

# SEFTON COUNCIL

## COVID-19 OUTBREAK MANAGEMENT

### PLAN

PUBLISHED JUNE 2020

**(Please Note:** This plan is iterative and subject to change as further guidance is received and processes evolve. This document will be maintained as a result of any updates)

#### Update History –

	Date	Summary of Update
1.	26/08/2020	Introduction (section a) Update on Aims and Objectives about partnership working.
2.	26/08/2020	Introduction (section e) Update on Legal Issues regarding contain framework and new powers.
3.	26/08/2020	Section 7 – Update on Contact Tracing regarding the Merseyside and Cheshire Hub and Sefton's Local Testing Plan and urgent testing process which has been developed.
4.	26/08/2020	Section 8 – update on supporting vulnerable people in our community whilst self-isolating
5.	26/08/2020	Section 9 – Update on Data Integration specifically regarding Sefton's recently developed surveillance dashboard.
6.	28/08/2020	Updated to reflect increase from 7 days to 10 days for self-isolation period for cases of COVID-19
7.	28/08/2020	Section 6 - Update to reflect responsibility to notify care homes is they should shut to visitors if local COVID-19 infection rates increase.

## Document Control

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## 1. Introduction

This document has been developed to ensure Sefton is able to support the national contract tracing service and has a robust Outbreak Management Plan that includes necessary measures to identify and contain outbreaks and protect the public's health in Sefton, in a way that is safe, protects our health and care systems, and supports the recovery of our economy. It should be read in conjunction with Public Health England (PHE) North West outbreak plan and other outbreak control plans and resources.

***As COVID-19 is a rapidly evolving situation, this Plan is a working document and will be updated regularly to reflect changes required to ensure it is up to date and can be successfully executed. We do recommend you check National guidance for the latest information and advice.***

- National Government: <https://www.gov.uk/coronavirus>
- NHS England: <https://www.nhs.uk/conditions/coronavirus-covid-19/>
- Public Health England (PHE): <https://www.gov.uk/government/organisations/public-health-england>

### a. Aims and Objectives

This Plan aims to ensure an effective and coordinated approach to COVID-19 outbreak takes place from the initial detection to the formal declaration that the outbreak has ended.

As good practice, lessons learned should be documented and shared with key stakeholders and across Cheshire and Merseyside, to ensure we continuously improve and build on experiences that we have learned during this unprecedented time.

Sefton is a partner in Champs- the Cheshire and Merseyside Public Health Network. We have worked with Champs to agree a framework for local plans and together along with Public Health England (PHE) have developed a Mersey Contact Tracing Hub, a Covid alert criteria and contributed to the development of CIPHA – an integrated data and intelligence system. We are also working with Champs to commission insight research to help us deliver clear and targeted outbreak prevention messages to distinct communities, in particular young adults and BAME.

Key objectives of the plan include:

- To set out an approach to prevent settings from developing a Covid-19 outbreak
- To protect public health by identifying the source of the COVID-19 outbreak and implementing necessary control measures to prevent further spread.

- To outline clear roles and responsibilities at a local operational level - note that these will be reviewed as we mobilise our local outbreak control team and Merseyside Contact Tracing Hub
- To develop clear response pathways and procedures if an outbreak occurs in Sefton
- To ensure local people have been given the most up to date and accurate information and advice.
- To capture lessons learned and share best practice to improve COVID-19 control for the future.

### **b. Working Better Together**

We will continue to work collaboratively, building on and strengthening relationships we have between the Local Authority, Public Health teams and Public Health England (PHE). We will try to ensure we make the best use of the capacity and capability of the regional public health workforce and key stakeholders to prevent outbreaks in Sefton or in the event of responding to local outbreaks.

### **c. Scope**

The national response outlines seven key themes for local outbreak control plans for COVID-19, they include:

1. Care homes and schools: Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response).
2. High risk places, locations and communities: Identifying and planning how to manage high risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies).
3. Local testing capacity: Identifying methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up etc).
4. Contact tracing in complex settings: Assessing local and regional contact tracing capability in complex settings (e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity).
5. Data integration: Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning, including data security, NHS data linkages).
6. Vulnerable people: Identifying and supporting vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities.

7. Local Boards: Establishing governance structures led by existing Covid-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

These themes will be highlighted throughout the plan and will focus key actions.

Three Main Areas of the scope are outlined in the table below:

<b>Area 1 - Complex and High Risk</b>	Case living or working in care home/long term care facility or other care facility for those with complex needs
	Cases in Healthcare workers.
	Cases in Emergency Services workers.
	Cases who attended healthcare for non COVID reasons.
	Cases in those attending or working in special schools.
	Cases in those living in homeless hostels or shelters or refuges and similar residential settings.
	Cases attending day care centres for older/vulnerable people.
	Cases where contacts cannot be identified without disclosure of name to employer or other third party.
	Cases or employers unwilling to provide information.
<b>Area 2 – Consequence Management</b>	Identified impact on local public sector services or critical national infrastructure (e.g. power plants) due to high proportion of staff quarantining.
	Cases or contacts who are unable to comply with restrictions (homeless, complex social issues etc).
	Likely media or political concerns/interest e.g. death of child or young person.
<b>Area 3 - Increase in disease frequency or severity</b>	Second or subsequent cases in school class (small number of children taught together).
	Reported high absenteeism rate in school or

	workplace.
	Reported high levels of hospitalisations.

#### **d. Outbreak Management Board**

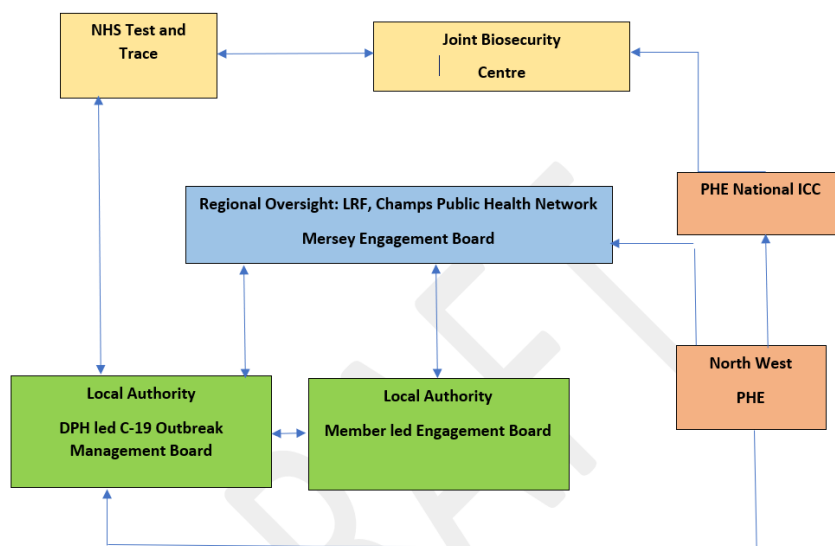
As part of the response to Covid-19 Local Authorities are required to establish two new boards:

1. COVID-19 Outbreak Management Stakeholder Board – to provide political ownership and public facing engagement and communication for outbreak response chaired by the Leader of Sefton Council
2. COVID- 19 Outbreak Management (Health Protection) Board – An operational group responsible for the development of local outbreak plans chaired by the Director of Public Health

The Outbreak Management Stakeholder Board is set up under the Cabinet to be responsive to local outbreaks and the current Health Protection Forum is reconstituted to a COVID-19 Outbreak Management (Health Protection) Board. These Boards will feed information and recommendations to the Cabinet for council related decisions, through the Leader.

Both new Boards need to be responsive to changes during the pandemic and make quick recommendations and/or decisions on prevention and protection measures for the local population of Sefton.

The draft diagram below shows the relationship of the Boards with local governance and the relationship with the Merseyside Resilience Forum. This diagram will be updated once governance arrangements have been finalised.



Terms of reference (TOR) are included in section 13: supporting documents of this document.

### e. Legal issues

Many of the responsibilities for outbreak management (including COVID-19) sit at National level these include:

- The Department for Health & Social Care (DHSC) is the lead government department with responsibility for responding to the risk posed by COVID.
- The NHS works in partnership with Local Resilience Forums on pandemic preparedness and response delivery in healthcare systems in England and Wales.
- PHE provides specialist technical expertise on health protection issues and support both planning and delivery arrangements of a multi-agency response.
- The Department for Education (DfE) lead on the children's social care response.

Local authorities have a key role in investigating and managing outbreaks of communicable disease. The specific statutory responsibilities, duties and powers available to them during the handling of an outbreak are set out in the following legislation:

- Public Health (Control of Disease) Act 1984
- Health Protection (Notification) Regulations 2010
- Health Protection (Local Authority Powers) Regulations 2010
- Health Protection (Part 2A Orders) 2010
- Health and Safety at Work Act 1974 and associated regulations
- Food Safety Act 1990 and associated regulations
- Food Safety and Hygiene Regulations 2013
- Food Law Code of Practice (England)
- International Health Regulations 2005

Local Resilience Forums and Local Health Resilience Partnerships have the primary responsibility for planning for and responding to any major emergency, including pandemics.



PHE North West Health Protection Team provide Tier 1 support to Test & Trace, managing outbreaks and cases linked to complex/high risk settings. Multi-agency working at both a national and local level ensures joint planning between all organisations. A co-ordinated approach to ensure best use of resources to achieve the best outcome for the local area.

Following the publication of Outbreak Plans, the Government set out the Contain Framework to support local decision-makers by clarifying their responsibilities and empowering them to take preventative action and make strong decisions locally, supported by mechanisms that safeguard key national assets and interests.

New powers have been provided to Local Authorities to manage future outbreaks. As of 18 July, local authorities have powers, to:

- close specific premises
- close public outdoor places, and
- restrict events.

Detailed guidance on the use of the powers has been published, which can be found on gov.uk. The Government has also stated that action by local councils would not always be sufficient and committed to publishing draft regulations which set out how central government could intervene more effectively at a local level.

These powers enable the Secretary of State for Health to directly impose a range of restrictions on a regional/sub-national basis in order to manage spikes of COVID-19 infection. These could include:

- The closure of businesses and venues in whole sectors (such as or non-essential retail) within a defined geographical area (such as towns or counties);
- General restrictions on the movement of people (including requirements to 'stay at home', or restrictions on overnight stays, or restrictions on entering or leaving a defined area);
- Restrictions on gatherings - limiting how many people can meet;
- Restrictions on local or national transport systems - closing them entirely or introducing other limits or restrictions.
- Mandating the use of face coverings in a wider range of public places.

All organisations represented on an Outbreak Management Board have different legal powers and duties. Any discussions regarding legal issues in response to an outbreak should be discussed with relevant legal representatives of the organisations involved where required.

## **2. Prevention**

Infection prevention strategies are the most effective method of reducing transmission and outbreaks of COVID-19 and protecting vulnerable people. The key elements are adherence to social distancing advice, respiratory hygiene, hand washing and appropriate environmental cleaning in line with PHE advice. Prevention strategies should be combined with implementation of infection control practices which include household isolation of cases, and those identified through contact tracing and correct use of personal protective equipment PPE.

A nominated COVID-19 lead should be nominated in all settings during the COVID-19 pandemic. All individuals in a setting should know how to contact the COVID-19 lead.

High risk complex settings will be supported through the provision of advice and guidance on infection prevention and control measures including environmental cleaning and the safe and appropriate use of personal protective equipment in relation to COVID, how to support someone who has COVID-19 symptoms or has a positive test result, what to do if a member of staff is a suspected or confirmed case, and how and when to access advice and support.

### 3. Identifying a COVID-19 outbreak

Locally the system may be notified about a suspected or confirmed outbreak from a variety of sources including:

- NHS Test and Trace
- PHE
- Community Infection Prevention and Control Service
- Health and Social Care Providers
- NHS Organisations NHS England and or the local Clinical Commissioning Groups
- Workplaces
- Direct reporting to the Local Authority

Information about suspected outbreaks will be shared with the NW PHE health protection team, Sefton Council public health team and the Community infection prevention and control team, as required and with reference to local and national guidance.

### 4. Responding to a COVID-19 outbreak

The response to an outbreak will be centred on the following elements:

- **Control measures** – contact tracing and advice regarding individual and household isolation.
- **Risk assessment** - to determine need to escalation to local authority and other stakeholders and need to establish an Outbreak Control Team (OCT)

Immediate control measures should be implemented when an outbreak is suspected. It is not necessary to wait for the outcome of a test result in order to act.

Most outbreaks are dealt with as part of normal service provision, using existing guidance and standard operating procedures, and do not require an Outbreak Control Team (OCT) to be convened. When an outbreak is identified, an initial risk assessment (RA) is carried out by PHE. If the situation is complex, a multiagency OCT will be established. The DPH may also call for an OCT to be established.

The responsibility for managing outbreaks is shared by all the organisations who are members of the OCT. Leadership for managing incidents and outbreaks of COVID-19 should be decided jointly at the first OCT meeting, and may be PHE, DPH or another depending on the situation. Draft terms of reference and suggested OCT membership are included in the Cheshire and Merseyside COVID-19 outbreak plan template.

When a decision has been made not to declare an outbreak or establish an OCT, the DPH/Local Authority Health Protection lead/ PHE Health Protection Consultant should monitor the situation at appropriate intervals to determine if the decision needs to be reviewed.

## **5. Declaration outbreak is over**

An outbreak will be declared over by the Outbreak Control Team (OCT). This decision will be based on a risk assessment conducted by the OCT and led or supported by PHE or the Director of Public Health, or their deputy. If there is no OCT convened the outbreak will be declared over by PHE, the community infection control team, or other nominated organisation.

The decision to declare an outbreak over can be made when there are no new confirmed or suspected COVID-19 cases in a continuous 14 days period. For care homes a continuous 28-day period with no new confirmed or suspected COVID-19 cases would be a requirement to declare an outbreak over.

## **6. Care homes and Schools**

### **a. Care homes**

Care homes will be supported to implement current national guidance for care homes and adult social care. The NW PHE Care Home COVID-19 Resource Pack will be used to facilitate implementation of infection prevention and control measures, correct use of personal protective equipment, early recognition and reporting of symptomatic staff or residents and engagement in the Department of Health and Social Care whole care home testing programme.

The Sefton Care Home Group will work together to offer support to care homes in relation to the challenges presented by COVID-19 pandemic to this sector. This includes supply of PPE, issues relating to staffing levels, quality of care, and education and training, including infection prevention and control training.

Care homes in Sefton will be supported to access testing available through the National and Merseyside testing strategies. Care homes with outbreaks or single cases will receive advice and guidance on measures required to manage an outbreak, including advice about isolation of suspected and confirmed cases and contacts, protecting vulnerable residents from exposure, use of PPE, and environmental cleaning.

Sefton community infection prevention and control team will lead on the management of care home outbreak, undertaking risk assessments and providing support and monitoring of the outbreak situation. NW PHE Health Protection Team will provide on-call cover for out-of-hours, handing over the Sefton community infection prevention and control team on the next working day.

Daily outbreak reports will be produced by the community infection prevention and control team Monday- Friday and the reports circulated to key partners including Sefton Council, Sefton CCGs, and Public Health.

The community infection prevention and control team will escalate any concerns to the NW PHE health protection team and Sefton Council as necessary, and regular reviews of outbreak situations through the Sefton Outbreak Board will provide oversight of care home outbreaks in Sefton. Outbreak Control Teams can be stood up as required to address care home outbreaks.

Additionally, as part of the requirements of the National Care Home Visiting Guidance, the Director of Public Health in Sefton will notify care homes if they should shut to visitors due to local increases in infection rates.

#### **b. Schools**

Schools will be offered support to implement national COVID-19 guidance and the PHE NW School's COVID-19 Resource Pack, to support infection prevention and control measures and the response to suspected or confirmed cases in a school setting.

Testing in schools will be carried out through the national portal and in line with the Merseyside testing strategy. Parents will be encouraged to seek testing for children who are symptomatic and eligible for the testing programme.

The NW PHE health protection team will manage outbreaks in schools, with support from the community infection prevention and control team and the Sefton Council public health team. The wider system, including the 0-19 service, may be required to support schools, staff, pupil and their families if there are suspected or confirmed cases in a school.

An outbreak control team (OCT) will be called for complex outbreaks or situations, such as outbreaks impacting on large numbers of pupils or school staff.

### **7. Contact Tracing**

The Merseyside Test & Trace Hub is hosted by the Cheshire & Merseyside Public Health Collaborative through a collaboration with Local Authorities and Public Health England North West (PHE NW).

The Hub will undertake contact tracing and the management of the consequences of contact tracing across the Merseyside area, for the delivery of the Level 1 responsibilities as set out in the Memorandum of Understanding between the Cheshire & Merseyside Local Authorities and Public Health England NW (note a hub is also in place for Cheshire Authorities).

The Memorandum of Understanding (MOU) outlines roles and responsibilities and working relationships between the parties in specific relation to Level 1 contact tracing and consequence management responsibilities across Merseyside. These include:

**a. Contact Tracing in complex cases or settings:**

- Potentially complex settings (For example: schools, Special Schools, Homeless Accommodation; domestic violence refuges; Police and Fire Stations; HMO's; Day Centre Provision; NHS Settings; Social Care settings; Statutory Service HQ's; residential children's homes)
- Potentially complex cohorts (For example: rough sleepers; faith communities, asylum seekers)
- Potentially complex individuals and households (For example: Clinically shielded; Learning Disability; diagnosed Mental Illness; substance misusers Rough Sleepers; Victims of Domestic Abuse; complex social-economic circumstances)

**b. Providing direct support** to those identified through contact tracing for whom adherence to self-isolation measures may be challenging, including links into locality hub pathways for shielded and vulnerable cohorts.

**c. Consequence management** as a result of contact tracing or managing an outbreak in a complex setting or within a complex cohort.

**PHE provide expert clinical and operational leadership within Hub**

- **Clinical leadership**
  - Maintains clinical oversight
  - Senior clinical input for health protection, infection prevention and control and epidemiology
  - Risk assessment and decision that an Outbreak Control Team (OCT) is required
  - Escalation of situations
  - Contributing to or leading OCT
- **Operational leadership – team leader.**
  - Responsibility for delegation of tasks
  - Oversight of enquiries and situations

- Supporting contact tracers
- Escalate issues to consultant
- SOPs
- Provision of Business support
- **Additional Support**
  - Training and education
  - Train the trainer model – team leaders will take over when trained themselves
  - Facilitate honorary contracts for Hub staff as appropriate

Nationally, contact tracing will operate 8am-8pm seven days per week. There will be a phased implementation in regional hubs. The C&M hubs will initially operate Monday to Friday 9.00am to 5.00pm, and it is anticipated, this will increase to 7 days per week from September 2020. PHE North West will maintain its usual approach to Out of Hours working. For consequence management in Local Authority areas, there will be a need to notify the SPOC of issues arising out of hours.

### **Escalation criteria to local authority organisational management**

The following criteria has been identified as requiring locality escalation:

- Large number of contacts meeting the proximity or direct contact definition
- High numbers of vulnerable people as potential contacts within the setting
- Potential impact on service delivery if staff are excluded for 14 days from exposure
- Outbreak declared and decision taken to convene OCT
- Healthcare or prison setting
- Death or severe illness reported in the case or contacts
- Significant likelihood of media or political interest in situation

Local Authority Public Health Single Point of Contact (LAPH SPOC) will be contacted if the issue relates to wider management of care home (e.g. staffing issues), consequence management e.g. worker in a power plant or other essential service;

Where the setting does not have a system in place to identify and manage contacts, the case will be passed to the SPOC/Hub to liaise with the setting and support in contact tracing and consequence management; PHE will support this process.

National guidance specifically identifies care homes and schools as requiring outbreak management plans. Sefton must also identify other high-risk places, locations and communities of interest. The following settings have been identified:

- Care homes
- Children's homes
- Places of detention
- Workplaces including

- Council workplaces such as libraries, leisure centres, offices
- Private commercial premises – retail offices, leisure services (clubs, gyms, hairdressers etc), cinemas, outdoor event centres (racecourse, sports venues) catering establishments
- Tourist attractions
- Faith settings
- Hospitals
- Primary care
- Mental health and community trusts and hospices
- Transport hubs and port
- Vulnerable residents
  - Black, Asian, and Minority Ethnic (BAME)

### **Local complex communities**

- Asylum seekers and refugees
- Migrant workers
- People who use drugs
- Roma, gypsies and traveller communities
- Sex workers
- Rough sleepers

Sefton's Testing Plan. This document sets out a defined Testing Plan for Sefton. It considers the likely demand for testing, including response to outbreaks. The key considerations are:

- Population profile and demographics
- Geographical locations of more densely populated areas
- People being supported in health and care settings
- Vulnerable groups (such as BAME communities, homeless people, Gypsy and Traveller Families and asylum seekers)
- Specific considerations as to how the above demand can be most effectively met
- An outline of estimated testing capacity
- Actions relating to testing access and results
- An outline of the process of accessing testing in a timely manner where COVID19 outbreaks may occur

This Plan will evolve and be updated as government guidance and local testing arrangements change, and new data is available. Sefton Council Leads will be responsible for maintaining and updating the plan.



Sefton currently has 2 Local Testing Sites, at Bootle and Southport Town Halls. The Borough also has access to mobile testing facilities. The mobile units are shared across Cheshire and Merseyside and are on a rota to attend sites usually for 3 days at a time. Increasingly, the mobile units are redeployed at short notice to deal with specific areas of concern. Units are only intended for drive-through testing, so they are not suitable for those without access to a car within their household. The Council are actively exploring additional Testing sites with the DHSC.

Residents are encouraged to book test using the online portal ([www.nhs.uk/coronavirus](http://www.nhs.uk/coronavirus)) and NHS 119. Some vulnerable residents may face challenges accessing the service. They can call a Sefton Contact Centre advisor who can access the online portal on their behalf.

The Director of Public Health and or deputies can request flexible booking for targeted testing by contacting the Local Testing Site Manger (including weekends). If the mobile unit is required, the DPH or deputy can make this request to the DHSC and Cheshire and Mersey Testing Project Team. A member of the team is on call at weekends.

The Council has also sought the support of local business partners in supporting testing as a way of preventing and controlling outbreaks as a means of protecting the health and wellbeing of residents and the local economy.

Alongside the local testing plan, an urgent testing quick guide has been developed. This document has been produced to help teams understand the process for deployment of an appropriate testing facility in Sefton (for example Mobile Test Unit (MTU), Local Test Unit (LTU) or Home Testing). It sets out why, when and how a Covid-19 testing facility may be requested to support a local outbreak investigation and management or a situation in the borough. (see supporting documents to access the guide)

## **8. Supporting Vulnerable People and Complex Settings**

Vulnerable individuals/groups in Sefton may be affected by a combination of issues within these categories, thus a local response to an outbreak may require a coordinated and combined effort from partners across the borough. Examples (not exhaustive) of vulnerable people in Sefton, include some of the key groups of people and settings outlined below, which could increase vulnerability to the impact of COVID-19 cases and outbreaks:

1. The clinically vulnerable: highest risk are the shielded, followed by those who are eligible for the flu vaccine (over 65s, underlying health conditions), men and BAME groups



2. Personal and social circumstances: asylum seekers/hard to reach groups, homeless, gypsies and travellers, substance misusers, victims of domestic abuse and looked after children.
3. People who may not be able to socially isolate: people in houses of multiple occupation, people with dementia, people with learning difficulties, people with severe mental health problems,
4. People who have lots of contacts: frontline staff, teachers, drivers, factory workers, retailers
5. High risk settings: care homes, hostels, children's homes, special schools, prisons, hospitals
6. Geographical hot spots: street, neighbourhood, extended family

These can be considered as three categories of complexity:

1. Complex and high-risk settings (such as care homes, special schools, primary care)
2. Complex cohorts (such as those who are rough sleepers, faith communities, asylum seekers),
3. Complex individuals and households including our defined vulnerable and shielded cohorts and people unable to comply with guidance (such as: Learning Disability; diagnosed Mental Illness; Victims of Domestic Abuse; complex social-economic circumstances).

These individuals and groups will be acknowledged by the Outbreak Management Board who will have a duty of care to ensure they are supported and protected.

We acknowledge the findings of the PHE Report (Beyond the Data -Understanding the Impact of COVID-19 on BAME Groups) and we will ensure we work together with partners to improve data collection on ethnicity and inform actions to mitigate the impact of COVID-19 on BAME communities.

Additional support to our vulnerable communities will build on progress the Council has already made in developing systems to protect people who are vulnerable as a result of the COVID-19 emergency. The Council has built strong partnerships within the NHS, community and voluntary sector and other partner agencies to enhance the support and contribution of this multi- agency approach. Wellness checks, maintaining regular one to one support over the phone, delivering shopping, doorstep check-ins and provision of online activities to improve health and wellbeing have been delivered regularly to our most isolated and vulnerable communities.

A review of existing community support has been completed to ensure that it is fit for purpose and supports our most vulnerable who need to self-isolate as part of the national test and trace programme.

The Contact Centre will triage all COVID related calls and assess the level and type of support required. This could be:

- DEFRA slots for Supermarkets
- Assisted shopping (working in partnership with Sefton CVS)
- Getting help with navigating Online services
- A friendly chat if people feel lonely
- Prescription collection
- Foodbank vouchers

## 9. Data Integration

Information relating to the COVID-19 outbreak should be shared as needed to support individual care and to help tackle the disease through research and planning during the COVID-19 situation. The focus should be to ensure the risk of damage, harm or distress being caused to individual residents and service users is kept to a minimum and that data is only processed where it is necessary to do so and in an appropriate manner.

The key sources of data that will help our understanding of COVID-19 locally include:

- Completed tests
- Positive tests
- Identified contacts
- Care home testing
- NHS 111 and 999 data
- Deaths
- Hospital admissions

The development of the new national dashboard for COVID-19 data and the availability of data at Lower Layer Super Output Area will enable the monitoring of the virus by place and the identification of geographical hotspots. This information will then support us to understand:

- How the virus is spreading and identify vulnerable populations that are at risk
- Support the redeployment of health and social care resources to emerging hotspots

Sefton will also benefit from participation in the development of the Cheshire and Merseyside Smart System. This will utilise intelligence from across partners to help us coordinate and target our response to the virus. The new hubs will also use a common case management system to facilitate surveillance.

Sefton Council Public Health Team and Business Intelligence have developed a surveillance dashboard. This draws on the following data sources.

Indicator	Source
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Average number of Pillar 2 tests per day (last 7 days up to 30th July)	NHS Digital containment dashboard
Individuals tested per 100.000 population (7-day moving average)	Daily Situational Awareness Report
Percentage of individuals testing positive	Daily Situational Awareness Report
Void Tests	NHS Digital containment dashboard
Number of new weekly cases (previous 7 days up to, latest 4 days may not be complete)	Daily Situational Awareness Report
7 day incidence rate per 100,000 population	Daily Situational Awareness Report
14 day incidence rate per 100,000 population	Daily Situational Awareness Report
Outbreaks: Care Homes (previous 7 days)	PHE NW daily report
Outbreaks: Schools (previous 7 days)	PHE NW daily report
Outbreaks: Workplaces (previous 7 days)	Weekly Situational Awareness Summary
NHS 111 - Average number of daily calls/online journeys	<a href="https://digital.nhs.uk/dashboards/nhs-pathways#full-report-and-datasets">https://digital.nhs.uk/dashboards/nhs-pathways#full-report-and-datasets</a>
NHS 119 Calls?	Not known as yet
NHS Test and Trace Tool: Cases reported (cumulative since 28th May to ...)	NW contact tracing daily report
NHS Test and Trace Tool: Percentage of cases providing contacts (to date)	NW contact tracing daily report
NHS Test and Trace Tool: Number of contacts (cumulative since 28th May to)	NW contact tracing daily report
NHS Test and Trace Tool: Percentage of contacts provided advice (to date:)	NW contact tracing daily report
Hospital setting: New COVID-19 patients admitted to hospital (previous 7 days to 22/07/20 )	NHSX dashboard
COVID-19 patients discharged from hospital (previous 7 days to )	NHSX dashboard

Deaths mentioning COVID-19 on death certificate (latest 7 days)	ONS
Exceedance Rating	Exceedance Report
IRR	Exceedance Report

This is used to populate the daily Covid -19 Alert Criteria (agreed with PHE NW Cheshire and Mersey Health Protection team). This acts as an early warning system. Sefton public health review intelligence daily, including weekends and are responsible for flagging any alerts with PHE as well as elected members and senior officers, and Board partners as necessary.

## 10. Communications

Any public communications will need to be adapted to ensure messages and methods of communication are appropriate and coordinated around the specific circumstances of each individual outbreak.

Ensuring this all communications is effective, coordinated and current, messaging will be agreed by all stakeholder partners in line with our stated commitment to Working Better Together.

Communications will need to cover:

- Wider public warning and informing messaging
- targeted messages on how to access the Test and Trace process and the importance of following up if contacted;
- messages around the wider consequences of an outbreak e.g. in a workplace/service and what is being done to manage those consequences.

All communication will be based around agreed messages on advice and support and the channels through which they can be obtained e.g. Sefton Contact Centre along with telephone numbers/emails etc.

This would mean using our existing digital and other channels but also recognising that some people will not necessarily have access to information in this format and agreeing ways of connecting with these people – using existing information and networks or, if necessary, devising specific new ones.

This work will need to be carried out in live with latest Government guidance and alongside ongoing wider, ongoing COVID-19 communications, particularly around the importance of contacting the Test and Trace service if contacted because they have been in close contact with someone who has tested positive.

At the same time, tailored and proactive communications campaigns to ensure this level of advice and support is well communicated at a local level will be developed and will include wide promotion of the Sefton Contact Centre direct telephone number. The

processes and structures will be made clear and individuals will be guided to the most appropriate route.

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## 11. Framework for responding to COVID-19 Outbreak

### a. Generic

Action	Response activity	Stakeholders/Setting	Considerations, comments or potential issues
Initial assessment and Investigation	<p>Risk assessment</p> <p>Decision on if outbreak team should be convened/composition</p> <p>Questionnaires / Interviews/ Consent</p> <p>Issue Letters</p> <p>Signpost to relevant guidance</p> <p>Understand local vulnerability and develop local approach to address these</p> <p>Signpost to testing</p>	<p>PHE</p> <p>Hospital IPC team</p> <p>For Acute Trust incidents</p> <p>EHO</p> <p>Compliance and Enforcement -</p> <p>Environmental Health/Public Health</p> <p>Care Homes- Adult social Care</p> <p>Children's Services –School Nurse team</p> <p>Health and Safety, Communications, Representatives from key services linked to high-risk settings (ASC, CSC, Education, Housing), consideration of representation of critical partners (Local CCGs, Health provider trusts, and the Police),</p> <p>Consideration of representation from local VCS and faith groups</p>	<p>Utilise protocols and scripts</p> <p>Checklists</p> <p>Shielded Hub</p> <p>Settings with access to Occupational Health, Health&amp; Safety Lead the investigation will be delivered through them</p>
Access to Testing	<p>Test Sampling</p> <p>Request test at <a href="https://nhs.uk/coronavirus">nhs.uk/coronavirus</a> or by calling 119</p> <p>If case or contacts are Key workers these can be arranged via national <a href="#">key worker self-referral portal</a></p>	<p>Testing sites</p> <p>Care Homes</p> <p>Schools</p> <p>Workplaces</p> <p>Complex settings</p>	<p>Regional drive-through testing centres</p> <p>Satellite testing centres (STC)</p> <p>Mobile testing units (MTUs)</p> <p>MTUs are delivered by the army</p> <p>Home testing</p>

	Local pathway for testing to be made available as appropriate including home testing (Included in Supporting document section of this plan)		See appendix for definition of key workers
Control	Advice on infection, prevention & control measures Cleaning Workforce development needs / training Information to support daily reporting of cases Content of daily email agreed	Care Homes Schools Workplaces Complex settings	Provide advice on Cleaning and PPE if relevant for the setting <a href="#">COVID-19: cleaning of non-healthcare settings guidance</a>
Consequence management	Isolation advice and support Advice on Support to maintain isolation for 10-14 days Isolation Mental Health support Medication Food Financial advice- access to information to support employers, employees,	<a href="#">COVID-19: guidance for households with possible coronavirus infection guidance</a> LA HUB- food and medication Mental Health and Wellbeing Support Accommodation providers Business continuity and risk assessments	May need to arrange for accommodation to enable the period of isolation whilst awaiting test results Advice on how to continue work as usual <a href="#">Guidance for contacts of people with possible or confirmed coronavirus (COVID-19) infection who do not live with the person</a>

Enforcement of control measures	Issue of notices Closures	Trading Standards Police LA community safety officers HSE	Use of Public Health Powers may be required
Data	Collect and store Information on cases and contacts Workforce development needs / training	Information to support daily reporting of cases Content of daily email agreed	PHE-HP Zone LA Other health partners- as yet not confirmed what system will be used
Communications	Public/ Media		
	Health and other partners		
	Outbreak Setting	Standard Contact letter has been prepared	Information for staff and other individuals who work or visits a setting where an outbreak has occurred (no exclusion required) Letter for direct and proximity contacts (14 day exclusion)

**b. Investigating outbreaks in complex settings population**

Action	Response activity	Stakeholders/Setting	Considerations, comments or potential issues
Initial assessment and Investigation	Risk assessment Decision on if outbreak team should be convened/composition Questionnaires / Interviews/ Consent	PHE For Acute Trust incidents EHO	: Checklist for Complex settings/underserved populations



	<p>Issue Letters</p> <p>Signpost to relevant guidance</p> <p>PHE/Contact Centre notified of case(s)</p> <p>NHS Test and Trace service</p> <p>identify close contacts</p> <p>Identify initial case where possible</p>	<p>Compliance and Enforcement</p> <p>- Environmental Health/Public Health</p> <p>Care Homes- Adult social Care</p> <p>Children's Services –School</p> <p>Nurse team</p> <p>Health and Safety, Communications, Representatives from key services linked to high-risk settings (ASC, CSC, Education, Housing), consideration of representation of critical partners (Local CCGs, Health provider trusts, and the Police), Consideration of representation from local VCS and faith groups)</p>	
Testing	<p>Contact tracers organises access to testing</p> <p>Provision of test kits/specific swabs if required.</p>		More likely to require local solution/offer for testing
Control	<p>IPC activity</p> <p>Advice on infection control</p> <p>Provision of advice to specific services</p>	<p>Homeless services/ teams, cleansing services, drug services, 3rd sector</p>	

Consequence management	<p>Advice on Support to maintain isolation for 10-14 days</p> <ul style="list-style-type: none"> <li>• Isolation</li> <li>• Mental Health support</li> <li>• Medication</li> <li>• Food</li> <li>• Finances</li> </ul>	<p>LA Hub team</p> <p>Drug and alcohol services, pharmacy and medication support</p> <p>Mental health services (No out of hours provision)</p> <p><a href="#">COVID-19: guidance for households with possible coronavirus infection guidance</a></p>	<p><a href="#">Guidance for contacts of people with possible or confirmed coronavirus (COVID-19) infection who do not live with the person</a></p>
Treatment/Prophylaxis	<p>Arrange contact with GP to provide supportive treatment for fever/ pain</p> <p>Monitor for worsening of symptoms to arrange hospitalisation if required</p> <p>Daily calls to check compliance</p>	NHS 111	When new information available this section can be expanded
Communications	Public/Media	Coordinate by PHE via OCT	
	Health and other partners	<p>Outbreak email sent out stating the location and nature of the outbreak, and the number of people affected. This is used to notify the following:</p>	

		DPH OCT CCG contact centre	
	Outbreak Setting	Advice letters to key groups Direct information to key groups from Outreach workers and 3rd sector	Information for staff and other individuals who work or visits a setting where an outbreak has occurred (no exclusion required)

**c. Outbreak situations in schools, care homes and workplaces**

Outbreak Situation	Detection/Alerting	Response	Control	Comments
School				
Care Home				
Workplace	Contacted by NHS Test and Trace service tier 2+ cases are noted	Phone call between workplace & CCDC/DPH to discuss symptoms and numbers of affected staff Provision of advice on access to test kits Nominate workplace lead for outbreak	Advice on isolation and no return to workplace for 10 days / 14 days if contact Advice on extra hygiene measures advised Outbreak summary email updated and sent out daily* Notify LA EHO team	Health and safety officer will need to lead the outbreak control within the organisation

		Provide content of information required on daily basis in outbreak summary email: location (e.g. team/ floor involved) of the outbreak, and the number of people affected.		
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**d. Hostel or day centre providers of services for people experiencing rough sleeping**

Outbreak Situation	Detection/Alerting	Response	control	Comments
hostel or day centre providers of services for people experiencing rough sleeping  (in the absence of national	Contacted by NHS Test and Trace service tier /hostel /day centre / Infection Control Team when 2+ cases are noted	Phone call between hostel / key worker & CCDC/DPH to discuss symptoms and numbers of affected client's residents and or staff.  Infection Control Team / local Test and trace team to daily contact updates with setting / key worker via phone	Symptomatic cases isolated for– 10 days from onset of symptoms;  Asymptomatic cases – 10 days from date of test.  Household contacts of confirmed cases – 14 days from onset of symptoms/ (date of test if asymptomatic) in family member Ill.	Lead agency likely to be public health.  OCT likely to be needed given the vulnerability of the client group, PHE to advise.

<p>guidance please refer to</p> <p><a href="https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance">https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance</a> )</p>		<p>Complete a risk assessment.</p> <p>Outbreak form details added to outbreak spreadsheet daily.</p> <p>Testing arranged via commissioned GP</p>	<p>Closure to new admissions, avoid unnecessary appointments and restrict visitors.</p> <p>Extra hygiene and self-isolation measures advised, especially for any shared spaces (kitchens / toilets).</p> <p>Deep clean before reopening to admissions (48 hours after last symptoms).</p> <p>Outbreak summary email updated and sent out daily*</p>	
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#### e. Supported living and extra care housing

Supported living and extra care housing	Contacted by NHS Test and Trace service tier /care home/ICP/ DASS	Phone call between home & Infection Control Team to discuss symptoms and	Symptomatic cases isolated for– 10 days from onset of symptoms; 14 days for elderly care home residents	Lead agency likely to be infection control team.
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	when 2+ cases are noted	<p>numbers of affected staff &amp; residents.</p> <p>Complete a risk assessment.</p> <p>Outbreak form details added to outbreak spreadsheet daily.</p> <p>Testing arranged by Community Infection Control Team/</p> <p>Home/ICT to take test samples from affected residents and sent to laboratory, staff via portal or local arrangements.</p> <p>Outbreak details added to daily outbreak summary sheet.</p>	<p>Asymptomatic cases – 10 days from date of test</p> <p>Household contacts of confirmed cases – 14 days from onset of symptoms/ (date of test if asymptomatic) in family member III</p> <p>staff excluded for 10-days post onset of symptoms.</p> <p>Closure to admissions, avoid unnecessary appointments and restrict visitors.</p> <p>Extra hygiene measures advised</p> <p>Deep clean before reopening (48 hours after last symptoms).</p>	PPE will be needed for care workers working with symptomatic residents.
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			Outbreak summary email updated and sent out daily*	
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## 12. Supporting Documents

This section includes information and advice to support the plan.

### COVID-19 Outbreak Management Board Terms of Reference (TOR)



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### COVID- 19 Outbreak Management Stakeholder Board Draft Terms of Reference (TOR) – To be agreed



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### Key Questions and Answers



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### Vulnerability and Provision of Support Table



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### General Public Test Pathway



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### Test and Trace – Guidance for Employers and Businesses



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### Urgent Test Guide (Internal Use)



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### 13. Glossary of Terms

<b>Asymptomatic</b>	A term for person who has COVID-19 but is showing no symptoms of the virus.
<b>Confirmed Case</b>	Laboratory confirmed case of COVID-19, whether symptomatic or asymptomatic
<b>COVID 19</b>	The name of the disease caused by the novel coronavirus, SARS-CoV-2, and is short for "Coronavirus Disease 2019." (Source: <a href="#">WHO</a> )
<b>Close contact</b>	<p>Close contact means:</p> <ul style="list-style-type: none"><li>• having face-to-face contact without PPE with someone (less than 1 metre away), includes being coughed on or a face to face conversation, or unprotected skin to skin contact</li><li>• spending &gt;15 minutes without PPE within 2m of someone</li><li>• travelling in a car or other small vehicle without PPE with someone (even on a short journey) or close to them on a plane</li></ul> <p>Within 48 hours prior to suspected or confirmed case developing symptoms, or of positive test if case is asymptomatic, to 10 days after onset of symptoms or of date of test (if case is asymptomatic)</p> <p>A person who wore appropriate PPE or maintained appropriate social distancing (over 2 metres) would not be classed as a contact.</p>
<b>Contact Tracing</b>	The process of identifying, assessing, and managing people who have been exposed to a contagious disease to prevent onward transmission. (Source: <a href="#">WHO</a> )
<b>Epidemic</b>	An outbreak of disease in a community during a set period.
<b>Household contact</b>	A person who lives with or spends significant time in the same household as a possible or confirmed case of coronavirus (COVID-19). This includes living and sleeping in the same home, anyone sharing kitchen or bathroom facilities, or sexual partners.

<b>Isolation</b>	Keeping someone who is sick with a disease away from anyone who is not providing medical care to that person.
<b>Mitigation</b>	Focusing on preparing to fight a disease once it is obvious that it is widespread and can no longer be contained. The term generally refers to stockpiling materials, getting medical facilities ready and implementing social distancing practices.
<b>Outbreak of COVID-19</b>	<p>An outbreak is defined as 2 or more cases that have tested positive for coronavirus (COVID-19) within the same 14-day period, in people who either work or have visited a setting.</p> <p>In a residential care setting the definition is 2 or more symptomatic cases (or laboratory confirmed) within the same 14-day period.</p>
<b>Pandemic</b>	An epidemic that spreads worldwide.
<b>Social Distancing</b>	Restricting behaviour and limiting in-person interactions to slow the spread of disease. Currently, social distancing measures ask you to not go out unless you need to, to avoid public transport as much as possible and to stay 1.5 to 2 meters away from people.
<b>Suspected Case</b>	<p>A case with symptoms suggestive of COVID-19 and no laboratory confirmation</p> <ul style="list-style-type: none"> <li>• fever over 37.8; or</li> <li>• new, continuous cough; or</li> </ul> <p>loss or change of sense of smell or taste</p>
<b>Vulnerable people</b>	Clinically extremely vulnerable people – People defined on medical grounds as clinically extremely vulnerable, meaning they are at the greatest risk of severe illness from coronavirus. This group includes solid organ transplant recipients, people receiving chemotherapy, renal dialysis patients and others.
	Clinically vulnerable people - Similar cohort to those who require an annual flu jab due to increased risk of serious illness from flu, e.g. pregnant women, over 65s, people with underlying medical conditions.
	Vulnerable people (non-clinical) - There are many individuals and groups who are more vulnerable for social or environmental reasons to the impact or consequences of COVID-19 in its widest sense, e.g. they may be less able to protect themselves from infection, or at increased risk of harm due to COVID-19 control measures, or less able to abide with control measures.