Local COVID 19 Outbreak Prevention and Control Plan

VERSION CONTROL

Document Control	
Name of document	Northumberland Local Outbreak Prevention and Control Plan – COVID-19
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Owner	Northumberland COVID -19 Health Protection Board
Author	Northumberland County Council Public Health - Liz Morgan
Next review due	This plan will be continually reviewed as local processes are developed, and lessons are identified from testing the plan and real-life events.
7 Aug 20	Version 1.2 - 7 Aug 20 Updated by: DPH Update of testing pathways and processes; data availability; TORs for Health Protection Board and sub groups

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Northumberland County Council

Local COVID 19 Outbreak Prevention and Control Plan – Test and Trace

1.   Context – Why this plan?

As part of the government's COVID-19 recovery strategy, the NHS Test and Trace service was launched on 28th May 2020 with the primary objectives to control the COVID-19 rate of reproduction (R), reduce the spread of infection and save lives, and help return life to as normal as possible, for as many as people as possible, in a way that is safe, protects our health and care systems and releases our economy.

NHS Test and Trace brings together four tools to control the virus.

- Test. Increasing the availability and speed of testing.

- Trace. The introduction of the NHS Test and Trace service to identify any close recent contacts of positive cases and alert those most at risk of having the virus who need to self-isolate.

- Contain. A national Joint Biosecurity Centre that will work with local authorities and public health teams in PHE, including local Directors of Public Health, to identify localised outbreaks and support effective local responses, including plans to quickly deploy testing facilities to particular locations.

- Enable. Government learning more about the virus, as the science develops, to explore the further safe easing of infection control measures.

The NHS Test and Trace service is therefore one strand of an overall approach for the management of COVID 19 outbreaks.

The aim of the Local Outbreak Prevention and Control Plan is to protect the health of the population of Northumberland by:

- Prevention of the spread of COVID-19;

- Early identification and proactive management of local outbreaks;

- Co-ordination of capabilities across agencies and stakeholders;

- To assure the public and stakeholders that this is being effectively delivered.

There is a great deal in place already to support this work. This includes:

- Generic national guidance on outbreak control structures and processes;

- Regional outbreak control plans;

- The Local Health Resilience Partnership;

- LRF structures for COVID 19;

● Relationships with the local NHS

2. Context – A picture of Northumberland

Northumberland is home to 316,000 people and covers an area of 5,013 km^2, of which 96.7% is classed as rural. Nearly half (49.1%) of the population live in rural areas compared to the North East (18.8%) and England (18.9%). The number of people aged 65+ is set to increase by 42.4% by 2031 (North East 37.2% and England 41% (2014 based population projections). Life expectancy at birth for males is 79.2 and females 82.6 (2014-16). The county is sparsely populated with 63 people per km² (North East 304 and England 411 (2013)). Just over half (51%) of the population live in the 3% of urban land based mainly in the South East of the county. A fifth (20.8%) of the population are classed as income deprived and a quarter (25.4%) are employment deprived. (2015 IMD).

At the time of publication of the initial draft of the plan, the epidemiology of the infection in Northumberland could be described through the following data sources:

● Mortality data. 263 Northumberland residents had a record of COVID 19 on their death certificate up to the week ending 12th June; 43% of these deaths took place in care homes.[1] The peak week for deaths was the week commencing 20th April. Deaths were more frequent in men than women and nationally, age-specific death rates increased with age and the existence of co-morbidities. These trends are likely to be reflected locally. Within Northumberland, there is some variation in the numbers of deaths at MSOA level[2] across the county which is likely to reflect a combination of increased proportions of older people, those with long term conditions and larger numbers of care homes but could also be due to chance.
● Testing data. There had been 1067 positive diagnoses made through NHS labs. Nationally, over the period 27th April to 23rd June, data suggests that the percentage testing positive in the community (excluding care homes and other institutional settings) has decreased over time and that this downward trend has now flattened.
● Other reports. Since the start of the pandemic, 50 care homes had had COVID 19 outbreaks as had one school before lockdown. Laboratory confirmed cases were more frequent in women. Weekly hospital admission rates for new COVID 19 positive cases continue to decline across the NE and weekly admission rates to ICU/HDU also remain low.

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[1]. A Middle Layer Super Output Area (MSOA) is a geospatial statistical unit used in England and Wales to facilitate the reporting of small area statistics. They are part of the ONS coding system created by the Office for National Statistics. The mean population of a MSOA is 7,200, with a minimum population of 5,000.
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard
[2].
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/articles/deathsinvolvingcovid19interactivemap/2020-06-12

3.   The legal context

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

- With Public Health England under the Health and Social Care Act 2012;
- With Directors of Public Health under the Health and Social Care Act 2012;
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984;
- With NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (eg testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders as specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004;
- In the context of COVID-19 there is also the Coronavirus Act 2020.

4.   Local Outbreak Prevention and Control Plan Outline Structure

The Department of Health and Social Care (DHSC) has advised that local authority outbreak control plans are centred on 7 themes:

1. Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).
2. Identifying and planning how to manage other high-risk places, locations and communities of interest 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).
3. Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment).
4. 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).
5. Integrating national and local data and scenario planning through the Joint Bio-security Centre Playbook (e.g. data management planning including data security, data requirements including NHS linkages).
6. 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.
7. 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.

Five priority areas have been identified as part of the Northumberland plan which support Themes 1 and 2. These are:

- Care homes and residential settings;

- Educational settings – early years, schools, colleges;

- Complex individuals and communities – homeless, drug and alcohol service users, LD;

- Complex settings – hostels, refuges, HMP Northumberland, secure YP unit;

- Workplaces and businesses.

5.   Governance

DHSC guidance outlines three critical roles in test and trace: The LRF Strategic Coordinating Group which will give way to the council's Gold Command Group once stood down; a new COVID 29 Outbreak Control Board; and a COVID 19 Health Protection Board.
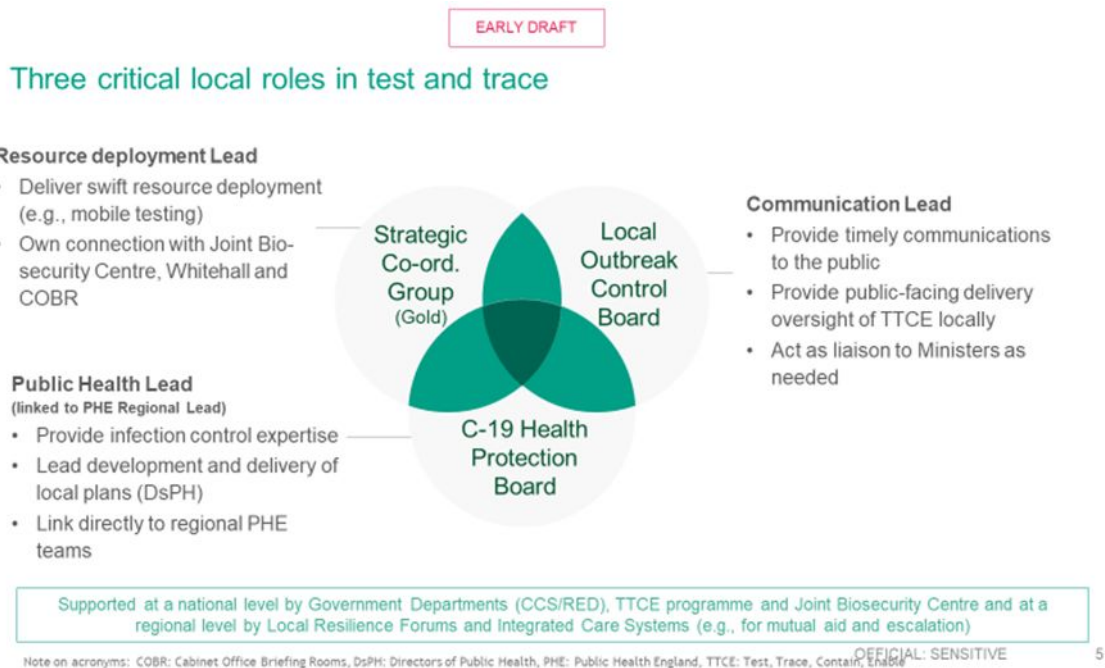
The Northumberland Health and Wellbeing Board will take on the role of the COVID 19 Control Board and, through strategic oversight of the plan, will be responsible for its development and delivery. The Terms of Reference for the Health and Wellbeing Board will be amended accordingly. The council will remain accountable for the plan.

A senior operational group, the Northumberland COVID 19 Health Protection Board, will bring together professional leads from the organisations involved. This will be chaired by the Director of Public Health and Terms of Reference and membership are at Appendix 1.

Both of these groups will have a relationship with the council's Gold Command, the County Emergency Committee and a link into regional and sub-regional NHS and LRF structures (see Appendix 2).

A member led Communications and Engagement Subgroup of the Health and Wellbeing Board will provide political ownership for public facing engagement and communication for the outbreak response. The group has been set-up in response to government guidance and will be chaired by the Portfolio Holder for Adult Wellbeing and Health. Terms of Reference and membership are at Appendix 3.

6.   Communications

A linked Communications Plan will be developed which will address prevention of spread of COVID through encouragement of social distancing, handwashing and use of face coverings; encouragement of self-isolation; information on testing; assurance to stakeholders and the public that plans for management and control of outbreaks are effective; providing information and advice to the public during outbreaks. This plan will need to be consistent with the emerging DHSC and ICS communication plans; and with any specific communication and engagement work commissioned on behalf of NE Directors of Public Health.

7.   Priority Area 1 - Care Homes and residential settings

Care Homes are a priority area as the people who live there are generally some of the most vulnerable people in the community, because of age, medical conditions, frailty and close proximity to others. Staff are also at risk because they provide personal care and are unable to socially distance. Protecting residents in care homes during the COVID-19 pandemic is the first priority in Northumberland.

Details of the plans are in Appendix 4.

8.   Priority Area 2 – Educational settings – early years, schools, colleges

Most schools have been operating throughout the pandemic and have their own procedures in place to reduce risks to staff and pupils. As schools prepare to reopen for all pupils, specific COVID-19 risk assessments are being done to implement national guidance on effective protective measures such as 'bubbles', social distancing, cleaning, and infection prevention and control.

Details of the plans are in Appendix 5.

9.   Priority Area 3 – High risk/consequence individuals and communities

Within this priority area a number of high-risk individuals and communities have been identified and action planned for them. There is more detail for each in the linked appendices. These are

- Residential, Housing Associations and ISLs for people with complex needs (Learning Disabilities, Autism and Mental Health) – Appendix 6

- People with existing mental ill health known to IAPT, MIND and CNTW – Appendix 7

- Gypsy, Roma, Traveller (including New Age Travellers) Encampments **(excluding permanent sites)** – Appendix 8

- Dispersed Accommodation for Asylum seekers placed in Northumberland – Appendix 9

- Adult Social Care - Community Services and Safeguarding –Appendix 10

- Domestic Abuse and Sexual Violence Victims – Appendix 11

- Drug and alcohol service users - Appendix 12

- Probation Service – Appendix 13

10.   Priority Area 4 – High risk/consequence settings

This priority area looks at outbreaks in high risk settings such as hostels, prisons etc. More detail is in Appendix 14.

11.   Priority Area 5 - Workplaces and businesses

The NHS test and trace service does not change the existing guidance about working from home wherever possible. Workplaces where social distancing can be properly followed are deemed to be low risk. Sector specific Government guidance gives details of reducing the risk when full social distancing is not possible. The NHS test and trace service supplements the risk mitigation measures taken by employers by identifying people who have had close recent contact with someone who has tested positive for coronavirus and advising them to self-isolate. Employers should ensure employees with COVID 19 symptoms seek testing. Employers should support workers who need to self-isolate and must not ask them to attend the workplace. Workers will be told to isolate because they:

- have coronavirus symptoms and are awaiting a test result

- have tested positive for coronavirus

- are a member of the same household as someone who has symptoms or has tested positive for coronavirus

- have been in close recent contact with someone who has tested positive and received a notification to self-isolate from NHS test and trace.

If multiple cases of coronavirus appear in a workplace, a Tier 1 outbreak control team from either Northumberland County Council or Public Health England will, if necessary, be assigned to help the employer manage the outbreak. Employers should seek advice from their local authority in the first instance. An outbreak control team will be needed for

- a health or care setting, for instance a hospital or care home

- a prison or other secure establishment

- a school for children with special needs

- any setting where there is a risk of a local outbreak

More detail is at Appendix 15.

12. **Local testing capacity**

The **objective** is to ensure PCR testing and results for COVID-19 is available for all symptomatic individuals in educational settings, care homes and high risk places and communities within 24 hours. The PCR test detects if a person currently has COVID19 by doing a throat and nasal swab. Testing is available at sites supported by local NHS Foundation Trusts or the National Testing Programme.

NHS Foundation Trust. Swabbing and testing available for NHS patients and staff employed by the Acute, Mental Health and Ambulance Trusts and out-of-hospital health and social care staff such as GPs, dentists, pharmacists, social care staff etc. PHE/NHS Labs are used for testing as part of an outbreak control scenario in care homes both for initial testing and testing after 4 - 7 days. Local NHS labs also test asymptomatic residents in the community prior to admission to a care home.   Results are provided within 24 hours.

DHSC led National Testing Programme.   Swabbing available for all of the symptomatic population.

- Regional Testing Sites – permanent swabbing sites with swabs going to Milton Keynes Lighthouse Lab for testing. Results in 48-72 hours. Newcastle Great Park, Park and Ride site will be a convenient option for some Northumberland residents;
- Mobile Testing Units – temporary sites agreed with DsPH available 2-3 days on a rotating schedule. Army personnel are deployed with swabbing kits from the Regional Testing Sites collected and dropped off daily. Northumberland sites are located at Berwick (East Ord), Hexham (Hexham Mart), Morpeth (County Hall overflow Car Park) and Alnwick. The DPH has authority to deploy an MTU from the regional reserve to provide additional testing capacity. This will be done in communication with DHSC. A regional approach to the deployment of MTUs has been agreed by DsPH. MTUs can be deployed in response to local outbreaks (specific hotspots in communities, or specific settings such as Care Homes, businesses, schools) as required and can be mobilised at any time of the day however the criteria for mass testing in these circumstances has yet to be agreed. Two MTUs are regularly available within Northumberland to support this outbreak control plan.

The ICS Regional Testing Strategy Group leads on the development of the NE approach to testing.

13.   **Contact Tracing in complex situations**

The **objective** is to ensure that contact tracing in complex settings is delivered where NHS Test and Trace Tier 1 (the NE PHE Health Protection Team) cannot do so. This may include any of the scenarios above in Care Homes, Schools, and high-risk Places and Communities.

Any case which is identified as potentially complex in accordance with agreed criteria should be escalated to the North East PHE HPT to manage. This will include undertaking all contact tracing arising from these settings. Although additional capacity has been put in place, further surge would be expected to be provided locally through the Northumberland COVID 19 Health Protection Board. Current arrangements already exist to support the HPT in undertaking the contact tracing process in complex settings, facilitating access to, or undertaking contact tracing in vulnerable individuals and communities through local knowledge and contacts, as required.

We want to ensure that local contact tracing is tailored to the needs of individuals and communities to avoid detriment to any index case or contact. Where the HPT has been unable to effectively interview an index case, or the case is from a 'community of interest' where it has been agreed for a trusted or familiar person to provide a more supportive approach, the HPT and local authority will work together to mobilise tailored support. For example, it is important that the quality of interviews is not compromised by language barriers, learning / behavioural difficulties or where safeguarding issues may arise due to exploitation, substance misuse or vulnerabilities. In these instances, contact tracing will be done in partnership with the local authority and specialists or community leaders already known to the index cases. This may involve a wide range of our residents and professionals such as faith leaders and drug and alcohol key workers.

Clusters or outbreaks of COVID 19 will be notified to the local authority in line with agreed joint protocols. The initial management will continue to be undertaken by the PHE NE HPT.

14.   **Data integration**

14.1 Data objectives

To continue to develop an overarching real time interactive outbreak surveillance dashboard which will feature views for the following:

- Education
- High risk settings
- High risk individuals
- Businesses
- Workplaces

The available data will be used to:

- Help identify outbreaks to enable appropriate action to be taken
- Provide oversight of data on testing and tracing (Pillar 1 and 2);

- Provide a weekly summary report to the relevant stakeholders
- Identify epidemiological patterns if access to record level data is granted to refine our understanding of high-risk places/settings, locations and communities;
- Utilise the data received from King's College London from the COVID Symptom study to identify areas with greater numbers of individuals reporting symptoms.

14.2 Data arrangements currently in place

The assumption is that existing arrangements for notifying the NE PHE HPT about individuals with positive COVID-19 test will remain.

A summary of data in the public domain is available here.   The following reports are provided to the council on testing data and outbreaks/incidents:

- Daily report from North East PHE Centre including new cases and new suspected/confirmed outbreaks in care homes and schools at LA level;

- Daily exceedance report produced by the PHE Joint Modelling Cell and the COVID Outbreak Surveillance Team. Uses trend data for both Pillar 1 and Pillar 2 to model whether there are changes in the number of new cases that may be a cause for concern;

- Daily and weekly NE NHS Test and Trace report detailing the cumulative and new confirmed cases of cases and contacts identified through NHS Test and Trace;

- Daily line list of care homes (suspected or confirmed) COVID 19 outbreaks/clusters reported to PHE North East recorded over the previous 24 hours.

- Ad hoc reports for uptake of testing through Mobile Testing Units.

- Daily and weekly situation reports;

- Daily data feed of record level cases and contacts.

LAs are still not receiving record level data of all tests irrespective of outcome which is required to explore inequalities in testing uptake.

14.3 Data arrangements that need to be set up

The Joint Biosecurity Centre, which has the role of bringing together data from testing and contact tracing, alongside other NHS and public data, will provide insight into local and national patterns of transmission and potential high-risk locations, and identify early potential outbreaks so action can be taken.

It is anticipated that the following arrangements will need to be set up:

- Continue to map and secure regular automated data flows from a variety of sources to provide the intelligence to support our system. This includes but is

not limited to data from the national testing programme, the community testing programme/Mobile Testing Units (MTU)), and the national contact tracing programme. It is currently unclear whether the national JBC will provide a single source of data

- Apply the Information Governance models of compliance :
- Establish purpose and future uses
- Define data sets, ownership and rules of disclosure
- Agree and define role-based access
- Agree outputs of categories of data i.e. personal, pseudonymised, etc.
- Define retention and closure
- Agree information sharing protocols in a timely fashion as a matter of priority
- Secure access to the dashboard will be granted to those who require legitimate access, whilst ensuring IG and confidentiality requirements are met.

A COVID 19 rapid Data Sharing Agreement between Northumberland County Council and NHS Digital has been signed to facilitate the provision of record level data for residents who test positive for COVID 19 to support the management and mitigation of the spread and impact of infection. In advance of receiving this data we will ensure that we have in place an operating process for receiving, storing, access and use of the data which is compliant with information governance requirements.

This data will contribute to the local surveillance dashboard to monitor trends in the incidence and prevalence of COVID 19 in Northumberland. Along with the scrutiny of intelligence which is being undertaken within PHE, the analysis and interpretation of this data should enable the identification of changes which will require action at a community level to prevent the transmission of infection and outbreaks.

15.   **Vulnerable People**

The **objective** is to ensure vulnerable people in self isolation as a result of the NHS Test and Trace programme are safe and have access to food and medicines.

Northumberland Communities Together was launched in response to the coronavirus pandemic. It was set up to make sure residents are kept safe and well throughout this crisis, and provide coordination to support individual volunteers, voluntary groups and communities across the county. This will be available for individuals who are self-isolating as a result of NHS Test and Trace who have no other source of help. More information about Northumberland Communities Together is available [here](#).

Terms of Reference and Membership of the Northumberland Covid -19 Health Protection Board

Purpose

To coordinate and ensure the implementation of activity required to prevent, identify and manage outbreaks of COVID 19 in Northumberland

Aims

Develop, continually review and deliver the Northumberland Local Outbreak Prevention and Control Plan.

Objectives

- *Use existing resources* – review existing health protection plans to assess fitness for purpose in light of C19
- *Protect public's health* - identify and contain outbreaks and changes in disease transmission;
- *Prevent* – plan with partners to prevent new cases of C19, contain the spread of disease and avoid disruption
- *Advise* - provide technical and professional advice to the Health and Well-being Board in its capacity as the COVID 19 Outbreak Prevention and Control Board
- *Understand -* develop and implement Northumberland COVID 19 surveillance dashboard
- *Communicate -* liaise with PHE and other partners as appropriate

Deliver advisory and executive functions as described in "Guiding Principles for Effective Management of COVID-19 at a Local Level" (PHE and ADPH, June 2020)[3]

Deliver objectives by:
- supporting the work of the Outbreak Control Support Teams including rapid deployment of testing
- supporting the implementation of regionally developed Standard Operating Procedures, in particular for Care Homes and Schools
- developing local Standard Operating Procedures as required and ensure the Outbreak Prevention and Control Plan remains current.
- acting as the conduit with the national outbreak control plans advisory board and regional oversight group

Membership

Chair - Director of Public Health (Liz Morgan)
Public Health Consultants NCC (Dr Jim Brown; Pam Lee)

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[3]

https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf

Public Health Intelligence Lead (Pam Forster)
Care Homes Support Team Lead (Annie Topping, Director of Nursing and Quality, Northumberland CCG)
Education/school Support Team Lead (David Street - Children's Services Commissioner)
High Risk Individuals Support Team Lead (Stephen Holmes - Service Director, ASC)
High Risk Settings Support Team Lead (Julie Stewart - Strategic Housing Lead)
Workplaces and Businesses Support Team Lead (Phil Soderquest – Head of Housing and Public Protection)
Northumbria Trust (Mr Nicky Moon - Deputy Director, COVID-19 Gold Control Command)
NHS Northumberland CCG PCN rep – Dr Jane Lothian/Dr Richard Glennie
CNTW (Vida Morri, Group Nurse Director North Locality Care Group)
NCC Communications (Ann Bridges – Head of Corporate Comms)
NCC Civil Contingencies Team (Ben Allan – Civil Contingencies Officer)

Governance Arrangements

The Board will meet on a twice weekly basis and more frequently if necessary e.g. to respond to an outbreak/major change in guidance which will require changes throughout the system

The group is accountable to the Health and Wellbeing Board/COVID 19 Control Board.

Operational Support Teams

Objectives

- Review relevant daily data
- Support specific outbreak settings or incidents and advise the DPH and Health Protection Board on the rapid deployment of testing
- Develop operational response in line with the Outbreak Management Plan including:
  - Work with the Community Hub to ensure cases or individuals in isolation who require support receive it;
  - Provide or coordinate support to the setting to implement IPC advice (including access to PPE, provision of cleaning etc);
  - Provide advice and support to businesses regarding continuity issues following closure or particular closure of a setting or high levels of absenteeism;
  - Support regional/local arrangements for enhanced contact tracing.
  - Receive and respond to local media issues, working jointly with PHE and other partners to provide a joint response.
  - Receive daily information and share with the relevant local authority department to aid operational management.
  - Put in place a mechanism to support a 7 day a week response.
  - Provide updates to Health Protection Board on the action taken at local level and report to the PHE HPT any significant concerns regarding ongoing risk of spread of infection.
- Support the development of Standard Operating Procedures and the refinement of the Outbreak Management Plan.

COVID 19 Outbreak Prevention and Control Plan governance structure
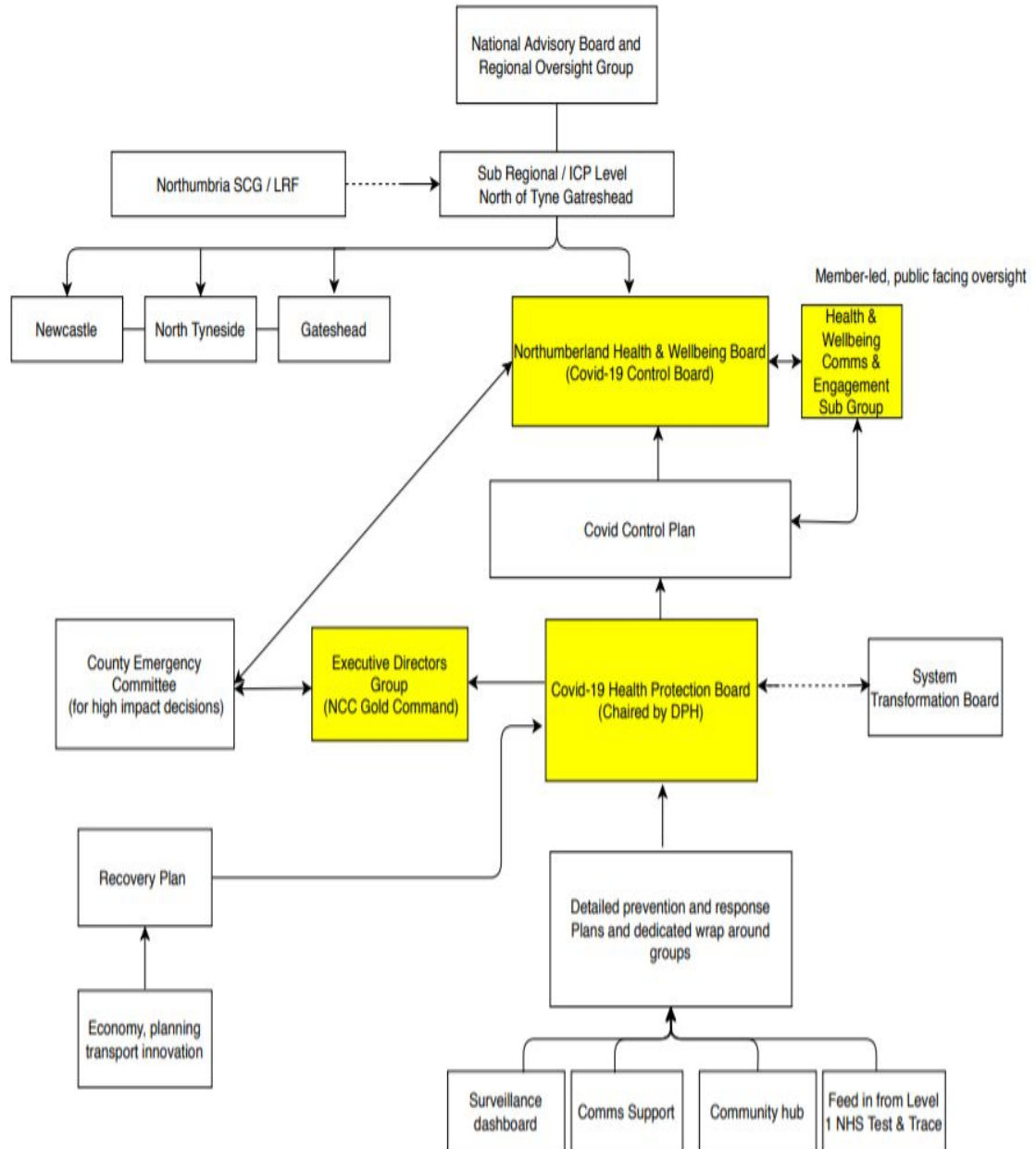
<u>Terms of Reference and Membership of the Communications and Engagement Subgroup</u>

Aim and objectives:

The aim of the group is to advise, agree, develop and implement a communication strategy and develop engagement collateral, to be used in the event of a COVID 19 outbreak.

The activity will:
- Clearly outline the role played by each partner in various scenarios
- Recognise the different levels of possible outbreak and need to adapt communications activity accordingly
- Ensure all residents in Northumberland and the wider region receive important health and public health information
- Ensure frequent and consistent messaging through existing and new channels

This will be done by:
- Agreeing communications protocols in the event of an outbreak - and the need to adapt approach based on the level of outbreak
- Making best use of local knowledge and local demographics along with developing insight groups for particular target audiences
- Identifying opportunities for shared messaging
- Mapping and agreeing the use of existing communication and engagement channels
- Identifying new communications channels to be used
- Develop a suite of collateral to be used by all partners across the region

Group membership

Membership of the group will include representation of organisations from the statutory and voluntary sector, service providers and commissioners:

- Cllr Veronica Jones, Northumberland County Council (Chair)
- Director of Public Health, Northumberland County Council
- Head of Communications Northumbria Healthcare NHS Trust
- Head of Communications,Northumberland County Council
- Health and Wellbeing Board members:
  - Cllr Wayne Daley
  - Cllr Richard Dodd
  - Cllr Susan Dungworth
  - Cllr Cath Homer
  - Cllr Peter Jackson
  - Healthwatch

Outputs

Specific work will be undertaken by the Group to produce:

- Communications strategy to include different stages:

1. **Amplify** the national NHS Test and Trace campaign through local channels with tailored messages for key audiences

2. **Clear understanding** of Local Outbreak Plans among key stakeholders

3. **Rapid response** achieved in the event of Local Outbreaks

- Communications protocols - for each setting
- Communications plan (following agreed time frames)
- Stakeholders analysis and mapping
- Clarify key messages - this may include addressing issues such as:
    - Hand Hygiene
    - Seasonal flu
    - Social distancing
    - Accessing services
- Communications and Engagement collateral / assets

High-risk Place, Location, Setting:

Care homes & care settings in the Northumberland area

Objective:

The purpose of the outbreak plan is to prevent, identify early, and coordinate local, multi-agency, proactive ongoing management of communicable disease outbreaks (in particular, COVID-19) in care homes and other care settings.

Objectives are:

- To create a useable and timely surveillance dashboard to inform response to outbreak prevention and control.
- To ensure appropriate, structured support can be offered to care homes and other care sector providers to prevent and respond to outbreaks and monitor its effectiveness.
- To monitor and support testing within care homes and the wider care sector.
- To support PHE and the NHS Test and Trace service to undertake contact tracing in care homes and the care sector.

Context:

The health and care system supporting the care homes and care settings in Northumberland consists of:

- Northumberland CCG
- Northumbria Healthcare NHS FT (Infection Prevention & Control Team, Community Nursing Services)
- Northumberland County Council (Commissioning, Public Health)
- 40 GP practices / Primary Care

There are 151 care homes and domiciliary care providers registered with the CQC in Northumberland. The breakdown is as follows :

- 69 Care homes for older persons.
  - o Of these homes 36 are residential and 33 are nursing, all of which are privately owned

- 31 specialist care homes for people with a learning disability or a mental health issue
  - 2 of these homes are managed by Northumberland County Council
- 52 Homecare organisations, all of which are privately owned except one (run by the council).

What else will need to be put in place:

As a system, there needs to be an appropriate 7-day response across all partner organisations during outbreaks. At the moment, with the exception of the IPC team and the community nursing services at Northumbria Healthcare, others are primarily 5-day services.

A timely and reliable surveillance system is critical to allow early detection and support. This will need to be supplemented by clear channels of communication between partners

Standard Operating Procedures will be developed to formalise the current efforts, responsibilities and responses from all partner organisations. A 'serious incident' approach to review all outbreaks will ensure lessons learnt are implemented and support continuous improvement.

The outbreak control team will liaise with the Health Protection Board to coordinate communication with the public and elected members.

NHCFT IPC Team

The NHCFT IPC team will hold a vital role in the outbreak incident control team 7 days a week. The team will ensure staff are available Monday – Friday for emergency visits and will contact homes at weekends and arrange a visit within 24 hours if needed. The Trust will screen all staff and patients in an outbreak situation and ensure communication with all members of the incident control team.

The testing arrangements for other outbreaks such as influenza and norovirus outbreaks will need to be decided and confirmed.

NHCFT Community Nursing Team

In situations where there are significant staff shortages in the care home, the community nursing team will consider supporting care delivery where appropriate and possible.

Primary Care

Primary Care Networks are currently setting up weekly MDTs for each care home, and this will provide a weekly 'check in' with different models across Northumberland to reflect local priorities. While GP alignment and weekly MDT/check-ins are in place in some homes, these are still in progress in some areas and have not been finalised across the whole of Northumberland.

The care home digital trial will improve and standardise information shared between care homes, primary care and the community. This will promote remote monitoring of patients by primary care during a potential outbreak and reduce unnecessary visits to care homes.

If the clinical lead for a care home is not a GP, a person needs to be identified who is able to act as lead prescriber in an emergency situation.

Currently outbreak response to infectious diseases in care homes, such as antibiotic prophylaxis and vaccination to staff and residents, is provided by GP practice/s on a case to case basis. Going forward, a formal agreement for the management of localised community outbreaks in and out of hours will need to be put in place to ensure a timely response 7 days a week.

CCG

The CCG will support GP practices to continue to implement and embed the developments set out in the above section, particularly the new PCN Directed Enhanced Service. It will also lead on the discussion with the out of hours GP service provider to secure an agreement for outbreak response.

As commissioner for health services, the CCG will lead on the co-ordination of wrap around responses from the IPC team and out of hospital nursing support.

Local Authority

The frequency of contacts will be dependent on the RAG rating of surveillance levels and increase during an outbreak accordingly. A structured checklist will be used for the contacts and this will be varied according to whether an outbreak is occurring. The local authority is currently considering having designated staff working with particular homes, so staff contact the same homes on a regular basis.

Local outbreak scenarios and triggers:

In Northumberland, a consolidated Care Home Dashboard is in place based on 11 different sources of information and this is updated on a daily basis. A list of indicators with RAG rating for care home outbreak prevention and control is currently being finalised, and this will further enhance and refine the surveillance system to detect and prevent outbreak.

Notification of an outbreak will come from the PHE HPT and/or by the care homes directly contacting the LA commissioning or Northumbria IPC teams directly. The Regional Care Sector Support group is currently negotiating an additional dataset that can be shared by PHE at notification.

An Outbreak Prevention and Control team (OPCT) is in place and will take actions as per SOP once an outbreak has been confirmed and declared. Members of the OPCT are:

- A member of IPC team
- A member of the LA

- A member of the CCG primary care
- A member of the community nursing team

For outbreaks in specific care homes, the aligned PCN clinical lead or nominated GP will be invited to dial in to the meeting.

Although an outbreak of COVID-19 is defined as two or more possible or confirmed cases in a 14-day period, the OCPT team will respond following a single case in a care home. The OCPT will meet regularly and will be convened urgently in response to a reported outbreak if the next meeting is not imminent. Outbreaks declared at weekends will be reported to the IPC team, and the process will be discussed with care homes and PHE and formalised.

Resource capabilities and capacity implications:

All the areas identified in the above 'What else will need to be put in place' section will have resource and capacity implications. The priority of a 7-day outbreak response will require additional services to be commissioned and/or put in place.

Currently, there is limited capacity within the NHCFT IPC team to carry out testing during outbreaks due to supply of reagents. Until this is resolved, patients will be prioritised and staff will access Pillar 2 for testing.

The IPC team at NHCFT is relatively small including part time staff, and it also covers the North Tyneside community. With other demands such as test and trace in the acute setting, capacity to respond and support a large numbers of outbreaks in a timely manner will be a significant issue.

Regional and local outbreak SOPs and plans:

There have been no national or regional SOPs on management of outbreaks of COVID-19 in care homes. We are aware that a regional SOP is being developed for management of outbreaks in care homes. This will need to be adapted for local use to ensure all relevant partners are clear on their roles and responsibilities and action needed. They will in turn inform the resource capabilities and capacity implications in due course.

Links to additional information:

- Northumberland County Council care home support plan letter
- Self-assessment assurance framework for the Enhanced Universal Support Offer to Care Homes in the North East and Yorkshire Region
- TOR for the Care Home Outbreak Prevention & Control Group (draft 1)
- Care Homes Outbreak and Incident Control Plan Outline (draft)
- Indicators for care home outbreak prevention and control (draft)

Northumberland-Car e-Home-Support-Plar	Self Assessment Assurance Framework	DRAFT Terms of Reference Care Home	Care Homes Outbreak and Incider	Data for care homes outbreak control dast

Appendix 5

High-risk Place, Location, Setting:

 All Education establishments across Northumberland

Objective: To reduce and eliminate new cases of Covid 19 and to minimise educational disruption

Context:

Northumberland has-

- 122 first and primary Schools
- 14 middle schools
- 16 secondary/high schools inc one which is all age
- 9 special/PRU
- 16 alternative providers
- 95 PVI nurseries
- 174 Childminders
- FE Colleges
- A secure unit
- School aged children- 39907 (42717 inc 6th form) - from January 2020 census

What's already in place:

All schools have been issued with guidance to risk assess their settings and understand the importance of IPC prevention in terms of regular surface cleaning, social distancing, advising symptomatic children to stay home, robust hand hygiene measures and 'catch it, bin it; kill it' campaigns and to maintain cohorted bubbles etc. All schools are aware of need to clean the area where a suspected contamination may have been.

Schools have also been advised to contact the LA every time they send a pupil suspected as having C19 home to allow us to prepare - and to also notify us when a child returns when confirmed negative. Schools have also been advised to inform PHE if they hear of a confirmed positive case e.g. if a parent tests positive as an additional process of local intelligence. The email address publichealthincidentalerts@northumberland.gov.uk is reviewed Monday to Friday during office hours and alerts shared with the PH Intelligence team and the Education Outbreak Management Group (E.OMG) - does whole group want/need to be copied in at this point or only when there are confirmed positive cases??

What else will need to be put in place:

A database to collect this information and alert the E.OMG to prepare PH and PHSN for a surge in parental enquiries following receipt of letters to self-isolate.

A communication script to manage the wider social media comms and enquiries

A plan for what to do in event of a whole school outbreak and closure which will include a recovery/reintroduction back into school

Local outbreak scenarios and triggers:

PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT)

Resource capabilities and capacity implications:

Additional capacity in the PH School Nursing Team

Training for back office staff to support HPT if there are wider outbreaks

High-risk Place, Location, Setting:

Residential, Housing Associations and ISLs for people with complex needs (Learning Disabilities, Autism and Mental Health)

Objective:

People with complex needs residing in supported living environments will be supported by all relevant partners who are clear on their roles and responsibilities and the action needed, especially for outbreak management.

Context:

People with complex needs residing in supported living environments will be more vulnerable during an outbreak due to their:

- Pre-existing co-morbidities
- Dependency on others to deliver care and support
- Multiple occupancy living arrangements
- Limited understanding and insight
- Adjustments needed to ensure communication and engagement
- Potential reluctance to take part in the national test and trace initiative
- Interactions with significant numbers of staff increasing risk of infection
- Rurality of Northumberland
- Connectivity issues
- Existing inequalities

What's already in place:

Proactive multiagency working with an identified GP Clinical lead for all residential facilities and additional IPC and PPE measures in place. Familiar care teams know individuals well and have in place a range of procedures to maintain safe contact.

What else will need to be put in place:

- Training around the importance of test and trace
- Workforce planning to mitigate if significant numbers of staff are required to self-isolate within a small workforce or an individual's care package
- Flexibility for providers to rapidly increase staffing to support and manage any increase in distress and risk within a provision

High-risk population :

People with existing mental ill health known to IAPT, MIND and CNTW

Objective:

People with existing mental ill health known to IAPT, MIND and CNTW environments will be supported by all relevant partners who are clear on their roles and responsibilities and the action needed, especially for outbreak management

Context: : People with pre-existing mental ill health will be more vulnerable during an outbreak due to their:

1. Pre-existing co-morbidities
2. Potential dependency on others to support them physically, emotionally and practically
3. Potential unsettled or impoverished living arrangements
4. Limited understanding and insight into the risk of COVID and the need to protect themselves through IPC and social distancing
5. Adjustments needed to ensure communication and engagement
6. Potential reluctance to take part in the national test and trace initiative
7. Interactions with staff delivering therapy increasing risk of infection
8. Rurality of Northumberland.
9. Connectivity Issues
10. Existing inequalities.
11. Challenges around mental health/eating can jeopardise recovery.
12. Obsessions/intrusive thoughts can escalate risks.
13. If people have previously been detained in hospital. Fourteen day isolation could trigger or exacerbate mental health risks.
14. Increased isolation
15. Increased vulnerability to self- neglect
16. Increased vulnerability to Domestic Abuse
17. Increased vulnerability due to reduced ability to maintain physical health
18. Increased vulnerability due to poor dietary and fluid intake or alcohol and drug related co- morbidities

What's already in place:

Mature relationship and joint working between all mental health providers and other key agencies including good links to GP surgeries, offering a range of treatments. Technology is used for advice, self-help, contact and treatments, but face to face assessment and review appointments continue where required

What else will need to be put in place:

- Training around the importance of IPC, PPE and test and trace

- Robust workforce planning to mitigate if significant numbers of staff within a mental health provider are required to self-isolate
- Flexibility for providers to rapidly increase staffing to support and manage any outbreaks

Links to additional information:

http://letstalkaboutcbt.libsyn.com/coping-with-anxiety-about-coronavirus

https://www.ocduk.org/ - OCD-UK website

https://oxcadatresources.com – Social anxiety

https://oxcadatresources.com/ - PTSD

https://www.england.nhs.uk/coronavirus/ - Advice for clinicians

https://www.nhs.uk/conditions/coronavirus-covid-19/ - Advice for the public

High-risk Place, Location, Setting:

Gypsy, Roma, Traveller (including New Age Travellers) Encampments **(excluding permanent sites)**

Objective:

The objective is to reduce and eliminate new cases of COVID-19 and deaths from COVID-19 in the GRT Travelling community in Northumberland

Context:

- Any roadside encampments that are identified across Northumberland where members of the GRT community have been travelling, accommodated on unauthorised sites in mobile homes and trailers
- Social distancing will be difficult for these communities due to the confined and communal households and restricted living conditions
- In addition these individuals often lack access to basic amenities and this presents challenges in terms of infection control and prevention.

What's already in place:

Dedicated GRT Liaison Officer who works with the travelling community when they are based at an unauthorised encampment location, supporting them to access any healthcare or support that is needed whilst liaising with other agencies including the Police, District Nurses, other primary care services etc

What else will need to be put in place:

- Identification of additional agreed stopping locations should clients become symptomatic
- Provision of individual water and toilet facilities should a family become symptomatic

Links to additional information:

FFT Guidance

Mitigating Impacts on Gypsy & Traveller Communities

High-risk Place, Location, Setting: Dispersed Accommodation for Asylum seekers placed in Northumberland
Objective: The objective is to reduce and eliminate new cases of COVID-19 and deaths from COVID-19 in clients who are seeking asylum who have been placed in Northumberland
Context: The contract for the placement of Asylum Seekers in Northumberland is delivered by Mears Group on behalf of the Home Office. Asylum Seekers are generally placed in dispersed accommodation with up to 3 single people sharing in one house with their own bedrooms but sharing bathroom and kitchen facilities. There are currently 100 individuals comprising of individuals and family groups placed in South East Northumberland   This cohort of individuals will have limited support networks and be unestablished in communities meaning they will struggle to seek help. This may also mean that they struggle to seek support to appropriately self-isolate if needed or to access digital resources due to limited funds. There are also potential language barriers with this population group which could reduce awareness and engagement.
What's already in place: Planning is taking place to move back to ensure move-ons from dispersed accommodation to either temporary accommodation or a permanent home. Information & Guidance has been produced for all clients in all required languages
What else will need to be put in place: - Provision of suitable temporary accommodation to ensure that those who receive a decision and have to leave the dispersed accommodation do not then become street homeless   - Training around local response to COVID and Test and Trace
Links to additional information: https://www.gov.uk/guidance/coronavirus-covid-19-get-support-if-youre-a-migrant-living-in-the-uk https://www.unhcr.org/uk/unhcr-uk-faqs-on-covid-19-in-relation-to-refugees-and-asylum-seekers.html

High-risk Place, Location, Setting:

Adult Social Care - Community Services and Safeguarding

Objective:

The objective is to reduce and eliminate new cases of COVID-19 and deaths from COVID-19 in the adult social care population in Northumberland.

Context:

There are 7500 people open to adult social care in Northumberland. Some of these people have low level social needs whilst others have significant needs due to for example severe mental illness, learning disability, head injury, complex physical health problems, people who are subject to safeguarding procedures, MARAC, MAPPA or Prevent.

Individuals who access these services can often lack the family/social networks for support or the capacity to support themselves and are therefore particularly vulnerable in relation to COVID. This may also mean that they struggle to seek support to appropriately self-isolate if needed or to access digital resources due to limited funds/understanding.

They will also be more vulnerable during an outbreak because of their;

- Interactions with significant numbers of staff increasing risk of infection
- Pre-existing co-morbidities
- Dependency on others to deliver care and support
- Multiple occupancy living arrangements
- Limited understanding and insight
- Adjustments needed to ensure communication and engagement
- Potential reluctance to take part in the national test and trace initiative

What's already in place:

- Every person open to adult social care in Northumberland has an identified social worker, care manager or key worker (for example Learning disability nurse or Community Nurse) identified. Contact has been maintained throughout the pandemic with weekly monitoring calls that are recorded in a dashboard to ensure compliance.
- PPE has been provided to staff and social distancing is in place where required.
- Face to face visits are only carried out if the risk is considered significant.
- Delivery of food parcels.

What else will need to be put in place:

- Training for social care staff re test and trace.
- Flexibility for providers to rapidly increase staffing to support and manage any increase in distress and risk within a provision.

● Workforce planning to mitigate if significant numbers of staff are required to self-isolate within a small workforce.

Appendix 11

High-risk Place, Location, Setting: Domestic Abuse and Sexual Violence Victims
Objective: To evidence a robust plan of support for services users affected by domestic and sexual abuse to reduce and eliminate new cases of COVID-19 and respond to a COVID-19 outbreak, acknowledging barriers and difficulties in complying with government guidance
Context: Organisations which deliver sexual and domestic abuse services to victims across Northumberland are ● **DASSN** ● **NDAS** ● **Acorns** ● **Grace** ● **Cygnus Support** ● **Changing Lives** Individuals who access these services can often be very isolated and lack the family/social networks for support due to their experiences of abuse. This may also mean that they struggle to seek support to appropriately self-isolate if needed or to access digital resources due to limited funds. In addition to this, there will be a number of individuals who are not engaged with these services or have declined support across Northumberland who will be experiencing abuse. These individuals may be in controlling or coercive relationships which may present barriers to engaging with test and trace services or seeking treatment.
What's already in place: Digital and telephone support is provided for service users on a regular basis, with face to face contacts if risk is considered significant and delivery of food parcels. Social distancing and PPE is in place in the refuge.
What else will need to be put in place: ● Training for staff to complete test and trace obligations with service users as the service has established relationships with users and are trusted individuals.

- Flexibility for providers to rapidly increase staffing to support and manage any increase in distress and risk within a provision.

- Workforce planning to mitigate if significant numbers of staff are required to self-isolate within a small workforce.

High-risk Place, Location, Setting:

Drug and alcohol service users

Objective: To evidence a robust plan of support for services users affected by substance misuse to reduce and eliminate new cases of COVID-19 and respond to a COVID-19 outbreak, acknowledging barriers and difficulties in complying with government guidance

Context:

Northumberland Recovery Partnership (NRP) is led by CNTW, an NHS Trust and supported by Changing Lives and Turning Point to deliver substance misuse treatment services in Northumberland. There are approximately 1200 people in contact with NRP.

NRP is supported by a network of pharmacies who dispense and supervise patients taking medication and exchange and resupply injecting equipment.

As an estimate there are approximately 3000 opiate users and 4000 dependent drinkers in Northumberland so there are still a significant number not in contact with NRP who may be known to probation, adult social care, homelessness charities.

What's already in place:

Most contact with service users is via telephone but face to face contact is facilitated if risk identified as significant. Access to medication to facilitate self-isolation, including that of relaxing supervision of Opiate Substitute Prescribing, to allow family/friends to collect, or delivery of medication from a staff member.

What else will need to be put in place:

Training for staff to complete test and trace obligations with our service users

High-risk Place, Location, Setting: Probation Services
Objective: To reduce the risk of spreading the Coronavirus in Probation premises.
Context: The National Probation Service (NPS) North of Tyne Probation Delivery Unit operates from a self-contained office space in Ashington, Northumberland. Service users attend the office by appointment (and occasionally "drop in"). The NPS also occupies office space within SEN magistrates court.
What's already in place: Ashington Probation Office is currently closed. Northumberland Service Users are keeping in contact via phone Doorstep home visits are being conducted, however social distancing is always being maintained. Service users who fall into particular high risk of harm groups are having additional contact and some may be expected to be seen at St James Boulevard office in Newcastle. Northumberland Service Users being released from Prison are being seen for initial sign up appointments at St James Boulevard and this venue has been set out to adhere to social distancing guidelines.
What else will need to be put in place: Before Ashington Probation Office can re-open a full risk assessment will need to be undertaken.

High-risk Place, Location, Setting: Council owned temporary shared accommodation and Hostel accommodation
Objective: The objective is to reduce and eliminate new cases of COVID-19 and deaths from COVID-19 in Hostel accommodation / shared accommodation in Northumberland
Context: A range of provision is available which is largely self-contained with communal access and shared kitchen bathroom & laundry facilities. These are in main towns around the County. Individuals who access these services can often be very isolated and lack the family/social networks for support due to their experiences of abuse. This may also mean that they struggle to seek support to appropriately self-isolate if needed or to access digital resources due to limited funds. In addition to this, due to the transient nature of those accessing these types of accommodation there is a higher chance of COVID infection and this can present difficulties in terms of test and trace
What's already in place: Action has been taken to coordinate the placement of rough sleepers from the streets and planning is now in place to arrange move-on to alternative accommodation.
What else will need to be put in place: ● Training for staff to complete test and trace obligations with service users as the service has established relationships with users and are trusted individuals. ● Clear referral pathways and reporting frameworks for outbreaks or positive cases. ● Consideration to access to services clients may require if they need to self-isolate. ● Flexibility for providers to rapidly increase staffing to support and manage any increase in distress and risk within a provision. ● Workforce planning to mitigate if significant numbers of staff are required to self-isolate within a small workforce.
Links to additional information: **Hostel Guidance** **https://drive.google.com/file/d/1ec6bSqSgkzDD7cbPTUfyNQp8B6DSFIjV/view?usp=sharing**

High-risk Place, Location, Setting:

Workplaces and Businesses

Objective:

The objective is to prevent and reduce new cases of COVID-19 and deaths from COVID-19 arising from the "restart" of towns, businesses and workplaces in Northumberland.

Context:

Within Northumberland there is a broad mix of businesses and workplaces predominantly comprising Small and Medium Enterprises. There are a limited number of larger premises, of which two are involved with food manufacture where the working environment involves significant use and access to cold storage and freezers.

Enforcement responsibility for food safety/standards matters is undertaken by Northumberland County Council and with limited exception the Food Standards Agency, with health and safety enforcement being a shared responsibility with the Health and Safety Executive.

The council has no direct responsibility for private sector businesses but it is committed to support business growth and economic regeneration, which it does through many channels and mechanisms.

The council is the largest single employer within the county and operates from multiple sites across Northumberland.

Active Northumberland, on behalf of the council is responsible for the delivery of leisure services in a number of towns across Northumberland.

What's already in place:

The NHS test and trace service does not change the existing guidance about working from home wherever possible. Workplaces where social distancing can be properly followed are deemed to be low risk.

Guidance has been produced by the Government for individual sectors setting out the approach that should be implemented to promote a COVID secure environment, both for staff and customers.

Further guidance has also been produced for the owners and operators of urban centres and green spaces to help social distancing.

The Council has undertaken a review of the 12 main towns and 11 smaller secondary towns and villages to facilitate the safe re-opening of town centres, including where appropriate the introduction of social distancing signage, removal of obstructions and closure of parking bays to provide more open space to facilitate social distancing. This work has been supported with the identification and deployment of Town Ambassadors.

The council has put arrangements in place to undertake a risk assessment of all of its own workplaces and introduced controls to protect staff and visitors, including physical measures and procedures to promote social distancing.

The council has provided, throughout the crisis, one to one advice to businesses on all aspects of the Health Protection (Coronavirus, Protection) (England) Regulations 2020.

The council is working in partnership with Northumbria Police to provide advice, guidance and if required undertake enforcement under the provisions of the Health Protection (Coronavirus, Protection) (England) Regulations 2020.

Advance Northumberland provides business advice and support to 100 strategic businesses within Northumberland.

The council has established an Economic Recovery Board to support the restart and recovery of towns and businesses.

The Public Protection service has an existing relationship with PHE England and has experience of working collaboratively as part of Outbreak Control Teams in response to food and non-food disease outbreaks.

What else will need to be put in place:

- Nationally, there is a need for enhanced powers to address matters of non-compliance within those businesses and workplaces that are allowed to open but are not COVID secure.
- Guidelines to document what form of WRAP support may be available and/or appropriate.
- An assessment tool to assess the impact of an outbreak, either attributable to, or within a workplace or business premises to determine, subject to the nature, type and significance of the business within Northumberland or local community whether there is a need to provide a response.
- An agreed approach to engage with larger businesses which involve working within cold storage and refrigeration areas.
- Dynamic review of town centres to assess impact of the easing of lockdown and need or otherwise to introduce or relax risk control measures to facilitate social distancing, including working with businesses to :
  - consider the impact of neighbouring businesses reopening (on local crowding and impact on public transport),
  - consider the impact of queuing systems in public space

- Processes and procedures to implement the proposed introduction of revised licensing for pavement cafes/restaurants (outdoor seating)
- To review current business advice and engagement to assess whether any additional action is required over and above that which is provided by the Government via Gov.uk.
- Explore relationships with HSE to assess ability to support delivery of response plan and/or understanding of risks associated with workplaces
- Establish a cohort of staff to respond, or participate in OCT in the event of an outbreak

Local outbreak scenarios and triggers:

PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT)

Resource capabilities and capacity implications:

- It is assumed that the response to an outbreak will call upon an agreed cohort of staff. Those staff will require training to support them in the role.
- To develop enhanced business support/engagement to promote key Government messages additional non-technical resources will be required

Links to additional information:

- **Close contact Services (including hairdressers, barbers, beauticians, tattooists, sports and massage therapists, dress fitters, tailors and fashion designers.)**
https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/close-contact-services

- **Construction and other outdoor work**
https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/construction-and-other-outdoor-work

- **Factories, Plants and Warehouses**
https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/factories-plants-and-warehouses

- **Hotels and Other Guest Accommodation**
https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/hotels-and-other-guest-accommodation

- **Labs and Research Facilities**
https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/labs-and-research-facilities

- **Offices and Contact Centres**
https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres

- **Other Peoples Homes**
  https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/homes

- **Restaurants, Pubs, Bars and Takeaway Services**
  https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/restaurants-offering-takeaway-or-delivery

- **Shops and Branches**
  https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/shops-and-branches

- **Vehicles (including couriers, mobile workers, lorry drivers, on-site transit and work vehicles, field forces and similar.)**
  https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/vehicles

- **The Visitor Economy (including people who work in hotels and guest accommodation, indoor and outdoor attractions, business events and consumer shows)**
  https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/the-visitor-economy