

# Gateshead COVID 19 Control Plan - DRAFT

## 1. Purpose

The purpose of this plan is to enable our community to return to as much of normal life as practicably possible by ensuring that we have the necessary arrangements to:

- Protect the health of the local population of Gateshead from COVID-19 and
- Assure stakeholders, and the public, that arrangements are effective and efficient.

This plan sets out the role of the Gateshead system in preventing and controlling COVID-19 with a focus on robust management of clusters and outbreaks and supporting complex settings and communities and individuals where required – i.e. advice, resources (testing / PPE), capacity and workforce development.

As national lockdown restrictions are eased it is important to maintain local vigilance to prevent and reduce the opportunities for the virus to spread within the community and key settings within Gateshead.

This plan sets out how the partners in Gateshead will work together to prevent and control COVID-19 at three levels:

1. Primary prevention – at a population level
2. Secondary prevention – in complex settings and with communities of interest
3. Tertiary prevention – with complex local outbreaks of COVID-19, where our support is called for through the NHS Test and Trace system.

The plan sets out the different roles in prevention, contact tracing, and the management of the outbreaks and their consequences for those individual, families, communities and organisations who are affected.

## 2. Aims and Objectives

**Aim:** to reduce transmission of COVID-19 in Gateshead, protect the vulnerable, prevent increased demand on healthcare services and ensure provision of an effective and timely response in the event of cases in complex settings, cohorts and individuals / households.

### **Objectives**

- To minimise the number of outbreaks of COVID-19 in Gateshead
- To minimise the number of new and secondary cases in the event of outbreak
- To ensure all contacts of new cases are identified, traced and isolated
- To ensure support is in place for all those who need it when they are affected by an outbreak

### 3. Principles

**Public Health leadership:** this plan is based upon a public health approach, under the leadership of the Director of Public Health. This means we will be concerned with:

- Surveillance: so that action is informed by an understanding of the needs of the people of Gateshead
- Evidence: our actions should be based on the evidence of what works
- Policy and strategy development: through this COVID Control plan
- Collaborative working for health and wellbeing: The expertise and capacity of the whole local public health system – including the Council’s Public Health team, other colleagues across local government and PHE regional health protection functions – are central to the design and implementation of the plan, and this plan is tied into existing roles, responsibilities and governance structures, particularly the Health and Wellbeing Board.

**A whole system response:** the capabilities of the whole system need to be mobilised in preventing and managing outbreaks. Each agency should be clear on its role and responsibilities. The local police force, the voluntary sector, the NHS and many other bodies all need to play to their strengths to, for example, ensure vulnerable people are supported to self-isolate. Strong public engagement is also crucial to building confidence and trust and maintaining compliance with public health. Councillors have an essential role here.

**An efficient system:** there needs to be clear communication and timely access to – and sharing of – information, data and intelligence amongst local agencies and between local, regional and national systems to inform action, monitor outcomes and deliver clear arrangements for rapid and proactive management of outbreaks.

**A properly resourced response:** each agency will have the necessary capability, both financial and in respect of skills and expertise, to carry out their responsibilities. We have been allocated £1.5m from Government to support implementation of this plan.

### 4. Prevention

We have been tasked with establishing arrangements for the management of outbreaks within the borough. The Council and local partners believe that the best approach to outbreak management is to aim to prevent outbreaks occurring. There will be five strands to this approach

**Media and Communication:** The Council will continue to take a pro-active approach to encourage residents to balance the risk of COVID-19 and adopt measures to stay safe.

This will be supported by communication of the general messages about how coronavirus spreads, through direct and indirect transmission, and therefore the importance of key messages on social distancing and minimising contact with those who are unwell, respiratory hygiene (catch it, bin it, kill it) and infection control (including handwashing, cleaning, etc in all settings and use of personal protective equipment where required). (see appendix 2)

**Engagement:** The Council will establish a mechanism to engage the community so we can ensure the action we take, and the message we use, are effective.

**Targeted work with complex settings:** Key settings such as care homes and schools already receive support and advice from the Council and NHS partners on issues including infection control, health and safety, PPE and welfare. We will develop model risk assessments for all the high-risk settings listed in Appendix 4 describing the measures they should take to minimise infections

**Promotion of testing for symptomatic residents:** We will actively promote testing for COVID-19 to all those eligible to encourage maximum local uptake. This will put us in a better position to identify those who are infectious and prevent them passing the infection on to others.

**The four E's – Engage, Explain, Encourage and Enforce:** Lastly, working with the Northumbria Police Force we will be targeted, using the established approach 4 E's approach to policing. As a very last resort, we will consider the use of enforcement powers to prevent the spread of infection only where other measures have failed.

## **5. Outbreak control or outbreak management? Why is it important locally?**

The future of the COVID-19 epidemic is likely to be dominated by several small outbreaks in high risk settings or communities. Outbreak control or outbreak management is the approach to both identifying where there is a clustering of cases of disease and then putting in place control measures to reduce its spread. This will in turn reduce pressure on services.

Contact tracing is one 'tool' that is used as part of outbreak management. Through finding out who a person with an infection has been in contact with it is then possible to ask those who may have been infected to isolate as quickly as possible, reducing the opportunities for further onward transmission. These contacts may also be tested themselves, and if positive their contacts traced, and so on. Targeting testing, tracing and isolating people who have COVID-19 plays a vital part in suppressing the basic reproduction number (R) of the virus which then reduces the likelihood of a 'second peak'.

This outbreak control and contact tracing may be more complex in certain settings and communities. This complexity can be due to the vulnerabilities or circumstances of different groups or the potential impact of having to self-isolate as a result of being identified as a contact of a person with COVID-19. These settings and groups include:

- Potentially complex settings (including schools, care homes and other care settings, residential children's homes, health care premises, refuges, sheltered and supported housing, houses of multiple occupation);
- Potentially complex cohorts (including rough sleepers; asylum seekers);
- Potentially vulnerable individuals and households (including clinically shielded; learning disability; mental illness; domestic abuse victims; complex social-economic circumstances);
- Community settings (including the local Jewish community, some tower blocks).

As local partners we have the insight and the relationships with local communities, as well as the responsibility for services, that can support local outbreak control in these circumstances. It is this support that will be the focus of our response to outbreaks.

## **6. The national approach to contact tracing as part of the broader the 'Test and Trace' system**

The national approach to contact tracing was set out in announcements on 27 May (public information on the process can be found at: <https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>).

The normal contact tracing approach used in other outbreaks is being scaled up and will be the responsibility of NHS Test and Trace which will operate at 3 levels:

- Tier 3: A newly recruited staff group (approximately 15000 nationally) of contact tracing call handlers based within a national call handling system providing phone-based contact tracing;
- Tier 2: A group (approximately 3000 nationally) of trained contact tracing specialists providing phone-based contact tracing to be recruited through a national recruitment approach. These staff include returning NHS professionals.
- Tier 1b: A regional offer providing contact tracing and outbreak control support in relation to complex settings, cohorts and individuals / households. This will be through the established Public Health England Regional Health Protection Teams, including the team based in Newcastle.
- Tier 1a: A national co-ordinating function to lead on policy, data science, and quality assurance of the service.

This system should be supplemented by the new NHSX Covid 19 App, using technology to support people to identify when they are symptomatic, order swab tests, and send tailored and targeted alerts to other app users who have had close contact. This new technology is being trialled nationally.

## **7. Gateshead COVID Control Board role, membership and ToR**

The Gateshead COVID Control Board will take management responsibility for this plan and overall management of the local response. The group will be responsible for:

- Leading and co-ordinating our work to prevent the spread of COVID-19 in Gateshead;
- Identifying local high-risk places, locations and communities and planning how outbreaks will be managed in each;
- Reviewing data on outbreaks and cases to monitor epidemiological trends in Gateshead
- Managing local testing capacity with partners to ensure swift testing of those who have had contacts in local outbreaks;
- Using local knowledge to help with contact tracing in these complex settings;
- Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities;

- Using our local Environmental Health enforcement powers in response to outbreaks if required;
- Reporting to Council Members and partners including PHE; linking to the Local Resilience Forum
- Establishing governance structures including new member-led Board to communicate with the general public

The Gateshead COVID Control Board is an officer group chaired by the Director of Public Health with input from

- Council services (Public Health, Education, Social Care Commissioning, Emergency Planning, Environmental Health, Communications, Chief Executive's office)
- Gateshead Housing Company
- Newcastle Gateshead CCG
- Gateshead Health NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Cumbria, Northumberland and Tyne & Wear NHS Foundation Trust
- Northumbria Police

Our initial tasks are

- Developing a template for response plans in different settings, so that we can be clear about the risks in each, the process, roles and responsibilities for managing the outbreak (including links with PHE Health Protection Team);
- Establishing a governance framework, including a new Local Outbreak Engagement Board with Members to provide political ownership and public-facing engagement and communication for outbreak response.

The COVID Control Board will report to the Local Outbreak Engagement Board which in turn will be accountable to the Health and Wellbeing Board

Detailed Terms of Reference are included at Appendix 1. The proposed Local Engagement Board arrangements are outlined in S12 below

## **8. Plan Activation**

### **a. Outbreak Declaration**

The PHE Health Protection Team (HPT) will be notified of cases associated with complex situations / settings by Tier 2 of the NHS Test and Trace. These will be classified by a range of criteria including:

- their clinical condition
- the vulnerability of the setting in which they live or work (e.g. care home / prison / healthcare setting)
- identification of potential adverse consequences (e.g. significant anxiety / disruption to local services / inability to comply with advice)

- The HPT will assess risks, arrange testing, provide health protection and infection control advice and have responsibility for management of the outbreak
- If data is made available, the Gateshead Public Health team will undertake surveillance to monitor the incidence of new COVID-19 infection and identify potential outbreaks.

#### **b. Alert Mechanisms**

The HPT will alert a single point of contact in the Local Authority of any need for local system follow-up to provide additional support to either the individual or the setting.

HPT will send information with regard to any outbreak twice daily (ca 10am and 4.00pm, 7 days/week) via email to the Council's dedicated inbox [COVIDOutbreak@Gateshead.gov.uk](mailto:COVIDOutbreak@Gateshead.gov.uk). This will be checked by a duty Public Health Consultant.

If Council or partner staff become aware of an outbreak, for example in a school, then the same alert system should be used. This should include as a minimum

- the name of the person to contact for further information
- the number of suspected/confirmed cases
- the setting (including name and address of establishment)
- whether the HPT has been informed
- information on any action already taken.

#### **c. Activation**

Responsibility for activation of the local outbreak control plan will rest with the duty Public Health Consultant, considering advice from the HPT. The duty Consultant will need to consider:

- the immediate and/or continuing significant health hazard to the population at risk;
- whether there is many cases;
- whether cases are across a large geographical area suggesting a dispersed source; and/or
- significant public or political interest.

The duty Consultant will need to determine whether local activation should be initiated immediately, or the following morning or next working day. This will be informed by the risk assessment provided by HPT and the issues that the LA needs to provide support on:

- i. The need for social or clinical support for individuals who are in isolation
- ii. Support to the setting to implement IPC advice (including access to PPE, provision of cleaning etc)
- iii. Business continuity issues following closure or partial closure of a setting, or high levels of absenteeism

- iv. Issues regarding engagement with advice provided / loss to follow-up
- v. Media concerns

The detailed activation process for different situations/settings is described in model outbreak plans for the different settings (see Appendix 5).

#### **d. Escalation to an Emergency situation or Major Incident**

Outbreak planning and response will be locally managed by each individual Local Authority through Directors of Public Health (DsPH) and Public Health Teams, in partnership with the PHE Health Protection Team.

If additional support is required mutual aid can be requested from neighbouring LAs through existing Mutual Aid agreements through DsPH or Chief Executives.

If the management of the outbreak causes a significant test to the council's capacity and capability to respond and manage the issues, then consideration should be given to the declaration of an emergency situation or major incident, and activation of the Emergency Response Process.

An **Emergency** is defined in the Civil Contingencies Act 2004 (CCA, 2004) as:

- An event or situation which threatens serious damage to human welfare and /or environment in a place in the UK; or
- War or terrorism which threatens serious damage to the security of the UK.

Additionally, to constitute an emergency, an event or situation must also pose a considerable test for

- an organisation's ability to perform its functions, and;
- would be unable to act without changing the deployment of its resources or acquiring additional resources and;
- where the organisation would consider it necessary or desirable to act to prevent, reduce, control or mitigate the emergency's effects.

A **Major Incident** within Gateshead is any emergency that requires the implementation of special arrangements by one or all of the emergency services, partner agencies or the local authority for one or more of the following:

- The rescue and transportation of a large number of casualties
- The involvement either directly or indirectly of large numbers of people
- The handling of a large number of enquiries likely to be generated from the public and the news media, usually to the police
- The mobilisation and organisation of the emergency services and supporting organisations, e.g. local authorities, to cater for the threat of death, serious injury or homelessness to a large number of people
- The large-scale deployment of the combined resources of the emergency services

A Major Incident can also be declared by any emergency responder or agency, however a Major Incident to one organisation may not be so to another. It is important that all

responding agencies are made aware of such incidents to enable them to be put on standby or to provide an appropriate supporting response, even if not directly involved.

#### Guiding Principles (Cabinet Office – June 2016)

1. “Emergency responder agency” describes all category one and two responders as defined in the Civil Contingencies Act (2004) and associated guidance.
2. A major incident is beyond the scope of business-as-usual operations, and is likely to involve serious harm, damage, disruption or risk to human life or welfare, essential services, the environment or national security.
3. A major incident may involve a single-agency response, although it is more likely to require a multi-agency response, which may be in the form of multi-agency support to a lead responder.
4. The severity of the consequences associated with a major incident are likely to constrain or complicate the ability of responders to resource and manage the incident, although a major incident is unlikely to affect all responders equally.
5. The decision to declare a major incident will always be a judgement made in a specific local and operational context, and there are no precise and universal thresholds or triggers. Where LRFs and responders have explored these criteria in the local context and ahead of time, decision makers will be better informed and more confident in making that judgement

#### **Northumbria Local Resilience Forum**

In normal circumstances in the event of a Major Incident Declaration, the Northumbria Local Resilience Forum Major and Critical Incident Multi Agency Declaration Protocol would be activated.

Some outbreaks may require a multi-agency response at the strategic level in order to provide a resolution. In such incidents a Strategic Co-ordinating Group (SCG) may be established to formulate policy between the lead organisation, the emergency services and other organisations involved directly in the incident and ensure there is that wider collaboration and coordination where required.

In this instance, the protocol could be implemented for the following:

- A number of concurrent outbreaks within the Gateshead and current resources reaches maximum capacity
- Numerous outbreaks around the Northumbria area and multiple SCGs being established

## **9. Public Health Control Measures**

Wherever a Gateshead outbreak is identified, either through notification by the PHE HPT or an alert from local staff, a duty Public Health Consultant will lead the local response in line with agreed detailed plans. These set out

- Initial assurance steps, including review of HPT risk assessment and checking that control measures are being implemented



- Consideration of need for a local outbreak response group, membership and purpose of such a group
- Implementation of agreed actions to support those affected by the outbreak and ensure the outbreak is controlled, including
  - i. How infection control (including cleaning) and health protection advice and support will be provided (including assurance that advice is being followed),
  - ii. Business continuity issues following closure or partial closure of setting or high levels of absenteeism
  - iii. Contain and enforce: the use of powers to ensure compliance with advice
- Arrangements for testing those who are symptomatic including rapid deployment of mobile testing
- Communications: with cases and families; with other contacts; briefing of Members; media requests
- Escalation to the PHE HPT if it becomes clear the situation is not under control.

A number of high-risk settings and communities have been identified (see Appendix 4). We have broadly categorised these into 5 groups and standard plans are being developed for each:

- Care homes and similar (Appendix 5a)
- Schools (Appendix 5b)
- Housing (Appendix 5c)
- Community (Appendix 5d – TO FOLLOW)
- Workplaces (appendix 5e – TO FOLLOW)

All outbreaks will be reported to the COVID Control Board for assurance and oversight.

## **10. Social or clinical support for individuals**

NHS Test and Trace may identify individuals who will need additional support during isolation for example because of their social circumstances or clinical need. They may also identify individuals who may be unwilling or unable to comply with restrictions such as self-isolation. Some may not engage with the process of identifying their close contacts. In these circumstances the case could be escalated to the PHE HPT and then notified to the Council for follow-up (via the [COVIDoutbreak@Gateshead.gov.uk](mailto:COVIDoutbreak@Gateshead.gov.uk) email address).

### **a. Social Support**

Gateshead residents in need of help during this emergency can register online at [www.gateshead.gov.uk/staysafe](http://www.gateshead.gov.uk/staysafe) and schools, community leaders, employers and Council staff will be able to help people to register. Only for those who cannot access the website calls can be made to the Council's Customer Service Unit telephone 0191 433 7112 (Monday – Friday, 8am – 5pm.)

The Council can provide support, in partnership with local third sector organisations including:

- emergency food parcels

- help with routine shopping
- collection of prescriptions
- support if people want to talk to someone
- help and advice with money, benefits, employment or housing problems

#### **b. Complex individuals**

Where an individual is unwilling or unable to comply with restrictions such as self-isolation, the following process will be followed:

- The duty consultant will share the information on the individual with key services including the CCG, Social care, Housing Substance Misuse and Police to determine whether the individual is already known to services.
- Either the existing key worker or the CCG and duty consultant will convene a multi-disciplinary discussion with relevant services to put in place a risk-based action plan to ensure the individual's social, clinical and others needs are met.

A detailed operating procedure will be developed, and the COVID Control Board will agree arrangements for monitoring the delivery of these action plans

### **11. Data management/governance**

We will develop a local surveillance system to monitor the on-going incidence and prevalence of COVID-19 in Gateshead. We will analyse and interpret this data to inform the action we need to take at a community level, in a timely way, to prevent and respond to further cases.

We will seek to develop links with NHS Test and Trace as well as using existing local and national data sources. We will need to establish appropriate information governance arrangements to oversee use of this data.

### **12. Communications**

The duty Consultant will be responsible for informing and involving the communications lead, in line with Council policies, given the public interest and potential anxiety around outbreaks, to ensure appropriate stakeholder engagement, community engagement and clear communication through the media should it be required.

Information about the outbreak should follow the protocols outlined below:

#### **Communications Priorities:**

- A. To ensure the appropriate dissemination of critical information within relevant organisations, standard communications protocols should be followed.
- B. To inform key stakeholders and the wider community and support broader public understanding through responding to media requests / proactive media

### **Guiding principles:**

- We need to be open and honest with our community to help to rebuild trust
- We can expect people to be interested and concerned (we don't operate in a vacuum our work is very visible)
- Take a collaborative approach across our organisations locally and nationally
- Take a learning approach – look to improve
- Expect three stages of interest:
  - I. Immediate
  - II. Responding
  - III. Back to business as normal

### **A - To ensure the appropriate dissemination of critical information within relevant organisations, standard communications protocols should be followed.**

Updates to be shared about the work of the local partners in responding to the outbreak from the comms lead to comms colleague to share internally through their own established and appropriate channels

### **B - To inform key stakeholders and the wider community and support broader public understanding through responding to media requests / proactive media**

#### ***Communications Protocol:***

- Comms lead alerted to outbreak by duty Consultant and discussion about level of interest in location and decision on whether it will need specific comms support
- If not needed – Comms lead to record rationale
- If needed work with all partners to understand the particular circumstances around the outbreak and any local anxieties – identify stakeholders and clear messaging – with sign off by duty Consultant
- Ensure comms lead is plugged into updates and can provide appropriate updates throughout the response and can update when incident is closed.
- General updates on the work of the team, including briefings for the Leader and Cabinet, local Councillors, and the Council's Corporate Management Team, to be led by comms lead

#### ***Comms resources:***

- Template stakeholder brief / media update to be developed.

### 13. Local Outbreak Engagement Board

The role of the Local Outbreak Engagement Board (LOEB) will be to challenge, monitor and support the work of the COVID Control Board, providing leadership on communication and engagement with affected communities, using established mechanisms and trusted relationships. This will include oversight of the arrangements for supporting those who are self-isolating with food, essentials, errands and practical problem solving around work, housing, benefits and education.

The LOEB will be chaired by the Council's Deputy Leader and have a core membership including the Council Leader, Chair of the Health and Wellbeing Board, Cabinet member for Communities & Volunteering, the Director of Public Health and representatives of Social Care, Education, NHS partners, Emergency services, business, faith leaders and BAME leaders. Others will be co-opted as necessary on an ad hoc basis.

### 14. Use of Local Authority test and trace service Grant

Local authorities in England are being provided with a Government grant to cover costs incurred in relation to the mitigation against and management of local outbreaks of COVID-19. The grant for Gateshead is approximately £1.5m. The grant will be used to support 5 key areas of focus:

- **Surveillance:** Secure local data flows, arrangements for scrutiny and interpretation to enable:
  - rapid identification of clusters and outbreaks
  - decision making about local prevention actions
  - community buy in
- **Provision:** Strengthen local capacity to provide robust Infection, Prevention and Control advice and support
- **Knowledge and skills:** Equip local leaders to take local COVID-19 prevention action
- **Communication and engagement**
- **Support** for those who need to isolate

### 15. Key Contacts

Lead contacts for each agency are listed in Appendix 3

## **Appendices including key information and links to other plans**

1. Terms of Reference for COVID-19 Control Board
2. Prevention – key messages
3. COVID Control Board membership and key contacts
4. List of priority high-risk settings and communities in Gateshead
5. [settings etc]
6. Example plans
  - i. Schools
  - ii. Care homes
  - iii. Supported Housing (The Gateshead Housing Company)

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## Terms of Reference

### Introduction

1. The Gateshead COVID Control Board (COVID-19) will take management responsibility of the Gateshead Outbreak Control framework and overall management of the local response.

### Objectives

2. The key objectives of the group will be:
  - Leading and co-ordinating work to prevent the spread of COVID-19 in Gateshead;
  - Identifying local high-risk places, locations and communities and planning how outbreaks will be managed in each;
  - Reviewing data on outbreaks and cases to monitor epidemiological trends in Gateshead
  - Managing local testing capacity with partners to ensure swift testing of those who have had contacts in local outbreaks;
  - Using local knowledge to help with contact tracing in these complex settings;
  - Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities;
  - Using our local Environmental Health enforcement powers in response to outbreaks if required;
  - Reporting to Council Members and partners including PHE; linking to the Local Resilience Forum
  - Establishing governance structures including new member-led Board to communicate with the general public

### Meeting Arrangements

3. The group will meet on a weekly basis through Microsoft Teams. The frequency and dates for groups will be scheduled as required and agreed by group members with additional meetings arranged at the discretion of the Chair as and when required or during the management of an outbreak.
4. The group will be chaired by Alice Wiseman, Director of Public Health – Gateshead Council supported by TBC who will be vice-chair.
5. Agendas and papers will be distributed to all members prior to a scheduled meeting. Secretarial support will be provided by the Public Health Team and action points will be taken at meetings, unless a specific issue needs to be noted.

### Membership

6. The Gateshead COVID Control Board (COVID-19) is an officer group with input from:

- Gateshead Council (Public Health, Education, Social Care Commissioning, Emergency Planning, Environmental Health, Communications, Chief Executive's office)
  - Gateshead Housing Company
  - Newcastle Gateshead CCG
  - Gateshead Health NHS Foundation Trust
  - Harrogate and District NHS Foundation Trust
  - Cumbria, Northumberland and Tyne & Wear NHS Foundation Trust
  - Northumbria Police
7. Members will agree to send a nominated representative if the named individual is unable to attend.
8. The membership of the group shall be reviewed regularly. The group can agree to co-opt members as and when necessary for specific knowledge and expertise.

#### **Structure and Accountability**

9. The Gateshead COVID Control Board (COVID-19) is accountable to the Health and Wellbeing Board.

#### **Review**

10. The Gateshead COVID Control Board (COVID-19) Terms of Reference and meeting arrangements should be reviewed on a regular basis.

### Prevention – key messages

#### 1. Minimise contact with individuals who are unwell

If you have, or are showing symptoms of, coronavirus (a new continuous cough, or fever, or a loss of, or change in, your normal sense of taste or smell (anosmia)), or have someone in your household who is, you should be at home, in line with the [guidance for households with possible coronavirus infection](#).

#### 2. Clean your hands often

Clean your hands more often than usual, particularly after arriving at your setting, touching your face, blowing your nose, sneezing or coughing, and before eating or handling food. To clean your hands, you should wash your hands thoroughly for 20 seconds with running water and soap and dry them thoroughly, or use alcohol hand rub/sanitiser ensuring that all parts of the hands are covered.

#### 3. Respiratory hygiene (catch it, bin it, kill it)

Avoid touching your mouth, eyes and nose. Cover your mouth and nose with disposable tissues when you cough or sneeze. If one is not available, sneeze into the crook of your elbow, not into your hand. Dispose of tissues into a disposable rubbish bag and immediately clean your hands with soap and water or use a hand sanitiser.

#### 4. Clean surfaces that are touched frequently

In work or community spaces, to prevent the indirect spread of the virus from person to person, regularly clean frequently-touched surfaces, such as:

- door handles
- handrails
- tabletops
- play equipment

electronic devices (such as phones)

When cleaning, use your standard cleaning products, (like detergents or bleach), as these will be very effective at getting rid of the virus on surfaces. Follow the Public Health England (PHE) [guidance on cleaning for non-healthcare settings](#).

#### 5. Minimise contact and mixing

Individuals and households should stay home as much as possible, minimising contact with others to only necessary and unavoidable contact. If you are responsible for an organisation, you should, as much as possible, alter the environment of your setting (such as classroom layout) working arrangements to minimise contact and mixing.

#### 6. Personal protective equipment (PPE)

Use PPE wherever indicated by Government guidance [insert links].

#### 7. Testing

All residents and workers within Gateshead will be encouraged to register with NHS Test and Trace and arrange to be tested if they are symptomatic. This will need to be supported



by activity to raise awareness of the signs of and symptoms of COVID-19. We will also need to encourage and support (where necessary) those who test positive to self-isolate along with their household.

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## Key Contacts

## Health Protection Team, Public Health England

Organisation	Name	Role	Contact	Email
Public Health England	Incident Director	Health Protection Team Available from 8am to 8pm For notification, advice and guidance		

## COVID Control Board membership and key contacts

Organisation	Name	Role	Contact	Email
Gateshead Council	Alice Wiseman	Director of Public Health		
Gateshead Council	Alison Dunn	Strategic Lead – Communities		
Gateshead Council	Gerald Tompkins	Consultant in Public Health		
Gateshead Council	Andy Graham	Consultant in Public Health		
Gateshead Council	David Patterson	EPRR Manager		
Gateshead Council	Elaine Barclay	Communications Team Leader		
Gateshead Council and Newcastle Gateshead CCG	Dr Lynn Wilson	Director for Gateshead System		
Gateshead Council	Kirsty Sprudd	Service Manager – Transformational Commissioning		
Gateshead Council	Natalie Goodman	Public Health Practitioner		

<b>Organisation</b>	<b>Name</b>	<b>Role</b>	<b>Contact</b>	<b>Email</b>
Gateshead Council	Peter Wright	Environmental Health Manager		
Gateshead Council	Steve Horne	Service Director – Schools		
Gateshead Health NHS Foundation Trust	Hilary Lloyd	Director of Nursing, Midwifery and Quality, Director of Infection Prevention and Control		
Gateshead Health NHS Foundation Trust	Alice Wort	Consultant Microbiologist		
Gateshead Health NHS Foundation Trust	Nicola Allen	Community Services Clinical Lead		
The Gateshead Housing Company	Hazel Forster	Head of Neighbourhood Services		
Harrogate and District NHS Foundation Trust	Emma Anderson	General Manager, Gateshead, Sunderland and Darlington 0-19 service		
NHS Newcastle Gateshead CCG	Chris Piercy	Executive Director of Nursing Patient Safety and Quality		
Northumbria Police	Alan Pitchford	Chief Inspector		

DRAFT Risk Matrix

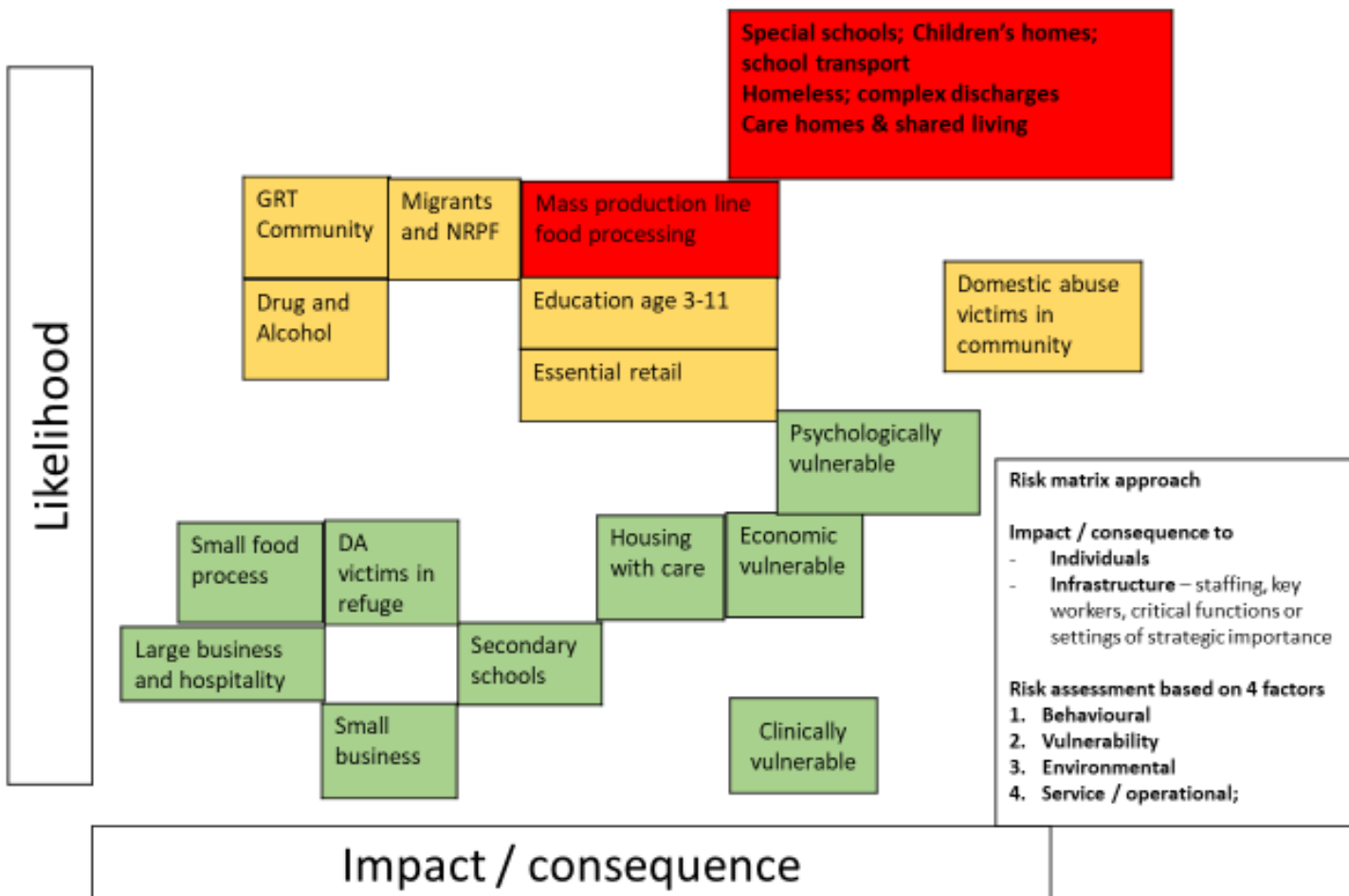
Note: this risk matrix has been taken from another LA's draft plan and needs to be reviewed and adapted for Gateshead

**Risk matrix:  
Settings,  
People,  
Places**

Standard Risk

Increased Risk

High Risk



**Priority high-risk settings and communities in Gateshead  
[settings etc]**

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Care Homes:

Schools, nurseries

Housing including

- Children's homes
- Sheltered Housing
- Support housing schemes
- Hostels (and hotels?)
- Tower blocks

Businesses

- Food preparation businesses
- Mass production line

Communities

- TO BE CONFIRMED

## Care Home Plan DRAFT

### Responsibilities

Directors of Public Health have a specific role in managing outbreaks in their local authority area, advising on and implementing measures at a geographic and sectoral level. This role is being developed as part of the work led by the Joint Biosecurity Committee. This includes the development of Local Authority level outbreak control plans (locally termed the COVID-19 Control Plan).

Local Health Protection teams within Public Health England have a lead role in investigating and managing outbreaks. The North East Health Protection team (HPT) is Tier 1 of the national Test and Trace system and will continue to manage cases in keeping with national guidance.

### Definition of an Outbreak / Complex case do we treat this as a separate SOP?

An outbreak can be:

- 1 or more cases in a Care Home which is of itself deemed to be a complex setting.
- the management of a single complex individual through a multi-disciplinary team approach, an example might be a person with complex needs living in the community who if infectious may be a risk to others.

### Health Protection Team Actions

1. Following the notification of exposure in a care home from the NHS Test & Trace service to the North East HPT, or a care home contacting the HPT directly, the HPT will make contact with the staff member who is a confirmed case, or the care home when a positive resident is escalated to Tier 1.
2. The HPT will undertake initial data gathering, provide advice regarding the management of the outbreak and infection prevention and control measures. (See draft HPT letter at appendix \_ (to be added))
3. The HPT will undertake a risk assessment to identify possible exposures in the care home and check on procedures in place in the home regarding isolation, social distancing and PPE for staff.
4. If everything is in place no further action will be taken.
5. The HPT will inform the DPH of the outbreak via a report to the agreed single point of contact (SPOC) in the local authority.

### Local Authority Actions

6. The local authority will provide a SPOC for the HPT to report outbreaks to. This will be monitored 7 days a week, between 8am and 8pm.
7. The Public Health Consultant will be responsible for reviewing the information provided by the HPT, including the initial risk assessment and advice given.
8. When further action is required at a local authority level Public Health will be responsible for convening the appropriate outbreak response, in line with agreed process. (to be added)
9. The PH Consultant will contact local leads for support depending on the identified need and consider whether to convene a virtual outbreak coordination group to manage local responses. These might include:
  - Infection prevention and control support

- PPE supplies
  - Support for reduced staffing capacity at an outbreak site
  - Support with business continuity planning
  - Cohort within a setting
  - Mobilisation of additional testing support from local resources (FT / Mobile units)
10. This group will consider and implement further measures to support the Care Home in controlling the outbreak. The group will report weekly to the Gateshead COVID Control Board.

#### **Escalation**

11. If the management of the outbreak causes a significant test to the system's capacity and capability to respond and manage the issues, then consideration should be given to the declaration of an emergency or major incident, and activation of the Emergency Response Process.
12. The most likely escalation scenario in a Care Home setting is if large numbers of the Care Home staff group are infected or required to self-isolate or where the continuity of the business itself is under threat.

#### **Description of Gateshead testing process.**

13. The Local Authority with Gateshead Community Services have developed an effective local response to the ongoing COVID-19 Pandemic.
14. Information is shared between partners as soon as there is an indication of a potential COVID-19 case (from T1 PHE, from local testing through the QE or direct reporting from the care home).
15. The Local Authority Commissioning team maintain daily contact with all care settings and record and action any reported infection, requests for PPE etc.
16. Community Services have developed strong working relationships with the Care Homes, providing IPC training and supporting with swabbing of residents if required. Where resources allow test, swabs are processed through the QE hospital which provides a fast turnaround of results.
17. A positive result is then followed up by IPC leads from the QE and LA commissioners, to offer support and guidance if required. The local testing process is documented in Appendix 3.

#### **Assurance**

18. Public Health Consultants will monitor progress on outbreaks in Care Homes in order to assure the DPH that positive action is taken in all outbreaks.
19. All outbreak activity will be reported to the Health Protection Board (COVID-19) on a weekly basis?
20. The Care Homes Assurance group support this work and an assurance team visit all settings to ensure that Care Homes are implementing appropriate social distancing, IPC and monitoring in their settings.

(FLOW CHARTS TO BE ADDED)

## Approach to preventing and managing outbreaks in educational settings

### Background

As part of national social distancing measures to control the spread of COVID-19, the number of children and young people attending educational and childcare settings has been limited. Since 23 March 2020 education and childcare settings have only been open to priority groups (vulnerable children and children of critical workers), to ensure that pupils and staff attending could do so safely. These settings are now open to more children, but it is essential that appropriate control measures remain to help keep COVID-19 transmission rates low.

The evidence about safety and transmission of the COVID-19 virus in educational settings indicates that:

- The risk to children is much lower than the general population. While it is not zero, it is extremely rare for COVID-19 to cause serious harm to children.
- In terms of the risk to parents, while there are individual factors that need to be considered, most parents of primary school children are also in an age group that is not at significantly greater risk of harm from COVID-19.
- A high proportion of educational practitioners are also in a low-risk age group. However, individual raised risks need to be considered.
- There is some evidence that children are less likely to spread the virus than adults – however this evidence is not conclusive.

In summary, while it is obvious that any reduction in social/physical distancing has the potential to increase transmission of the virus in the community, the risks associated with the limited reopening of schools and early years settings are generally felt to be small, if individual vulnerabilities are taken into account. These risks must be balanced against the potential harm caused to children, particularly the most vulnerable children, by an extended absence from their school or setting.

Gateshead Council recognises that it is the responsibility of school governing bodies to determine when and how individual schools re-open. The Council has worked with schools, Trade Unions and others to provide guidance, model risk assessments and advice in supporting schools' preparations and on-going management in these difficult circumstances.

### Managing cases and outbreaks in educational settings

#### *Identification and notification*

COVID-19 cases with links to schools will be identified in two ways.

- Individual confirmed cases are reported to the NHS Test and Trace service who provide advice on self- and household isolation and undertake contact tracing (with contacts



also being advised on isolation). If the case has contact with a school (for example as a pupil, staff member or visitor) the PHE NE Health Protection team (HPT) is notified.

- Cases may also come to light through schools directly contacting the HPT, for example to report suspected or confirmed cases among staff or pupils, to report 2 or more suspected cases in a 'bubble' or there are concerns that the school is observing unusually high numbers of absences due to illness compared with background levels of absence. School staff and visiting professionals such as school nurses will need to be alert to suspected cases and individuals with symptoms in the school community and notify the HPT [ADD CONTACT INFO].

The HPT will contact confirmed cases (or their parent or guardian) and establish the onset date of their illness, the date on which they were tested, and their attendance at school. They will also contact the Headteacher and advise on the members of the school community who should be excluded for 14 days. The school will send a standard letter to the parents of those close contacts (i.e. those within the 'bubble') about isolation and testing, as well as broader information to other members of the school community for reassurance.

### **Testing**

Close contacts in school will be advised to arrange to be tested for COVID-19 via Pillar 2 [add info on how to arrange]. The school nursing service will be available to provide advice to the school and parents on the importance of testing and how to arrange it. The option of bringing in a mobile testing unit will be considered.

### **Gateshead response**

The HPT will inform the DPH of the incident, the initial risk assessment and the advice given to the Headteacher via a report to the agreed single point of contact in the Local Authority [CovidOutbreak@Gateshead.gov.uk](mailto:CovidOutbreak@Gateshead.gov.uk). The HPT will monitor the incident and inform the DPH if further action has been required in response to further possible and/or confirmed cases in the school, or if the Headteacher is unwilling to comply with advice.

Each day a duty Public Health Consultant will review the information provided and if the HPT have advised no further LA action is required they will contact Education, the HDFT 0-19 children and young people's nursing service and QE community services to:

- ensure they are aware of the outbreak;
- gather additional intelligence from them, for example to confirm whether the schools are following health protection advice; and
- discuss whether and what further support or action is required.

The duty Consultant will then brief the DPH to provide assurance that no additional support or action is required, or to discuss escalation as appropriate.

### **Escalation**

If following discussion with the DPH it is agreed further measures are required, the Duty Consultant will convene a local outbreak response group with

- Public health team representatives: Consultant and programme lead
- Education service representative

- The headteacher
- Schools cluster lead
- Gateshead 0-19 Children's PH Nursing Service, Harrogate and District NHS FT
- Gateshead NHS FT community services
- Gateshead Council Communications team
- Gateshead Council Health & Safety team
- Others as required

Responsibilities:

- Public Health Consultant: public health and health protection advice; co-ordination of response
- Education service: advice and support to school on staffing, pupil welfare, resources,
- The headteacher: implementation of control measures; business continuity; educational and pastoral leadership within school; risk assessment in school
- Schools cluster lead: facilitating mutual aid to school if external support required, e.g. teaching capacity
- Gateshead 0-19 Children's PH Nursing Service: advice on infection control; emotional support to school, parents and community
- Gateshead NHS FT community services:
- Communications team: advice on communications
- Gateshead Council Health & Safety team: risk assessment and management advice

This group will consider and implement further measures to support the school in controlling the outbreak, such as staffing capacity, welfare support, infection control advice, etc. The group will report weekly to the Gateshead COVID Control Board.

The HPT and DPH will escalate the incident if:

- Whole school closure is required
- Linked cases are identified in other schools
- There is an increase in cases across several schools

Where escalation is required, the Council will work with the HPT in an Outbreak Control Team with membership from

- PHE HPT
- Public Health Consultant, Gateshead Council
- Education service representative (tbc)
- Gateshead 0-19 Children's PH Nursing Service, Harrogate and District NHS FT
- Others as required

The OCT will determine further action and support for the school, and potentially for the local community. This may include the LA determining to close other local schools. The OCT will continue to meet until the outbreak is under control, and will report to the Gateshead COVID Control Board

(FLOW CHARTS TO BE ADDED)

## **DRAFT Approach to preventing and managing outbreaks in supported housing settings**

### **Background**

Directors of Public Health have a specific role in managing outbreaks in their local authority area, advising on and implementing measures at a geographic and sector level. This role is being developed as part of the work led by the Joint Biosecurity Committee. This will include the development of Local Authority level outbreak control plans.

Local Health Protection teams within Public Health England have a lead role in investigating and managing outbreaks. The North East Health Protection team (HPT) is Tier 1 of the national Test and Trace system and will continue to manage cases in keeping with national guidance.

### **Supported Housing settings**

There are several supported housing schemes managed by The Gateshead Housing Company (TGHC) (ADD APPENDIX). This document relates to the following areas: sheltered housing for the elderly; extra care accommodation; supported housing schemes for those with Learning Disabilities. In addition, we also need to consider any impacts on the homeless community as a specific vulnerable group. There are no hostels or direct access homeless units within Gateshead, however we also need to consider the potential outbreak management for those temporarily accommodated in local hotel accommodation.

As part of the response to Covid-19 risk management arrangements have already been considered across supported housing schemes. All residents live in self-contained accommodation within the supported housing setting and communal rooms previously used for social activities have been closed or have extremely restricted at this stage.

Care providers will be subject to their own organisations risk assessments and management plans in partnership with the council's commissioning services.

Homeless cases have been accommodated in dispersed council accommodation and these are not in supported settings. There are several homeless clients temporarily accommodated in local hotels for short periods of time until alternative options are sought. Two Covid-19 protect accommodation units have been sourced should we need to access these for a homeless client. The homeless Sit Up service operated in partnership with Oasis Community Housing has not operated since the lockdown situation occurred. If this service were to reopen then consideration will need to be given of outbreak management within this setting at that time.

NEED TO CONSIDER PLAN FOR EXTERNAL SUPPORTED HOUSING PROVIDERS ETC

### **Definition of an Outbreak**

An outbreak can be 2 or more cases in a supported housing environment. Or it may involve the management of a single complex individual through a multi-disciplinary team approach, an example might be a person with complex needs living in the community who if infectious may be a risk to others.

### **Health Protection Team Actions – TO BE CONFIRMED WITH HPT**

1. Following the notification of exposure in a supported housing setting the NHS Test & Trace service to the North East HPT, or TGHC contacting the HPT directly, the HPT will make contact with the staff member who confirmed case, or the relevant housing manager when a positive resident is escalated to Tier 1.
2. The HPT will undertake initial data gathering, provide advice regarding the management of the outbreak and infection prevention and control measures.
3. The HPT will undertake a risk assessment to identify possible exposures in the supported housing scheme and check on procedures in place regarding isolation, social distancing and PPE for staff, if relevant.
4. If everything is in place no further action will be taken.
5. The HPT will inform the DPH of the outbreak via a report to the agreed single point of contact (SPOC) in the local authority.

### **Local Authority Actions**

6. The local authority will provide a SPOC for the HPT to report outbreaks to. This will be monitored 7 days a week, between 8am and 8pm.
7. The Public Health Consultant will be responsible for reviewing the information provided by the HPT, including the initial risk assessment and advice given.
8. The Public Health consultant will notify the relevant officer within TGHC, Head of Neighbourhood Services or Head of Housing Support (email address tbc).
9. When further action is required at a local authority level Public Health will be responsible for convening the appropriate outbreak response, in line with agreed process. (flow chart to be added)
10. The PH Consultant will contact local leads for support depending on the identified need and consider whether to convene a virtual outbreak coordination group to manage local responses. These might include:
  - Infection prevention and control support
  - PPE supplies
  - Support for reduced staffing capacity at an outbreak site, where relevant
  - Support with business continuity planning and risk assessment
  - Cohort within a setting
  - Mobilisation of additional testing support (including Mobile units)
11. This group will consider and implement further measures to support TGHC in controlling the outbreak. The group will report weekly to the Gateshead COVID Control Board.

### **Escalation**

12. If the management of the outbreak causes a significant test to the system's capacity and capability to respond and manage the issues, then consideration should be given to the declaration of an emergency or major incident, and activation of the Emergency Response Process.

13. The most likely escalation scenario in a Supported Housing setting is if large numbers of the residents and the support staff are infected or required to self-isolate or where the continuity of the business itself is under threat.

### ***Testing***

14. Close contacts will be advised to arrange to be tested for COVID-19 via Pillar 2 [add info on how to arrange]. The community nursing service will be available to provide advice on the importance of testing and how to arrange it. The option of bringing in a mobile testing unit will be considered.

### ***Assurance***

15. Public Health Consultants will monitor progress on outbreaks in Supported Housing settings in order to assure the DPH that positive action is taken in all outbreaks.
16. Any outbreak activity will be reported to the Gateshead COVID Control Board on a weekly basis

*Flow charts to be added*