

WARRINGTON BOROUGH COUNCIL

COVID-19: 10 KEY ASPECTS FOR SYSTEM-WIDE PREVENTION AND PREPAREDNESS

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| Description | <p>The purpose of this document is to provide an overview of the approach needed for the prevention of, and preparedness for, Covid-19 outbreaks.</p> <p>The plan aims to ensure an effective and coordinated system-wide approach to the prevention of COVID-19 outbreaks.</p> <p>Having an outbreak prevention plan is important to help create capacity within teams to proactively put prevention measures in place. The plan will also provide the advice and reassurance needed to prevent outbreaks and build the capability to mount an outbreak response as needed.</p> <p>These actions, implemented effectively, should help prevent any return to lockdown in a geographical area or setting.</p> |
| Related Documents | Outbreak Control Plans |

As COVID-19 is a rapidly evolving situation, guidance may change. Therefore it is advised that, in addition to familiarising yourself with the content of this document, you refer to the relevant national guidance.

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Section 1: Aims, Objectives and Scope of plan

Aim

This plan aims to ensure an effective and coordinated approach to the prevention of a COVID-19 outbreak.

This plan builds on existing health protection plans to put in place measures to prepare for, identify and contain outbreaks and protect the public's health.

Objectives of the Plan

To set out an approach to help prevent COVID-19 outbreaks, with a focus on specific high-risk settings and vulnerable population cohorts

To outline roles and responsibilities at a local operational level (LA level Tier 1b)

To give key considerations and outline some specific requirements needed for key settings where COVID-19 outbreaks may occur.

Scope

This plan does not replace existing plans that are in place to manage outbreaks in specific settings. Please refer to the specific outbreak plans for details on outbreak management processes and roles and responsibilities.

This plan, or a similar document, is used by other local authority areas in collaboration with stakeholder partners for the prevention of community outbreaks of COVID-19 in Cheshire and Merseyside. Systems are in place across Cheshire and Merseyside to ensure resilience in responding to, and managing, outbreaks as they occur.

Key themes for the local response

National guidance documents and response plans outline seven key aspects for local outbreak control plans for Covid-19:

Care homes and schools: Planning for local outbreaks in specific settings such as care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response).

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).

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 testing facilities etc).

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).

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).

Vulnerable people: Identifying and supporting vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc.) and ensuring services meet the needs of diverse communities.

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.

Initial priorities for outbreak management

Below are some examples of priority groups and settings:

- **The clinically vulnerable:** highest risk are the shielded, followed by those who are eligible for a free NHS seasonal flu vaccine (which includes those aged over 65, pregnant women and those with certain underlying health conditions), and BAME groups
- **Personal and social circumstances:** asylum seekers/hard to reach groups, homeless, gypsies and travellers, substance misusers, victims of domestic abuse and looked after children.
- **People who may not be able to socially isolate:** people in houses of multiple occupation, people with dementia, people with learning difficulties, people with severe mental health problems,
- **People who have lots of contacts:** frontline staff, teachers, drivers, factory workers, retailers, police, probation service, fire and rescue service
- **High risk settings:** care homes, hostels, children's homes, special schools, prisons, hospitals
- **Geographical hot spots:** street, neighbourhood, extended family. These can be distilled this into three categories of complexity:
 - **Complex and high-risk settings:** such as care homes; special schools; primary care
 - **Complex cohorts:** such as those who are rough sleepers, faith communities, asylum seekers)
 - **Complex individuals and households including our defined vulnerable and shielded cohorts and people unable to comply with guidance:** such as those with a learning disability; diagnosed mental illness; victims of domestic abuse; complex social-economic circumstances.

Section 2: Prevention of COVID-19 in Community settings

Role of Prevention

Prevention is the single most effective method of reducing transmission and outbreaks of COVID-19. A focus on ensuring the effective communication and promotion of advice on social distancing, respiratory hygiene and hand washing, and appropriate cleaning in line with Public Health England (PHE) advice, is essential.

A Warrington Covid-19 Complex Outbreak Hub has been established. The Hub co-ordinates the actions required to prevent, and manage the consequences of, outbreaks in complex settings. There is a single point of contact for access to this Hub; via Contact Warrington 01925 443322.

Engagement with high-risk or complex settings is a key strand of an effective prevention approach, and critical to managing the consequences of an outbreak.

Work continues to ensure that all settings are engaged and have identified their own single point of contact.

Actions required to prevent outbreak

ACTION 1: Identify the complex settings and high-risk services and individuals who are most at risk of outbreaks.

An overview of the complex settings and high risk services and individuals who are most at risk from severe illness and outbreaks has been compiled. Higher risk and priority settings have been mapped, and are available as Appendix 1 of the full Complex Settings outbreak plan.

This is an on-going piece of work, and lists and maps will be kept up to date as new evidence or intelligence emerges.

ACTION 2: Assess training and support needs of all settings

A key aspect of effective prevention is ensuring that complex settings have the capacity and capability to prevent and respond to a COVID-19 outbreak.

Substantial engagement work has been undertaken with local schools and with care providers to undertake risk assessments, provide infection control training and advice and identify any further support requirements.

Further work is in progress to engage with other complex settings to assess readiness of other services and key local businesses. Service/setting-specific assessment tools are in development to assess the readiness of the setting/ service to prevent and respond to an outbreak.

Action 3: Develop a training plan based on outcome of COVID assessment

The outcome of all Covid-19 assessments will determine the gaps in knowledge to respond to an outbreak and how skilled the setting or service feels in terms of preventing an outbreak. Local expertise – e.g. super trainers, EHO's, Infection Control Team Care will be utilised alongside online resources. A setting-specific training programme will be developed and delivered to address these gaps and training will be evaluated to help ensure quality and efficacy.

See appendix 2 for a list of training considerations.

Action 4: Ensure settings are aware of all guidance relevant to their setting

Guidance published by PHE covers a wide range of settings. This guidance includes advice on aspects such as keeping areas clean and what to do if cleaning needs to be enhanced in the event of an outbreak.

Aspects of the guidance are included in the training and in action plans, and risk assessments undertaken. Awareness-raising and promotion of key measures continues through engagement: e.g. supporting Care Homes to be aware of the staff /client/ visitor interventions that can reduce outbreaks through such actions as stopping rotation of care staff between establishments, cohorting of staff and service users as necessary, stopping all non-essential visitors, work space use, one way flows, etc.

National guidance is summarised to make it more accessible on a setting-specific basis, and links to relevant national guidance are included on the Council website.

See Appendix 2 for generic workplace advice on preventing outbreaks and links to guidance.

See Appendix 5 for a list of national guidance

Action 5: Promote appropriate use of PPE in settings where routine use is advised

Setting and procedure/task-specific guidance on the use of Personal Protective Equipment (PPE) is included in the training and resource packs for care homes and in the risk assessment and information packs disseminated for schools. Guidance on appropriate PPE will continue to form part of on-going training and awareness raising for other relevant settings. Contact tracers will capture information on PPE and this will form part of their assessment of risk and the need for self-isolation. It is therefore important that settings are aware of appropriate PPE for specific tasks.

Action 6: Ensure setting/ service are aware of what advice to give to staff/ clients/visitors who are ill with COVID-19 at the first reporting of symptoms

Read the guidance sheet prepared for provision of advice - see Appendix 4

Action 7: Ensure setting/ service are aware of the need to notify PHE at the first sign of outbreak symptoms

A COVID-19 outbreak occurs when there are two or more cases with symptoms of coronavirus (COVID-19), that is recent onset of any of the following:

- new continuous cough
- high temperature >37.8
- a loss of, or change in, normal sense of taste or smell (anosmia) in isolation or in combination with any other symptoms

arising within the same 14-day period in people who work in, or have visited, the setting.

Action 8: Understand barriers to implementation of guidance/Infection Prevention and Control measures.

It's important to understand any challenges that complex settings will experience in order to provide advice and support on how to reduce the potential risks of an outbreak occurring. This will be identified through engagement and assessments undertaken.

Action 9: Regulatory oversight of compliance

Where there is non-compliance with guidance and where there is an imminent risk to others, this may require a range of contractual, or enforceable actions. This would be a last resort.

Action 10: Local Authority to agree testing response

Rapid access to testing for suspected cases is crucial. Obtaining a test for COVID-19 quickly is important in limiting the further spread of an infection. In addition, rapid access to testing is useful in returning staff who do not have the infection to the workplace.

Testing capacity will influence the ability to respond to an outbreak. The information collected during the COVID assessment should provide some information to match need with testing capacity.

Decisions on whole-setting testing or symptomatic testing, in line with NHS Track and Trace, will need to be considered as outbreaks arise. Some settings may be so complex that whole-setting testing may be the only way to ensure that some individuals are tested.

Appendix 1: COVID training needs assessment

Setting-specific training and support needs will be determined through engagement and assessment with the setting. The questionnaire below provides an indication of content and questions.

This questionnaire aims to understand the processes in place within your organisation to enable you to respond to an outbreak of Covid-19, should one occur. Answers to the questions below will help to indicate the capacity and capability of your organisation/setting to prevent and respond to a COVID-19 outbreak, and will help identify any training or support requirements.

1. What is the name of the service/ setting?

2. I have a list of setting types. Can you please confirm which of the following is most appropriate for your setting/ service, please choose one option only:

- Adult Social Care
- Children's Social Care
- Educational Setting
- Health Care Setting
- Housing and Homelessness Support
- Gypsy/Traveller Site
- Children and Young Person Setting
- House of Multiple Occupation
- Workplace
- Other (please specify):

3. Please confirm your address

- Building name
- Building number
- Street
- Town
- Post code

4. Who is the main contact for responding to COVID-19 in your organisation?

5. Please can I have the contact's telephone number:

6. Please can I have the contact's e-mail address:

7. Is this setting part of the local authority service e.g. an educational setting, or a local authority commissioned service? (Please select one option only)

- Yes
- No
- Not applicable

If 'Yes' please can I have a key local authority contact name?

8. How many service users/residents do you currently have?

9. I have a list of vulnerable groups. Do any of these vulnerable groups apply to your service users/ residents? (Please select all that apply)

- Older people aged 65 plus
- Physical and/or sensory disabilities
- Learning disability and/ or Autism
- Mental ill health
- Ill and/or immunocompromised
- Homelessness or risk of homelessness
- Substance misuse
- Carer
- Asylum seeker
- Other, please detail below:

10. How many staff do you have?

11. What is the minimum number of critical staff required to maintain service provision?

12. I have a list of vulnerable groups. Do any of these vulnerable groups apply to your staff members? (Please select all that apply)

- Older people aged 65 plus
- Physical and/or sensory disabilities
- Learning disability and/ or Autism
- Mental ill health
- Ill and/or immunocompromised
- Homelessness or risk of homelessness
- Substance misuse
- Carer
- Asylum seeker
- Other (please specify):

13. Do you have a business continuity plan in place?

- Yes

- No
- Don't know

14. Have staff had any training on Outbreak Management?

- Yes
- No
- Don't know

If 'Yes' how many staff have had training?

15. If 'Yes' please can you give me the details of the training completed?

16. Have staff had any training on Infection Control?

- Yes
- No
- Don't know

If 'Yes' how many staff have had training?

17. If 'Yes' please can you have me the details of the training completed?

18. Have you undertaken a COVID-19 risk assessment? Please select one option only

- Yes
- No
- Don't know

19. Date of call:

20. Time of the call:

21. Name of the person who made the call:

22. Did the setting/ service request any further information or have further questions?

23. Are there any red flags/ additional information we need to be made aware of?

Appendix 2: Potential training content to support the organisational setting

Setting-specific training will be developed using the information obtained in the on-going engagement and assessment work. The list below provides an overview of generic content.

- Basic infection prevention and control measures including changes to the environment, work practices and cleaning schedules
- Basic COVID-19 awareness – transmission, symptoms, epidemiology
- Contact tracing principles, ethics, information governance and data collection
- Understanding the testing offer/s
- Current advice and support to those self-isolating
- Role of The NHS Test and Trace service and local outbreak control
- How to manage an outbreak
- Information and reassurance for staff not deemed to be contacts.

Appendix 3: Advice for management and staff

- Adhere to COVID- secure guidance for your particular setting.
- Pro-actively maintain a risk assessment approach to preventing COVID-19 in your setting.
- Limit visitors.
- Use of social distancing floor markings, barriers.
- Encourage staff to report all illness and not to come into the workplace if feeling unwell.
- Shift and service managers may consider proactively asking staff if they are symptomatic at the beginning of a shift.
- While at work staff should follow social distancing measures to the best of their ability, including in staff spaces such as break rooms.
- Where premises are part of a group, try to limit staff movement between facilities.
- If possible, rota staff to work with same small team and consider limiting staff movements within facilities, e.g. individual staff only work on one floor of a facility.
- Increase the frequency and intensity of cleaning for all areas, focusing on shared spaces and high touch points e.g. door handles, photocopiers, drinks areas.
- Maintain an accurate daily list of all staff and visitors to the premises with in and out times.

Appendix 4: What to do when an individual in an organisation reports that they are unable to come in due to COVID-19

Any staff, residents or clients with symptoms of COVID-19 should stay off work for 7 days from the first day they developed symptoms, and their household contacts need to isolate for 14 days.

The staff member should be encouraged to arrange a test via www.nhs.uk/coronavirus or call 119.

If positive, they should be encouraged to share information promptly about their recent contacts through the NHS Test and Trace service via www.nhs.uk/coronavirus or call 119.

Staff with a symptomatic household member should isolate for 14 days from the first day the household member developed symptoms.

When an employee has developed symptoms, whilst awaiting test results, close contacts should not self-isolate, but they:

- must avoid individuals who are at high-risk of contracting COVID-19, eg. if they have pre-existing medical conditions such as respiratory issues.
- must take extra care in practising social distancing and good hygiene and in watching out for symptoms.
- must be better prepared to isolate. If the person who has symptoms has a positive test result, contacts will receive a notification from the NHS Test and Trace service explaining they need to self-isolate for 14 days, and testing will be arranged through NHS Track and Trace

What to do if someone becomes unwell on site with COVID-19 symptoms

The key symptoms of COVID-19 are a new continuous cough, loss of taste and smell OR a high temperature. However if a member of staff begins to feel non-specifically unwell, consider whether they are needed to work that day or not.

If a member of staff, resident, client or visitor develops COVID-19 symptoms during a shift, they should go home as soon as possible and be advised to contact NHS 111 if unwell.

Identify the key contacts who may have been with the individual as, if the test is positive, contacts will receive a notification, be offered a test and provided with advice.

Contacts

A contact is defined as a person who has had contact at any time from 48 hours before onset of symptoms (or test if asymptomatic) to 7 days after onset of symptoms (or test).

It's a person who has had face-to-face contact (within one metre) with someone who has tested positive for coronavirus (COVID-19), including:

- being coughed on; or
- having a face-to-face conversation; or
- having skin-to-skin physical contact; or
- any contact within one metre for one minute or longer without face-to-face contact

It could be a person who has been within 2 metres of someone who has tested positive for coronavirus (COVID-19) for more than 15 minutes

It could be a person who has travelled in a small vehicle *with* someone who has tested positive for coronavirus (COVID-19) or in a large vehicle *near* someone who has tested positive for coronavirus (COVID-19)

It could be people who spend significant time in the same household as a person who has tested positive for coronavirus (COVID-19)

Note: In a setting where PPE is used routinely, any person who wore the appropriate PPE or maintained appropriate social distancing (over 2 metres) would not be classed as a contact. Discussion with the contact tracer will determine appropriateness.

A contact tracer will work with the setting to identify who is a contact where there is any ambiguity.

Caring for someone who is unwell

If the staff, resident, client or visitor is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door and a window should be opened for ventilation.

If it is not possible to isolate them, move them to an area that is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.

In an emergency, call 999 if they are seriously ill or injured or their life is at risk.

Advise them not to visit the GP, pharmacy, urgent care centre or a hospital.

Advise them to adhere to the further guidance in [COVID-19: guidance for households with possible coronavirus infection guidance](#)

Advise individual to arrange COVID-19 testing by contacting via www.nhs.uk/coronavirus or call 119 to contact NHS Track and Trace

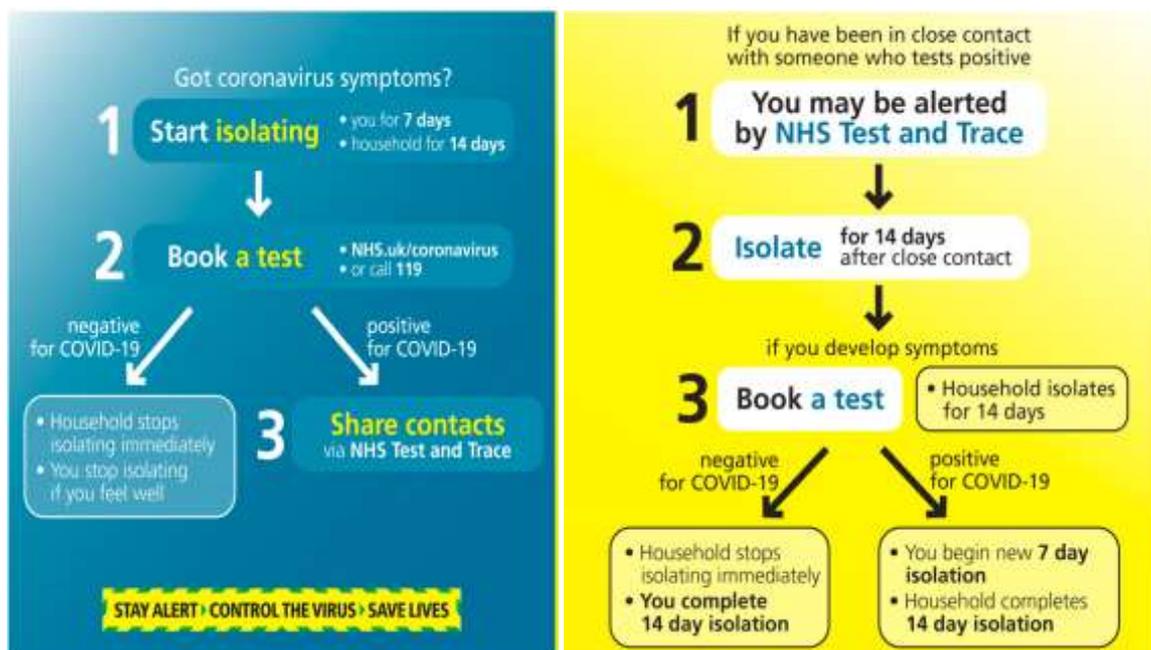
If a member of staff has helped someone who was unwell with symptoms

They should wash their hands thoroughly with soap and warm water for 20 seconds after any contact.

They do not need to go home unless they develop symptoms themselves or the individual subsequently tests positive.

The affected area/rooms should be cleaned using standard cleaning products after someone with symptoms has left to reduce the risk of passing the infection on to others.

There is further information in [COVID-19: cleaning of non-healthcare settings guidance](#)



Appendix 5: Key national guidance

Social distancing guidance (all from gov.uk)

- [Stay at home: guidance for households with possible coronavirus \(COVID-19\) infection](#)
- [Guidance on social distancing for everyone in the UK](#)
- [Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19](#)

Guidance for contacts (all from gov.uk)

- [Guidance for contacts of people with possible or confirmed COVID19](#)
- [Guidance for contacts of people with confirmed coronavirus \(COVID-19\) infection who do not live with the person](#)

Specific guidance for settings / workplaces:

- A full list of setting/ workplace specific guidance is available [on the gov.uk website](#)
- [Guidance for NHS employers about the health, safety and wellbeing of staff](#) (nhs.net)
- [Guidance for NHS leaders on workforce management](#) (nhs.uk)
- [Guidance for the employers of staff in health and social care settings](#) (gov.uk)

Testing (NHS.UK)

- Testing for coronavirus

Infection Prevention and Control (IPC)

- [IPC for healthcare settings](#) (gov.uk)
- [PPE](#) (gov.uk)
- [COVID-19: putting on and removing PPE – a guide for care homes \(video\)](#) (gov.uk)
- [COVID-19: management of exposed healthcare workers and patients in hospital settings:](#) (gov.uk)
- [5 moments for hand hygiene: with how to hand rub and how to handwash posters](#) (who.int)
- [Catch it. Bin it. Kill it. Poster](#) (phe.gov.uk)

Cleaning and waste management

- [Safe management of healthcare waste](#) (gov.uk)
- [COVID-19: cleaning in non-healthcare settings](#) (gov.uk)

Coronavirus Resource Centre posters

- [Coronavirus resource posters](#) (phe.gov.uk)