

Gateshead COVID-19 Local Outbreak Control Plan

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Gateshead Covid-19 Outbreak Control Plan

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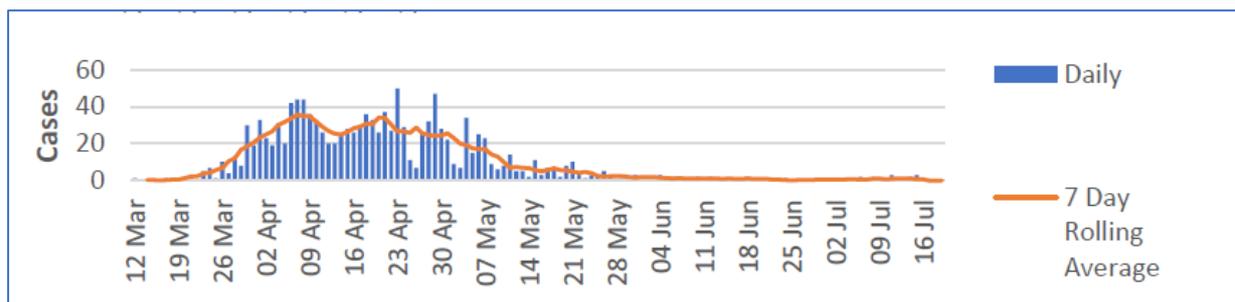
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Introduction - Covid-19 in Gateshead

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.

In early July 2020 we are in a period where only a low number of cases are being detected in Gateshead because of the impact of the lockdown.

Cases in Gateshead since 12 March 2020



Source: ONS. 14.7.2020

Now that we know more about the virus, we understand that many do not show Covid-19 symptoms, but they could make up more than half of all infections. This presents a problem in containing the disease as some people may have the virus and spread it unwittingly. By maintaining measures such as social and physical distancing, good hygiene and face coverings, we can reduce the likelihood of spread even from those cases without symptoms at the same time as trying to identify as many symptomatic and asymptomatic cases as possible

We are maintaining our vigilance and in key settings such as hospitals and care homes through, for example increased testing of residents and staff and ensuring that rigorous infection control is in place.

Our challenge is to find a balance that will allow lockdown restrictions to be lifted while preventing a resurgence of the virus. This means everyone taking responsibility for their actions and acting to protect others.



On 11 May 2020, government announced their COVID-19 recovery strategy, setting out their roadmap for how the UK will adjust its response to the COVID-19 crisis. This was followed by the launch of the National NHS Test and Trace service on 28th May 2020 as part of the UK Government's strategy to respond to and recover from Coronavirus (Covid-19).

Directors of Public Health (DPH) in each local authority have been asked to put into place specific local arrangements to prevent local outbreaks and, where not possible to contain them locally to minimise the spread of the virus and avoid the need for escalation to a national lockdown.

This COVID-19 Control Plan sets out the role of the Gateshead system in preventing and controlling COVID-19 with a focus on robust management of outbreaks and providing support for complex settings, communities, and individuals where required. It aims to protect the health of Gateshead's population from COVID-19 and assure stakeholders, and the public, that efficient and effective arrangements are in place.

The plan outlines how partners in Gateshead will work together to prevent and control COVID-19 at three levels:

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

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

Purpose

Our purpose is to reduce transmission of COVID-19 in Gateshead, to protect the vulnerable, prevent increased demand on healthcare services and ensure provision of an effective and timely response in the event of cases being identified.

We know that our most disadvantaged communities are those most impacted by this disease, for a complex range of reasons. We will work with our most vulnerable communities to minimise the impact of COVID-19 in Gateshead.

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

- Public engagement to build confidence and trust in the arrangements

A whole system response: the capabilities of the whole system need to be mobilised in preventing and managing outbreaks.

An efficient and effective system: the need for clear communication and timely access and sharing of information, data and intelligence amongst local agencies and between local, regional and national systems to inform action, monitor outcomes and deliver 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.

National requirements of local outbreak control plans.

Local Outbreak Control Plans will centre on 7 themes

- 1 Care homes and schools**
Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response)
- 2 High risk places, locations and communities**
Identifying and planning how to manage high risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies)
- 3 Local testing capacity**
Identifying methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up etc).
- 4 Contact tracing in complex settings**
Assessing local and regional contact tracing capability in complex settings (e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity)
- 5 Data integration**
Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning, including data security, NHS data linkages)
- 6 Vulnerable people**
Supporting vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities
- 7 Local Boards**
Establishing governance structures led by existing Covid-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold command forums and a new member-led Board to communicate with the general public

Outbreak management

In future the COVID-19 pandemic is likely to be characterised by regular localised outbreaks in high risk settings or communities. Outbreak management is the approach to both identifying where there are clusters of cases of disease and then putting in place control measures to reduce further spread. In this way, we reduce the risk of further ‘waves’ of the virus, and therefore reduce the risk to people and key services.

By identifying cases and their contacts and asking them to isolate as quickly as possible, we reduce the opportunities for further spread. These contacts may also be tested themselves, and if positive their contacts traced, and so on. Targeted testing, tracing and isolating people

who have COVID-19 plays a vital part in reducing the R (basic reproduction) number of the virus which then reduces the likelihood of a 'second peak'.

Our approach to controlling outbreaks in Gateshead is described in the table below.

Prevent	Communicate	Respond	De-escalate
Public health advice on respiratory and hand hygiene	Coordinated communications strategy that conveys information on the situation, who is affected and provides clear public health advice and information	Testing of symptomatic individuals	Closing and active outbreak and providing clear communication to all stakeholders on the closure of the outbreak and provides public health advice
Public health advice on social distancing		Identification of contacts	Where required ensure that there is a strategy to assist in reputational and financial recovery
Awareness of Covid 19 symptoms and when to self-isolate		Exclusion and isolation advice for confirmed cases and contacts	Embedding IPC and social distancing to prevent the spread of coronavirus and further outbreaks.
Access to symptomatic testing		Applications of IPC measures and quality assuring that the right measures are being implemented	
Embedding Infection Prevention and Control (IPC) measures		Testing of contacts	
Training on when and how to use PPE		Mutual aid and workforce capacity	
Access to additional PPE		Establishing effective outbreak control teams.	
Covid 19 risk assessment and Covid secure places		Supporting vulnerable people and communities to self-isolate	
Core principles to prevent, manage and recover from Covid-19 outbreaks			
Data and intelligence Risk Assessments Scenario testing and risk management Reflection and identifying lessons learnt to prevent further outbreaks.			

We will work closely with colleagues in Public Health, the local council and the wider healthcare sector as well as within the wider community to ensure a joined-up approach is established to prevent COVID-19 infection from occurring wherever possible.

Schools and early years settings

It is important to protect our children and young people in schools and early years settings from Covid 19. The potential for the spread of the virus is higher in institutional settings due

to the shared spaces and the frequent close contact between children and young people who often find social distancing much harder.

In Gateshead Early Years provision is split into childminders (99), day nurseries (32), out of school care (30 - note some of which are on the same site/under the same management as some of the day nursery provision), pre-school playgroups (22). We also have 2 Jewish independent nursery school provision and 4 private Jewish nurseries plus a small number of childminders.

Early years settings in the borough are supported by the Councils Early Help Team who have excellent working relationships and regular contact with managers and settings.

There are 67 primary schools with a capacity of 15,299 places, 9 secondary schools with capacity of 11,870 places (8 of which are academies and one independent, 7 special/alternative provision and 1 FE college). Some of our primary schools offer nursery provision for children over the age of two during term time and within school hours.

All our schools in the borough are supported by a School Improvement Service led by the Director of Education Schools and Inclusion and the Strategic Director of Children, Adults and Family Services with excellent working relationships and regular contact with schools headteachers and managers.

Lead officers have been identified from the membership of the Covid 19 Outbreak Prevention Board for this theme who will play a key role in the prevention and management of outbreaks in schools and early years settings working with a team of people from public health, school improvement, health and safety, NHS and other key partners.

We have 5 Jewish Schools with a capacity of 1,482 places (1 of which is a boarding school for boys and 1 of which is a private educational college). We have invited members of the Jewish Community to be a part of our Local Outbreak Engagement Board.

Our approach to controlling outbreaks in schools and early years settings

Prevent	Communicate	Respond	De-escalate
Schools and early years settings have undertaken a risk assessment and are Covid secure	Clear communication with staff, students and parents that conveys information on the situation and provides public health advice and information	Testing of symptomatic staff and students	Closing and active outbreak and providing clear communication to staff, students and parents that conveys information about the closure of the outbreak and provides public health advice
Application of IPC measures		Identification of close contacts and exclusion and isolation advice for confirmed cases (both staff and pupils)	Preparing staff and students to return to school (including deep clean)

Schools and early years settings employ nationally recommended measures such as social distancing and cohorting pupils		Mutual aid and workforce capacity	Embedding IPC and social distancing to prevent the spread of coronavirus and further outbreaks.
Regular hand washing and access to hand sanitiser		Applications of IPC measures and quality assuring that the right measures are being implemented	
Regular cleaning of surfaces and shared items		Testing of contacts	
Guidance and access to PPE where required for AGPs, personal care and symptomatic staff/pupils)		Supporting vulnerable people and communities to self-isolate	
Guidance on isolation when staff or pupils are symptomatic		Establishing effective outbreak control teams.	

Care Homes

Care home residents are more at risk because of individual vulnerabilities to Covid 19 including age and underlying medical conditions, shared living space and frequent close contact with others who can unwittingly spread Covid 19 within and between settings. Protecting residents in care homes during the Covid 19 pandemic is an absolute key priority.

In Gateshead there are a total of 57 care homes. Gateshead council commission 28 elderly care residential homes with capacity for 1547 residents and 20 learning disability/mental health care homes with capacity for 241 residents.

The Adult Social Care Plan in England identified the additional support to be provided to care homes during the pandemic. In Gateshead our care homes are currently supported by staff working in Adult Social Care, the Commissioning Team and the Gateshead Community Partnership. There is regular phone contact, 3 times a week, with each home, through which public health can identify new positive cases of Covid 19, collect soft intelligence about what is happening in the sector and build an understanding of how to prevent outbreaks. All homes are involved in the national testing programme and are aware that they should notify PHE and Local Authority Commissioners if they have any positive cases or symptomatic residents/staff.

The actions in this plan build on the work that has been in place since an early stage in the pandemic. A lead officer has been identified from the membership of the Covid 19 Health Protection Board who will play a key role in preventing and managing outbreaks in care homes.

Our approach to controlling outbreaks in care homes

Prevent	Communicate	Respond	De-escalate
Prevent and Protect team provide enhanced support to care homes to embed IPC measures (hand and respiratory hygiene, use of PPE)	Coordinated communication strategy that conveys information on the situation, who is affected, identifies stakeholders and provides clear public health advice and information	Application of IPC measures and quality assuring that the right measures are being implemented – enhanced cleaning	Using local intelligence and data to inform decision to close an outbreak
Adult Social Care and Commissioning Team monitor and support homes to prevent outbreaks		Cohorting residents (confirmed, suspected and contacts of a case)	Embedding IPC and social distancing to prevent the spread of coronavirus and further outbreaks.
Awareness of coronavirus symptoms (staff and residents) and the actions required to implement isolation procedures		Fixed teams care for Covid 19 positive residents	Deep clean of care home
Staff are trained in use/disposal of PPE and have access to required levels of PPE		Isolation advice for residents and staff and testing arranged for symptomatic residents and staff	Reflecting on outbreak and identifying lessons learnt and planning to prevent further outbreaks
Staff are adhering to social distancing guidance in and out of work		Data – monitoring (acknowledge that care homes may experience multiple outbreaks)	
Only essential visitors are permitted to enter the care home		Restricting movement of staff between care homes	
Care homes have tested out the impact of an outbreak on staffing and resident care and have a business continuity plan in place		Establishing effective outbreak control teams. Supporting staff and their households to self-isolate	
Community admissions are tested for Covid 19 prior to admission		Making provision for psychological support for staff and residents	
		Mutual aid and workforce capacity	

Other High Risk locations and communities.

There are many places, locations and communities in Gateshead that are at higher risk of outbreaks characterised due to factors, these might include:

- Close proximity of many people in a workplace

- Confined living spaces and multi occupancy housing
- Underlying vulnerabilities of individuals which include age, medical conditions, ethnicity
- Low understanding of individuals of the risks of infection and the risks of the disease
- Inability of individuals to keep to infection prevention measures
- Poor infection control measures

We are working with our partners to engage employers, community leaders, interest groups and individuals to identify and understand how to support our Covid-19 response in these settings. Where appropriate detailed standard operating procedures are being created to help manage fast responses (see list of complex settings on Page 11.)

Healthcare settings

In some healthcare settings patients with Covid-19 contracted the disease over the course of the pandemic, while already being treated there for another illness. Action has been taken to reduce the risk of nosocomial infections and Covid-19 testing of health and care staff is now rigorously enforced.

Some of the infections were passed on by hospital staff who were unaware they had the virus and were displaying no symptoms, while patients with coronavirus were responsible for the others.

We are working very closely with the Gateshead Health NHS Foundation Trust in all outbreak planning and delivery. A copy of the Trust COVID-19 Infection Prevention Control: High level summary of standard operating procedures and outbreak plan is attached at appendix 2.

Testing

Local testing capacity is essential not only for diagnosis for those who have symptoms but is also important in response to the management of a Covid 19 outbreak. The targeted deployment of local facilities alongside regional and national testing programmes will ensure that there is a swift response to outbreaks.

Current testing arrangements

When capacity is available swab tests can be accessed through the local NHS Trust community nursing team and they are processed through NHS laboratories, this is referred to as Pillar 1 testing. This route can be deployed to support care homes with both routine and symptomatic cases and ensures a rapid turn-around of results.

Pillar 1 (NHS Foundation Trusts)

Eligible groups:

- NHS staff (via their employer)
- GP's and Practice Nurses
- Other Key workers
- Symptomatic care home residents (via GP)
- Asymptomatic care home residents who are transferring from community or other care home (via GP)
- Patients being admitted overnight to hospital for overnight stay are tested

Testing can also be accessed through the national testing programme, which is referred to as Pillar 2 testing and tests are processed through a laboratory in Milton Keynes.

Pillar 2 (National Testing Programme)

Eligible groups:

- Anyone who has symptoms of coronavirus, whatever their age
- Essential workers who are self-isolating either because they or member(s) of their household have coronavirus symptoms
- Whole care home asymptomatic testing

Testing can be accessed via the national testing portals or by dialling 119.

<https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>.

A crucial issue in relation to testing is the turnaround time of tests. The rapid turnaround for vulnerable populations and settings and fast return of results improves the effectiveness of the contact tracing and isolation system and prevents the spread of the virus. The turnaround time for Pillar 2 testing has been slower than Pillar 1 to date, with results taking longer than 24 hours.

Deploying targeted testing facilities

The Director of Public Health can also deploy additional Mobile Testing Units (MTU) in response to an outbreak. This is activated nationally via the Council's lead officer/SPOC and resources are deployed as appropriate to the outbreak situation. Mass testing may be an appropriate and rapid means in situations where there are a large number of people suspected of having Covid 19 in a particular setting.

Contact tracing as part the NHS Test and Trace service

The national approach to contact tracing continues to develop and information on what to do if contacted by the NHS Test and Trace Service can be found here:

<https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/nhs-test-and-trace-if-youve-been-in-contact-with-a-person-who-has-coronavirus/>

When people show symptoms of covid-19 they must isolate at home, along with the rest of the household, and order a test using the www.nhs.uk/coronavirus website or by calling 119. If people with symptoms then test positive, they must complete the remainder of their seven-day self-isolation, and their household must complete the 14 day isolation period. However, if the test is negative no one needs to isolate.

If people do test positive the NHS test and trace service will text, email, or call them with instructions on how to share details of people they have had close contact with. This will apply to contacts made and places visited two days before and seven days since the onset of symptoms.

The tracers will contact the people to tell them that they have been in close contact with someone who has tested positive, but they will not provide the name or details of this person. The alert will usually come by text, email, or phone call, but they may also come by post if needed. The contacts will be told to begin self-isolation for 14 days from their last contact with the person who tested positive. The contact's household members do not need to self-isolate but should avoid contact with the person at home.

If a contact develops symptoms, the whole household must self-isolate for 14 days and the contact must order a test. However, this time if contacts test negative, they must still isolate for the 14-day period, as the virus may not have become detectable yet, meaning that they could still go on to develop symptoms.

The Director of Public Health and other local authority officers will support the NE PHE HPT in the contact tracing in complex settings and high-risk sites facilitating access to vulnerable individuals and communities through local knowledge and contacts, as required. These might include workplaces, community settings, hostels and other complex housing i.e. multi-story accommodation etc.

Clusters or outbreaks of Covid 19 will be notified to the local authority in line with agreed joint protocols. The initial management will be undertaken via NE PHE HPT led Outbreak Control Team (OCT).

Data Integration

We are developing 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.

With the establishment of the Joint Biosecurity Centre (JBC) to bring together expertise and analysis to inform decisions at a national, regional and local level on tackling Covid 19, it is intended that local authorities will receive positive test data at postcode level to inform local outbreak planning.

The JBC will provide real-time analysis about infection outbreaks. It will look in detail to identify and respond to outbreaks of Covid-19 as they arise. The centre will collect data about the prevalence of the disease and analyse that data to understand infection rates across the country.

As part of these national proposals we have signed a Covid 19 Testing Rapid Data Sharing Contract between Gateshead Council and Public Health England so that we can receive confidential patient information of residents who test positive for Covid 19 to support the management and mitigation of the spread and impact of the current outbreak of Covid 19. We have ensured that we have in place an operating process for receiving, storing, access and use of the data which is compliant with information governance requirements.

We are also encouraging other professionals to share information with public health on any concerns they may have in relation to suspected cases, clusters or outbreaks. Soft intelligence can also add to the picture, providing insights into perceived impacts of COVID-19 within our communities.

Vulnerable people

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 NE PHE HPT and then notified to the Local Authority for follow-up.

Social Support

Gateshead residents in need of help during this emergency can register online at www.gateshead.gov.uk/staysafe and schools, community leaders, employers and Council staff will be able to help people to register. 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

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 / SPOC will contact 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.

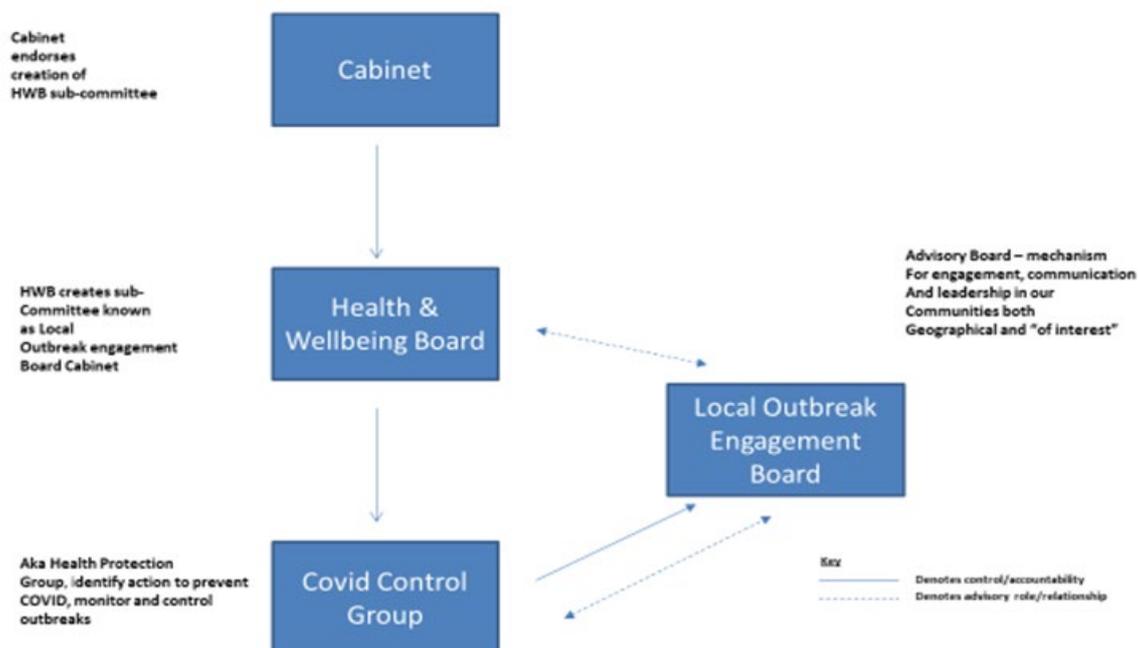
Governance

As required by national guidance 2 new boards have been established to manage outbreaks in Gateshead. **The Gateshead COVID Control Board** is an operational or tactical level board which 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

The COVID Control Board will be accountable to the Health and Wellbeing Board. It will also work with the Local Outbreak Engagement Board which will provide advice on how to ensure our messages on both prevention and dealing with outbreaks reach all our communities and settings. Membership of the COVID-19 Control Board is at Appendix 3.

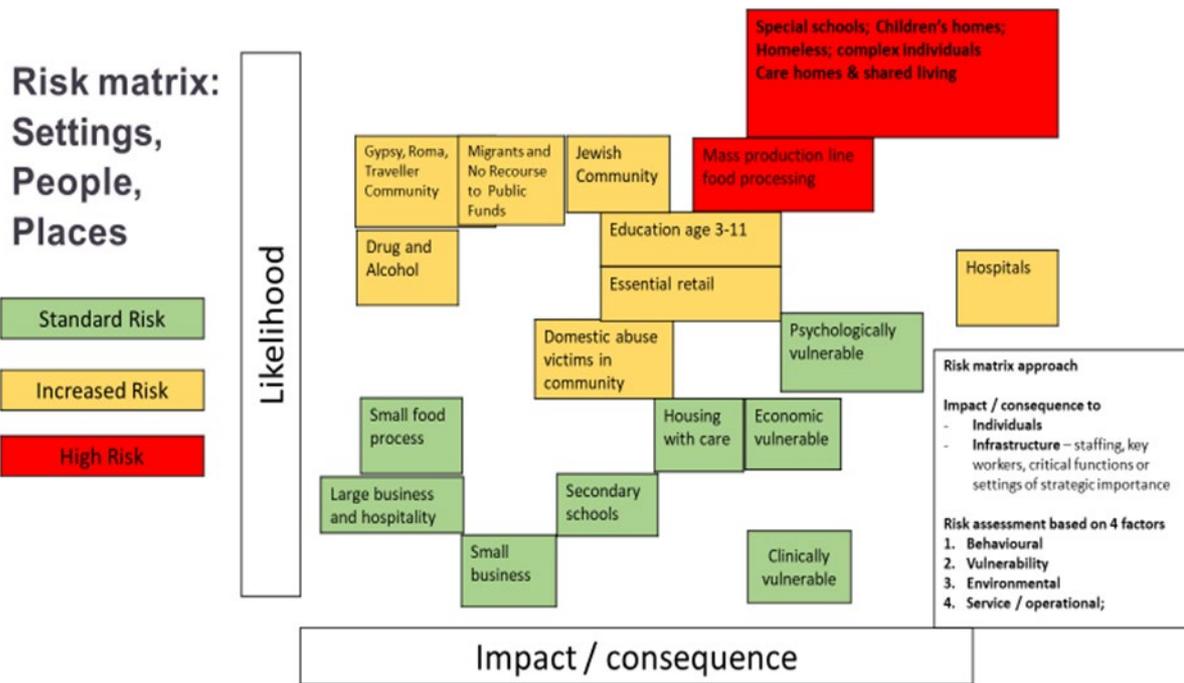
Governance – Local Outbreak Engagement Board



Risks

A risk register has been prepared to assess the delivery of the seven key areas that this plan is expected to address, it will be monitored by the COVID-19 Control Board

All outbreaks will be reported to the COVID-19 Control Board for assurance and oversight. Standard operating procedures are being developed for key settings such as Care Homes, workplaces and schools, but it is recognised that each outbreak will require a specific and probably individual response. A risk matrix for settings, people and places is shown in the diagram below.



The Local Outbreak Engagement Board will provide political ownership and public-facing engagement and communication for outbreak response.

The LOEB will provide leadership on communication and engagement with affected communities, using established mechanisms and trusted relationships. This will include 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 also provide advice and support to the Health and Wellbeing Board on this.

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 an on ad hoc basis.

Outbreak Control Process

Directors of Public Health in Local Authorities and Health Protection Teams within PHE have specific roles and responsibilities set out in statute, for preventing, identifying and managing outbreaks of infectious disease, including Covid 19. The arrangements are emerging in line with new regional and national structures that are being established by the JBC.

In order to avoid duplication and to enhance working at a local authority level during the management of Covid 19 outbreaks, detailed joint standard operational procedures (SOPs)

are being developed between the NE PHE Health Protection Team and local authority Directors of Public Health across the region. The SOPs will describe the actions required by the HPT, the DPH and local authority officers.

Structuring outbreak responses

Where possible Local Authorities are using similar systems and messages to ensure that our communities do not get confused about the messages or information that they receive. The Gateshead system closely mirrors Newcastle and other North of Tyne local authorities.

An outbreak response may be triggered via data and intelligence monitoring or in response to an alert via the council's COVID-19 Single Point of Contact (SPOC). The intelligence will be assessed by Public Health professionals who will make a professional judgement on the information received from NE PHE HPT and other non-clinical sources of information and determine the course of action required. The SPOC mailbox will be monitored between 8am – 8pm, seven days per week.

It is anticipated that decisions on the level of response will routinely involve consultation between Council Public Health professionals and local PHE HPT colleagues.

SPOC Decision and Action Log

The Public Health professional will complete the SPOC Decision and Action Log (DAL) to record every contact from NE PHE PHT including:

- Summary of situation
- Location
- Whether this relates to a complex setting or community
- Status assessment (yellow, amber, red)
- Whether the case has been discussed with the DPH
- Name of decision maker
- Date / time of decision

The DAL will be updated and will be accessible only by named Public Health officers in line with data sharing governance and agreements.

SPOC decision making

Public Health professionals will ultimately use their experienced judgement to decide on the most appropriate course of action required for a case. They will do this within a decision-making framework aligned to pre-existing outbreak control planning and critical / major incident response planning. This includes consideration of:

- Consequences felt by local communities
- Likely duration of the impact
- Resources to respond effectively

Decision making will be informed by data analysis of previous decisions made, and existing public health data (including data on deaths, hospital admissions and discharges). There may also be consideration, in the round, of soft intelligence.

In Gateshead we will use four escalating levels:

Yellow	Early action by outbreak response team
Amber	Contained response
Red	Formal outbreak response
Red Plus	Escalation to a major incident

Yellow – Early action by Outbreak response team

A 'yellow' response will be assigned if the following criteria are met:

- Information provided from NE PHE HPT or other source is for information only and no further action required of any kind by the council.

This is a 'business as usual' containment of a very limited outbreak by the teams established to support active prevention and infection control in specified vulnerable groups. In care homes, action by the community outbreak team or clinical lead may be sufficient in managing smaller case clusters that fulfil the definition of an outbreak but are adequately contained by infection control measures.

This may also be the case for other vulnerable areas as standing prevention and support measures develop. We would not expect these responses to require additional communications support or the need for a specific outbreak control meeting. Where regular, reliable measures are in place for prevention and infection control, these functions should already be incorporated.

Amber - Contained response

An 'amber' response will be assigned if any of the following criteria are met:

- Information provided from NE PHE PHT confirms further action is required by the council
- Information provided from NE PHE PHT confirms no further clinical response required but the location of positive case is within a complex setting or community requiring additional action beyond that of the community outbreak team.
- There is a manageable impact felt by community requiring response
- There is a manageable impact on council services requiring response (including specific communications action)

In any 'amber' response, the key action will be the implementation of the appropriate scenario or continuity plan for that complex setting or community, or council service continuity plan. For the most part, smaller numbers of cases, even when meeting the formal definition of an outbreak, may merit only an initial Outbreak Control Team meeting if appropriate action on isolation and prevention has been put in place. This would apply or

instance, if a 'bubble' within a school or workplace had a number of linked cases and the test and trace programme had both isolated the index cases and the contacts of those cases.

In normal times, an Outbreak Control Team meeting in these circumstances would be convened and chaired by the NE PHE HPT. While demands on the system are a sufficiently low level this will also be the case for COVID-19 events. However, if pressure increases this should be agreed between HPT and DPH or deputy.

Red - Formal outbreak response

A red response will be assigned if any of the following criteria are met:

- Information provided from NHS confirms immediate and significant further action required by the council
- Information provided by NHS confirms immediate further action required by the council
- Information provided from NHS or data analysis confirms multiple cases with a common location, complex setting or community, exceeding capacity of a 'yellow' or 'amber' response
- Data analysis suggests sustained and rising community transmission of COVID-19
- There is an increase in the number of positive cases within the community and this cannot be explained through contact tracing
- There is a significant impact felt by community requiring action
- There is a significant impact on council services, either through: the safety of service users, stakeholders or staff; the delivery of services; or the reputation of Gateshead

In any 'red' response the key action will be:

- The implementation of the appropriate scenario or continuity plan for that complex setting or community (or council service continuity plan),
- The activation of outbreak control arrangements (at critical incident level of existing continuity planning).

For a significant outbreak, we will work closely with NE PHE HPT will operate. This would involve:

- Agreement between the NE PHE HPT and DPH or deputy that an outbreak is in progress
- Formal declaration of the outbreak
- Establishment of a multidisciplinary Outbreak Control Team
- Structured, minuted meetings with formal allocation of tasks
- Continued regular Outbreak Control Team management of the incident until control is re-established

In both contained and formal outbreak responses, the composition of the Outbreak Control Team, or attendance at the initial control meeting will be determined by the type and scale of the outbreak. However, core representation should include:

- DPH or council public health lead for the specific nature of outbreak (Chair depending upon the nature of the event)
- NHS consultant (Chair depending upon the nature of the event)
- Communications (all communications for outbreaks in Gateshead other than those in NHS settings will be led by the team at the council in consultations with PHE comms)
- Relevant internal or cross sectoral support team members (these may be from adult or children's social care, education, environmental health and regulatory services etc)
- Lead(s) for the setting (site, school, business, community)

Plus, optionally:

- Formal minute taker / recorder of actions (may be one of the above attendees)
- Pillar 1 testing support if required (via Gateshead NHS Foundation Trust)
- Additional expert input as required.

Meetings will be conducted remotely using Microsoft Teams and may be recorded. The Outbreak Control Team will review actions required relating to control and any help or support required:

Control: This includes clinical activity to ensure that the spread of COVID-19 is controlled and may also include preventative public health action and broader communications.

Help and support: This includes identifying whether there are other services, such as food, housing, social or financial needs which are required by those impacted by the outbreak to help ensure infection control is adhered to. This will include undertaking investigation into any known service user history, for example, with the council or as a member of a known vulnerable group. Further information on the help and support options being provided is outlined in the 'Support to those self-isolating and to those shielding' section of this document.

Red Plus - Escalation to major incident status

Where outbreak control arrangements outlined above are insufficient to manage the incident, a major incident may be considered and declared. This may include if the scale of the outbreak is extremely large, covers multiple sites or communities, or threatens to overwhelm services and response. This might be done on the footprint of Gateshead or of the Northumbria Local Resilience Forum area. This will depend upon circumstances and in conjunction with the Council's Emergency Response Process.

Implementation of the Gateshead COVID Control Plan will be undertaken against a background of major incident 'recovery phase'. This is during which the Strategic Gold Command rests with the council's Corporate Management Team led by the Chief Executive with the Director of Public Health. In their absence a nominated deputy from Corporate Management Team will be identified.

Following a discussion with the Duty Public Health Consultant managing the outbreak, a decision to escalate from this status to active major incident will similarly be taken by the Gold Strategic Commander (the Chief Executive and/or the Director of Public Health) after

consultation with partner agencies. In their absence nominated deputies from Corporate Management Team will be identified.

As part of the Council's Emergency Response Process, the existing threshold for escalation to major incident is defined as where the potential or actual impact of an emergency requires council resources to be deployed and managed in ways that are outside normal business-as-usual operations. practices (or continuity planning).

It will also be declared for any emergency that requires the implementation of special arrangements by one or all of the emergency services, the NHS or the local authority for one or more of the following:

- The rescue and transportation of large numbers of casualties
- The involvement either directly or indirectly of large numbers of people
- The handling of large numbers 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, for example, the council, to cater for the threat of death, serious injury or homelessness of many people
- The large-scale deployment of the combined resources of the emergency services

It is anticipated that any move to resume 'lockdown' at a local level – that is, where outbreaks cannot be contained by voluntary and collaborative local action – would require the declaration of major incident status and appropriate convening of cross sectoral command structures in line with existing major incident protocols.

Northumbria Local Resilience Forum (LRF)

Some outbreaks may require a multi-agency response at the strategic level in order to provide a resolution. In such incidents, the LRF will convene a Strategic Co-ordinating Group (SCG) to determine 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.

Closing a Covid-19 outbreak

Gateshead Outbreak Control Board, advised by Public Health England, will identify when an incident or outbreak is over and will make a statement to this effect. The decision to declare the outbreak over should be informed by on-going risk assessment. This is likely to be when:

- There is no longer a risk to the public health that requires further investigation, management or control measures in the setting
- The number of cases has declined such that there have been no new cases associated with the setting in the last 28 days.

Communication strategy

Clear, accurate and timely communications is a key element in outbreak management. Providing accurate and timely information to residents, businesses and settings and having the ability to respond to any localised outbreaks quickly and efficiently is essential.

We have recruited a dedicated communications professional, who will work with the public health team to ensure that positive behavioural change messages are used and that we increase the understanding of all stakeholders, including residents, of how they can play their part in preventing further outbreaks.

Our communications will be based on Prevent – Respond – De-escalate

Prevent will amplify the national campaigns with localised materials that make use of well-established channels and relationships. This will be communicated to a wide audience through social media, outdoor advertising and via the local press. Language and tone will be persuasive, community focused and person centric.

The Local Engagement Board will support the development of communications for different groups in our community. A social marketing approach will aim to ensure that the information is relevant and appropriate for different audiences.

The prevention work will draw on positive relationships and communicate across all partner platforms and mediums. Verbal briefings, direct emails and engagement will be a key part of communication.

Respond is quick, accurate and direct communications of any localised outbreak and relevant response level (Yellow – Amber – Red – Red Plus). Settings will be consulted on the best methods for communication and statements provided quickly to local press and via social media. The key element of this stream is the need for accurate and easily distributed information. Existing channels – such as school text systems to parents, business forums etc – will be mapped out and utilised in line with the outbreak scenario.

De-escalate as active outbreaks are managed, clear communication to the public, business owners and employees that conveys information on the outbreak and also when it is over is critical. This work will focus on managing public anxiety, communicating well about actions that have been taken and explaining why.

The understanding, consent and compliance of the public is key to effective Covid-19 outbreak management. We need to be open and honest with our community to help to further build on existing relationships and trust. We expect people to be interested and concerned (we don't operate in a vacuum our work is very visible) and so we will always take a collaborative approach and seek to learn and improve our communications over time.

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 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

Appendix 1

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 be supported by activity to raise awareness of the signs and symptoms of COVID-19 and isolation advice.

Gateshead Health NHS Foundation Trust COVID-19 Infection Prevention Control: High level summary of standard operating procedures and outbreak plan

J Moore, Consultant Microbiologist

With input from G Horne, H Coutinho, A Wort (Consultant Microbiologists), The Infection Prevention and Control team and A Beeby and H Lloyd (Joint Directors of Infection Prevention and Control)

24th June 2020

Standard principles

The trust will do all it can to **minimise the risk of patients and staff acquiring COVID-19 infection** within the hospital and through its community services. This is a top organisational priority.

The Infection Prevention and Control team, Consultant Microbiologists and Directors of Infection Prevention and Control (DIPC'S) will play an integral role in the trusts response to COVID-19.

Strict application of national and local Infection Prevention and Control guidance will be applied at all times to minimise the risk of COVID-19 infection occurring in patients and staff.

We will **work closely with colleagues in Public Health, the local council and the wider healthcare sector** as well as within the wider community to ensure a joined up approach is established to prevent COVID-19 infection from occurring wherever possible.

ALL patients admitted to hospital will get a **COVID-19 molecular test on admission** (or in the 5 days preceding admission for certain surgical cases when shielding pre-op) regardless of symptomatology.

ALL patients will be nursed in **single occupancy room** accommodation until the result of their admission COVID-19 molecular test is known.

ALL patients with acute (i.e. infectious) COVID-19 infection will be nursed in either **single occupancy accommodation or in specialised designated COVID-19 cohorted ward / area** distinctly separated from non-COVID-19 patients.

Appropriate **personal protective equipment (PPE)** and all necessary training will be provided to ALL staff and visitors where required. ALL **staff members** have open access to a HR advisory line through which rapid **COVID-19 molecular testing** can be conducted in the event of any staff member developing symptoms compatible with COVID-19 infection. Staff members will be excluded from work as soon as symptoms develop. ALL staff members diagnosed with COVID-19 will remain off work until the end of the infectious period.

The trust will promptly identify (both patient and staff) contacts of active infections and put systems in place to break the chain of infection such as **prompt isolation of patient contacts**, mandating exclusion from work / self-isolation of significant staff contacts and arranging for additional environmental cleaning and such like to take place.

It is recognised that thorough and **regular decontamination of the hospital environment** is essential to prevent transmission of COVID-19 infection. Therefore, cleaning schedules are in place to minimise the risk of prolonged environmental contamination.

Social distancing measures are in place throughout the organisation in line with government policies.

High quality and timely **COVID-19 molecular testing** will be performed in our own laboratory wherever possible.

The trust will **proactively manage ALL COVID-19 cases** both to optimise the management of the patient/staff member concerned and to do all we can to limit onward transmission of infection.

A **consultant Microbiologist together with the IPCN team** will actively and in real time **investigate each positive COVID-19 result** and assign the result into one of the following groups: Community acquired, Possible nosocomial, Definite nosocomial or known positive within 18 hours of the result being authorised. Each new result will be added to and cross referenced with a central IPC database to ensure that any clusters of cases or outbreaks are promptly identified.

Potential and confirmed COVID-19 **outbreaks will be managed pro-actively** with all necessary steps taken to reduce the risk of onward transmission at the earliest possible point. We will follow guidance set out in national documents and guidelines pertaining to outbreak management.

As soon as an outbreak is identified **immediate measures** will be taken to contain the situation. For instance, the ward/ area will be closed to new admissions, all visiting will be suspended and internal movements restricted, all discharges to residential facilities or for patients going home with care packages will be put on hold and extra cleaning arranged for the area.

All patients and staff in an area affected by an outbreak will **undergo routine enhanced COVID-19 molecular (swab) testing** designed to maximise the information available to the outbreak control team and identify all positive cases at the earliest opportunity.

An **outbreak control meeting** will be called (to be held within 24 hours). Appendix 1 lists the core group of individuals that will make up the outbreak control team. The local health protection team and public health director will promptly be informed of any outbreak and invited to participate in the outbreak control meetings. Appendix 2 contains a template agenda for the first meeting.

A **single point of contact** for the local health protection team and local director of public health will be allocated – this will usually be the Consultant Microbiologist(s) nominated the outbreak lead role.

Regular outbreak meetings will take place until the outbreak is closed.

All **outbreaks will be thoroughly investigated** through established formal processes. A **post infection / outbreak review** will be conducted at the end of the outbreak and an outbreak report produced. A key part of this investigation process is to **learn lessons** from what has happened and **modify practice where required** recognising that this is a new virus and ‘learning quickly from experience’ is of paramount importance given the current limited understanding about many aspects of the virus. COVID-19 pathways and documents will be updated regularly as new evidence of learning from experience comes to light and national and local documents are updated.

The trust will be **transparent in reporting all nosocomial COVID-19 cases and outbreaks** through the appropriate national, regional and local reporting systems in a timely manner.

References:

PHE Communicable disease and outbreak management: Operational guidance.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/343723/12_8_2014_CD_Outbreak_Guidance_REandCT_2_2_.pdf

Appendix 1 : Outbreak control team (Gateshead Health NHS Foundation Trust):

- Director of Infection Prevention and Control (Chair)
- Infection control doctor / Consultant Microbiologist (Outbreak lead / Vice-chair)
- Infection Prevention Control Nursing team

- Health protection Team representative
- Local authority public health representative
- Admin team support (record minutes/action log)

- Medical staff representative from affected ward / area
- Matron covering ward/clinical area
- Ward Sister for affected ward/ clinical area

- Occupational Health / Human Resources team
- Domestic supervisor
- Patient flow lead
- Communications team
- Any other individual(s) deemed necessary for the particular area affected

Outbreak control meetings will be held remotely wherever possible Via Microsoft teams.

Appendix 2 : Outbreak control meeting – template for standard agenda

Outbreak Control Team Meeting Agenda

(Insert Title of outbreak)

(Insert Date, time and venue)

1. Introductions
2. Apologies
3. Minutes of previous meeting (for subsequent meetings)

4. Purpose of meeting

At first meeting agree chair and terms of reference

5. Review of evidence

Epidemiological
Microbiological
Environmental

6. Current risk assessment

7. Control measures

8. Further investigations

Epidemiological
Microbiological
Environmental

9. Communications

Public
Media
Healthcare providers (eg GPs, A&E etc...)
Others

10. Agreed actions

11. Any other business

12. Date of next meeting

Appendix 3

Membership of the Gateshead COVID Outbreak Control group

Organisation	Name	Role
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

Organisation	Name	Role
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	Steph Downey	Service Director, Adult Social Care
Gateshead Council	Natalie Goodman	Public Health Advanced Practitioner
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
HM Prison and Probation Service	Phil Makin	Senior Probation Officer