adults COVID-19: supporting adults with learning disabilities and autistic adults https://www.gov.uk/government/publications/covid-19-supporting-adults-with-learning-disabilities-and-autistic-adults Staying alert and safe (social distancing) https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely

vulnerable https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

Guidance for care of the deceased with suspected or confirmed coronavirus (COVID-19) https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19

Hospital discharge service requirements: https://www.gov.uk/government/publications/coronavirus-covid-19-hospital-discharge-service-requirements

Covid-19 infection prevention and control:

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

COVID-19: management of staff and exposed patients and residents in health and social care settings:

https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings

How to work safely in care homes - Putting on personal protective equipment (PPE) How to work safely in Care Homes - Putting on PPE

How to work safely in care homes -Taking off personal protective equipment (PPE) How to work safely in Care Homes - Taking off PPE

Health and Safety Executive Coronavirus information:

Each LA has a care home support plan, care home hubs; safe systems of work (context specific)

1.4 Prevention

Training / learning sessions around IPC / social distancing good practice for settings (CCGs, LAs):

- All LAs have a care home support plan
- Local IPC teams support care settings;

Web based learning

- Health Education England e-learning for health: COVID-19: Putting on and removing Personal Protective Equipment – a Guide for Care Homes - YouTube Video (from Public Health England)
- Health Education England e-learning for health: Infection prevention and control in care homes - YouTube video (from BVS Training)
- Health Education England e-learning for health: Standard 15: Infection Prevention and Control e-Learning

https://portal.elfh.org.uk/Catalogue/Index?HierarchyId=0_45016_45612_47219&programmeId=45016

Outbreak detection, notification and initial management (HPT, LAs)

- Care Homes Poster to be updated and re-circulated to care homes via DsPH

Targeted interventions (e.g. managing staff shortages as a result of illness or self-isolation (LAs, CCGs); shortcomings in IPC (LAs, CCGs)

1.5 Confirmed Cases

- HPT is usually notified via Test and Trace or directly by care home
- HPT contacts care home to complete risk assessment and provide initial advice on IPC, cohorting, self-isolation, staff exclusion, etc
- HPT notifies LA of complex situations, e.g. high attack rate amongst residents and/or staff; large number of deaths; difficulties managing IPC, lack of PPE, staff absences, etc
- LA provides ongoing support to the care home with regards to staffing, IPC, PPE and other consequences that may affect safe and effective care provision

Definition of a straightforward case in relation to care homes and other residential settings;

- few cases, few/no deaths, no staff issues, no issues with IPC, PPE, etc

Definition of a complex case:

- high attack rate amongst residents and/or staff; large number of deaths; difficulties managing IPC, lack of PPE, staff absences, etc

1.6 Follow up of cases and identifying contacts

*See appendix 1 for **contact definition.***

HPT contacts the care home to identify staff with positive results, then advises their workplace contacts to self-isolate as per guidance if not already done. Household and community contacts should have been followed up by NHS T&T Tier 3.

If situation is complex (as defined above), HPT informs LA DPH, who will organise direct, local support for the care home.

1.7 Outbreaks

Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days.

To declare an outbreak over in a care home, there should be no confirmed cases with onset dates in the last 28 days in that setting.

NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.

Convening an OCT

- For complex outbreaks, the HPT will convene an OCT to discuss appropriate management. However, some LAs may feel able to do this, and it can be discussed on a case by case basis.

1.8 Practical considerations

Information will be shared between HPT and LAs as follows:

1. HPT receives information about case(s) that require further follow up
2. HPT will notify LA SPOC via e-mail or phone, provide initial information and outline what additional follow up is required by the LA
3. LA uses information sharing template (appendix 2) to gather initial information, assess the situation and risk assess
4. If details of contacts are required for follow up these can be completed using the CTAS template (to be sent along with request) - these contacts will then be followed up as per process described in Joint Working Agreement / SOP
5. Initial information and details of contacts can be returned to PHE by secure e mail (provided when request is sent)
6. Reviewed and further discussion if needed.

Data Sharing

Data sharing between our organisations is underpinned by the General Data Protection Regulations. This requires specific conditions to be met to ensure that the processing of personal data is lawful.

These relevant conditions are included below:

- **Article 6(1)(d)** – is necessary in order to protect the vital interests of the data subject or another natural person.
- **Article 6(1)(e)** – is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller
- **Article 9(2)(i)** – is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health.

These conditions have been met due to the threat posed by COVID-19, and therefore it is appropriate to share information following the process outlined above.

1.9 Interdependencies

May interlink with separate agreement for domiciliary care

2.0 Plan for review and adaptation

Review by working group after one month (or earlier if there is a major change in policy or guidance).

Appendix 1: Case/ Contact Definitions

Case definitions:

Confirmed case: laboratory positive case of COVID-19 with or without symptoms

Possible (suspected) case: new continuous cough and/or high temperature and/or anosmia

Contact definitions:

A 'contact' is a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic (or 2 days before a test if no symptoms) up to 7 days from onset of symptoms (this is when they are infectious to others). For example, a contact can be:

- people who spend significant time in the same household as a person who has tested positive for COVID-19
- sexual partners
- a person who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:
    - being coughed on
    - having a face-to-face conversation within one metre
    - having skin-to-skin physical contact, or
    - contact within one metre for one minute or longer without face-to-face contact
- a person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes
- a person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19

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

Appendix 2: Information sharing template

Local Authority / PHE Information Sharing Template

Completed by HPT **Setting (Name, Address, Post code):** **HPZone number:**
Summary of Key Information (type of setting, number of employees, number affected (including members of the public / patients), whether cases numbers are rising, overall risk assessment)
Risk Assessment Number of cases: Date of onset of first case: Number of contacts identified: Total number of staff: If healthcare premises: number of patients / residents potentially exposed: If educational premises: number of students potentially exposed: Number hospitalised: Number died: Social distancing arrangements: Good Poor Confidence in management: High Low Public facing: Y/N If Y approx. how many members of the public per day Level of anxiety: High Low

Media Interest: Y/N

Any other issues considered:

Summary of Risk Assessment:

Follow up arrangements

LA Follow up

HPT / LA Follow up

Need for an IMT

Follow up record

Date	**N° Cases**	**N° Contacts**	**Other issues**