Gloucestershire
Local Outbreak Management Plan

COVID-19
Response Plan

GLOUCESTERSHIRE COVID-19 RESPONSE PLAN

Document Control

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Revision Date	**Version No**	**Summary of Change**	**Changes made by**	**Authorised by**	**Date**
Initial Plan	1	New Plan			15.07.20
	2	First revisions			09.08.20
	3	Further revisions			30.08.20

Plan Review

Plan Management
The Director of Public Health for Gloucestershire is responsible for maintaining and reviewing the Gloucestershire COVID-19 Response Plan with support from partner agencies. This plan will be reviewed every three months by the Gloucestershire COVID-19 Tactical Response Group, or as required due to new guidance or lessons learnt from incidents or exercises. All users are requested to advise the COVID-19 Hub of any changes that may materially affect this plan is any way. All amendments should be sent via email to: healthprotection@gloucestershire.gov.uk

Exercising		
The Gloucestershire COVID-19 Tactical Response Group will exercise elements of this plan on an annual basis or as required.		
Date	Exercise Name	Description
08.07.20	Spanish Oak	

Associated Plans

Plan name
Gloucestershire Local Outbreak Management Plan
GLRF Major Incident Plan
Gloucestershire Outbreak Control Plan
South West Outbreak Management Plan

Distribution List

Full Distribution

Freedom of Information (FOI) and Data Protection

Under the terms of the FOI Act 2000, any information of a predominately personal nature, which would conflict with the Data Protection Act 2018 AND General Data Protection Regulations and information of a highly confidential nature that would not be in the public interest to disclose, will be exempt from release to the general public. However, any enquiry under FOI regarding this plan will be treated on a case by case basis.

CONTENTS

1 Introduction

1.1 The Gloucestershire COVID-19 Response Plan forms part of the overarching Gloucestershire Local Outbreak Management Plan (LOMP) which outlines Gloucestershire's approach to prevent, contain, respond to and monitor COVID-19 in the county.

1.2 This document constitutes the operational detail of the 'respond' function and provides the local roadmap for the detection, prevention and management of any outbreaks in Gloucestershire. The underlying framework for accessing and mobilising local resources will ensure effective health protection control measures across the county.

2 Aim and scope

2.1 The Gloucestershire COVID-19 Local Outbreak Management Plan (LOMP) and the Gloucestershire COVID-19 Response Plan have the overarching aim to keep COVID-19 under control in Gloucestershire by:

- Preventing the spread of COVID-19
- The early identification and proactive management of local outbreaks
- Co-ordinating capabilities across agencies and stakeholders
- Assuring the public and stakeholders that this is being effectively delivered

2.2 The aim of the multi-agency response is to interrupt ongoing transmission of COVID-19, whilst minimising the health, economic and social costs of local outbreaks and supporting the transition of society back to normality.

2.3 The Gloucestershire COVID-19 Response Plan outlines the local operational measures to be taken to respond to and manage COVID-19 incidents and outbreaks. The plan contains Standard Operating Procedures (SOPs) and action cards, which enable response to a range of outbreak and cluster scenarios taking a timely, appropriate, acceptable and evidence-based approach.

2.4 This document provides guidance and information on:

- Roles, responsibilities and governance
- Risk assessments
- Strategic escalation thresholds and controls
- Convening an Incident or Outbreak Management Team (I/OMT)
- Setting specific actions
- Testing

3 Roles, responsibilities and governance

The COVID-19 response in Gloucestershire is overseen at an executive level by the COVID-19 Health Protection Board, with partners working closely together to ensure an effective and coordinated response to the pandemic and to support the Gloucestershire public.

3.1 Gloucestershire COVID-19 Health Protection Board (C-19 HPB)

The Gloucestershire COVID-19 Health Protection Board (C-19 HPB), chaired by the Director of Public Health (DPH), has oversight of the LOMP and leads its implementation.

3.2 Gloucestershire COVID-19 Tactical Response Group (C-19 TRG)

The Gloucestershire COVID-19 Tactical Response Group (C-19 TRG) has developed this Response Plan to provide guidance and a reference tool for operationalising the LOMP. The group membership is broad and includes representation from all district councils, education, the care sector, police and health. The Terms of Reference for this group are included in Appendix 1 – Terms of Reference for the Gloucestershire COVID-19 Tactical Response Group (TRG).

3.3 Gloucestershire COVID-19 Engagement Board

The Gloucestershire COVID-19 Engagement Board provides a focus on engagement and communication with the public. Membership includes county and district elected members, and representatives from key sectors in Gloucestershire such as care, voluntary and business.

3.4 Strategic Coordinating Group (SCG)

Initially the local planning and response to COVID-19 in Gloucestershire was overseen by the Local Resilience Partnership's multi-agency Strategic Coordinating Group (SCG). After the C-19 Health Protection Board was established, the SCG took a step back but remains ready to stand back up to coordinate an emergency response if required by the C-19 HPB.

3.5 Gloucestershire COVID-19 Hub (C-19 Hub)

The Gloucestershire COVID-19 Hub (C-19 Hub) has been established to support delivery of the LOMP through a central outbreak cell, under the management of the Director of Public Health, Gloucestershire County Council. It provides support to settings experiencing an outbreak, to individuals who need to self-isolate and takes the lead in communicating to local partners and the public. It is also involved in local prevention and containment action, raising awareness and proactively identifying vulnerable groups for targeted communication.

3.5 Governance

The Gloucestershire response model and structure is included in

APPENDICES

Appendix 1 – Terms of Reference for the Gloucestershire COVID-19 Tactical Response Group (TRG)

Purpose

The purpose of the Gloucestershire COVID-19 Tactical Response Group is to provide oversight of the GLOMP, ensuring that it is up to date and fit for purpose.

Role of the COVID-19 Tactical Response Group

The Gloucestershire COVID-19 Tactical Response Group will oversee and implement amendments to the Local Outbreak Management Plan and Response Plan:

- Review and, amend as necessary, the LOMP and Response plan following outbreaks
- Implement recommendations regarding the operational management of risks and opportunities, to complement and feed into current accountability structures of member partners.
- Monitor the day to day activities related to the GLOMP
- Share and discuss feedback from agencies relating to how the GLOMP is operating
- Gather, reflect and share lessons learned from the GLOMP
- Escalate concerns to the Health Protection Board where necessary.
- Ensure implementation of COVID-19 prevention activities and messages informed by local and national evidence and intelligence.
- Encourage continuous quality improvement through receiving and reviewing suggestions from partner members regarding process improvements.

Quorum

For the group to be quorate, there will need to be adequate representation from core member groups including the Chair or Deputy Chair always present. The group will initially meet weekly to establish the Response Plan. The frequency could decrease over time.

Framework for accountability and reporting

The COVID-19 Tactical Response Group will have a direct reporting line into the Covid-19 Health Protection Board. Risk concerns and risk management issues will be escalated to the Covid-19Health Protection Board.

Chair

Meetings will be chaired by the Deputy Director of Public Health (DDPH) or a Consultant in Public Health when required to deputise for the DDPH. Minutes and action logs will be produced by the administrative team of the DDPH. Meeting papers will be circulated one week ahead of meetings, with minutes also circulated within 14 days to Board members following each meeting.

Key Responsibilities of Members

Members should be representatives of their organisation who have operational responsibility within their respective organisation for implementing the LOMP. They are responsible for representing the

views of their own organisation. Members are expected to attend meetings in person/virtually, or when not possible, to delegate to another appropriate senior member of their team.

Terms of Reference Review

This Terms of Reference should be reviewed annually.

Membership

The membership of the COVID-19 Tactical Response Group is detailed below.

Gloucestershire COVID-19 Tactical Response Group

Position	Organisation
Deputy Director of Public Health	Gloucestershire County Council
Consultants in Public Health	Gloucestershire County Council
Civil Protection Team	Gloucestershire County Council
COVID-19 ICC Room Manager	CCG
MPLT Gloucestershire	MOD
EHO officers	District Councils: • Gloucester • Stroud • Cheltenham • Tewksbury • Forest of Dean • Cotswolds
Representative neighbourhood policing	Gloucestershire Police
Gloucestershire Fire and Rescue Service	GFRS
IPC	
Schools	Gloucestershire County Council
Care homes	Gloucestershire County Council
Adult Social Care	Gloucestershire County Council
Communications	GCC (warn and inform cell)
Visit Gloucestershire	Visit Gloucestershire (tourism)

Appendix 2 - , with further details of governance, Terms of Reference and relationships with regional structures outlined in the LOMP.

4 Response

The Gloucestershire COVID-19 Response Plan will be triggered where there is notification of an incident, cluster or outbreak of COVID-19 in any setting.

4.1 Incident, cluster or outbreak

An incident, cluster or outbreak of COVID-19 can be defined as follows:

> An **incident** is any event involving COVID-19 which presents a real or possible risk to the health of the public and requires urgent investigation and management, or a situation that has, or has the risk of causing public anxiety, which would benefit from a coordinated response
>
> A **cluster** is where there are two or more confirmed cases in a given setting, but for whom a link has **not** been determined
>
> An **outbreak** is defined as two or more confirmed cases among individuals associated with a specific setting with onset dates within 14 days of each other, who are linked through common exposure, personal characteristics, time or location

4.2 Notifications

Possible or confirmed COVID-19 incidents, clusters or outbreaks may be identified through local intelligence or direct notifications from Public Health England South West (PHE SW). PHE SW may have received their information from laboratory results, the NHS Test and Trace service or direct notification. The Gloucestershire COVID-19 Hub provides the central reporting point for Gloucestershire.

4.3 Settings and context

Individual cases of COVID-19 will usually be managed and supported via the NHS Test and Trace Service with minimal local involvement. However, there are a range of situations, locations and communities in which additional local support may be required to control the spread of COVID-19 and are more likely to be classified as an 'incident'. In Gloucestershire, these are considered in three main categories and include, but are not limited to, the following:

VULNERABLE POPULATIONS

- Care homes and other independent service provision for Adult Health and Social Care
- Homelessness and rough sleepers' accommodation
- Hospices
- Residential drug and alcohol rehabilitation

SETTINGS WITH THE POTENTIAL TO BE VULNERABLE TO THE SPREAD OF INFECTION

- Schools and early years settings
- Universities
- Out of school settings (including holiday clubs and after school clubs)

CONCENTRATED POPULATION GROUPS

- Workplaces
- Factories
- Places of worship
- Community settings e.g. libraries and community centres
- Gatherings e.g. sporting events, tourist attractions and entertainment venues

4.4 The type of setting where a possible or confirmed cases or outbreak is detected, will help to determine the actions taken locally, based on the associated risks.

5 Assessing Risk

On receipt of a notification of an incident, cluster or outbreak, the COVID-19 Hub will review the information and assess the risk posed before action is taken.

5.1 Local dynamic risk assessment

A local dynamic risk assessment is conducted to:

- establish the level of response
- help determine who the notification should be cascaded to
- clarify if an Incident or Outbreak Management Team (I/OMT) meeting should be convened
- identify local actions.

5.2 In some circumstances, a situation will clearly be classifiable as 'low risk' on initial analysis of the information included in the notification. For example, a single possible or confirmed case in a care home, in which there is confidence in the information provided about the practices in place, including infection control procedures and isolation of staff. These low risk situations may not require the COVID-19 Hub to complete a formal risk assessment form.

5.3 A dynamic risk assessment is carried out against five key dimensions:

- Severity
- Uncertainty
- Spread
- Intervention
- Context

Each dimension is assessed in terms of its likelihood and potential impact with reference to the table included in Appendix 3 – Dynamic Risk Assessment.

5.4 Each situation is analysed on a case by case basis to determine the most appropriate response level. Response levels are graded on a scale of Low, Medium Low, Medium, Medium High or High with corresponding colour coding of Green, Yellow, Amber, Orange and Red.

6 Notification Cascade

6.1 The level of risk and subsequent response will determine who should be informed about the situation.

6.2 The notification cascade included in

Appendix 4 – Notification Cascade is used to guide decisions about the cascading of information. It sets out who needs to be notified and how, in accordance with the level of risk, setting or geographical area and potential sensitivity.

7 Incident or Outbreak Management Team (I/OMT)

7.1 Where an incident or outbreak is considered low risk, it will not usually require a multi-agency Incident Management or Outbreak Control Team (I/OMT) meeting to be convened. Incidents or outbreaks scoring a medium/low will typically be manageable as business as usual in the COVID-19 Hub and an I/OMT may not be required, however it should be reconsidered if the situation changes. Incidents or outbreaks scoring medium, medium/high or high will usually trigger an I/OMT.

7.2 If a multi-agency I/OMT meeting needs to be convened to help coordinate response, it is the responsibility of PHE SW and the COVID-19 Hub to ensure all relevant partners are invited in a timely fashion. Membership of the I/OMT must be appropriate to the incident or outbreak and will be reviewed in advance of each meeting. The table included in Appendix 5 – I/OMT membership

Agency	Professional	Care homes	Schools & early years	Workplaces	Places of worship	Universities	Hospitals (inc private)	Primary care	Community settings	Homeless settings	Childrens hospice	Holiday clubs	Hospice	Drug & Alcohol Rehab	Day centres	Factories	Tourist sites
PHE	CCDC/HPC	Lead	Lead	Lead	Lead	Lead	Lead	Lead	Lead	Lead	Lead	Lead	Lead	Lead	Lead	Lead	Lead
	HPP/HPN/Reg	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Comms	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Field Epi	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	CRCE	X	X	?	X	X	X	X	?	X	X	X	X	X	X	?	X
	PHE Lab	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?
GCC	DPH/CPH/HPP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Port Health	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	?
	EHO	X	?	✓	✓	?	X	X	?	?	X	?	X	?	?	?	?
	Education	X	✓	X	X	✓	X	X	X	X	X	✓	X	X	?	X	X
	Comms	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Other dept	✓	X	X	X	X	X	X	✓	✓	X	✓	X	✓	✓	X	X
NHS	NHSE rep	?	X	X	X	X	?	?	X	X	?	X	?	X	X	X	X
	CCG rep	✓	X	X	X	?	✓	✓	?	?	✓	X	✓	X	X	X	X

	Micro	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?
	Acute (GHT)	X	X	X	X	X	✓	X	X	X	X	X	X	X	X	X	X
	Primary care	✓	?	X	X	X	X	✓	✓	?	?	X	?	X	?	X	X
	GHC CYPS	X	?	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HSE	Inspector	X	X	?	X	X	X	X	X	X	X	X	X	X	X	?	X
AHVLA	Advisor	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	?
Setting	Manager/Dep	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

may be used as a decision tool for establishing an I/OMT.

7.3 Invited members must be prepared to represent their organisations and have the delegated authority to agree to the mobilisation of resources and allocation of any funding required. Any conflicts of interest should be declared by members to the chair as soon as they become apparent.

7.4 The I/OMT will usually be chaired by a Consultant in Communicable Disease Control or Public Health Consultant from PHE SW, unless otherwise agreed by members. The Director of Public Health for Gloucestershire, or their nominated Deputy, may take the chair role where there are wider implications for local public health or a major contribution from the Local Authority is required.

7.5 Where incidents cross Local Authority boundaries, PHE SW will usually take the lead and chair, however this role may also be assigned depending on the distribution of cases across the geographical area. The I/OMT will include representation from each of the affected Local Authorities as required (see section 11).

7.6 The frequency of meetings will be determined by the initial and ongoing risk assessment. Given the current risks of face to face meeting, I/OMTs will be held by teleconference. A suggested agenda is provided in Appendix 6 – I/OMT draft agenda.

8 Escalation

8.1 The model in Appendix 7 – Strategic escalation levels and control measures is used to assess the situation across the population, considering all current situations, infection rates and the wider context. It builds on the process used in the local dynamic risk assessments, which look at specific incidents in isolation. As a strategic tool, it sets out the trigger points for escalating response and considers the control measures that might need to be put in place as a situation becomes more complex.

8.2 The reasons for escalating the local response might include:

- High likelihood of harm to a significant number of people
- Multiple unlinked incidents or cases occurring in the same geographical area
- More than one linked outbreak that requires a multi-agency response
- Cases in certain settings that are increasing rapidly with uncertainty over how the spread of infection is occurring
- Situations where there is significant, real or potential, public or media interest
- Complex situations where there is more than one infection present, for example both flu and COVID-19

8.3 Control measures will range from the reinforcing of guidance and preventative messages; through enforcing of guidance and increased restrictions; to a greater increase in restrictions and ultimately a position requiring national level decision making.

8.4 Alongside the local escalation model, the government's C-19 Contain Framework outlines increasing levels of intervention and support to be provided by central government according to three escalation categories – Areas of Concern, Areas of Enhanced Support and Areas of Intervention. These categories correspond to the escalation levels defined as Medium, Medium/High and High in the local escalation model:

- **Areas of Concern** (Medium) – there will be additional support for high risk groups as well as enhanced communications and preventative measures
- **Areas of Enhanced Support** (Medium/High) – there will be increased provision of national support, capacity and oversight
- **Areas of Intervention** (High) – decision-making will be deferred to a national level

9 Actions

Decisions about the local action to be taken following a notification will be directed by the results of the dynamic risk assessment and with reference to the set of local standard operating procedures (SOPs).

9.1 Standard Operating Procedures (SOPs)

SOPs for the Gloucestershire COVID-19 Hub provide step-by-step setting-specific guidance for the initial reporting and response to an incident or outbreak. Each set of procedures enables the COVID-19 Hub to respond to a range of outbreak and cluster scenarios taking a timely, appropriate, acceptable and evidence-based approach

9.2 Action Cards

Early outbreak management Action Cards provide the step-by-step actions for managers to take within the settings. These are national cards, which have been locally adapted.

A full list of Action Cards and C19 Hub SOPs are included in Appendix 8 – List of Action Cards and C19 Hub Duty Desk Standard Operating Procedures (SOPs).

10 Follow up and closure

10.1 Follow up on progress and possible developments is conducted by PHE SW, the COVID-19 Hub or the I/OMT at regular intervals of 48 hours, one week, two weeks and 28 days since the declaration of an incident in that setting.

The final decision to 'close' a situation or outbreak will be made jointly between PHE SW the Gloucestershire COVID-19 Hub. The criteria for ending an outbreak or cluster are set out in Appendix 8 – List of Action Cards and C19 Hub Duty Desk Standard Operating Procedures (SOPs)

Action cards (for service and setting managers)
Childcare and Educational Settings (Bespoke flowchart provided)
Places of worship
Tourist attractions and sites
Campsites and caravan parks
Hotels and other guest accommodation
Construction and other outdoor work.
Manufacturing of food and other large processing plants
Entertainment and holiday resorts
Restaurants, pubs, bars, cafes or takeaways
Hairdressing, barbershops, and beauty salons
Dress fitters, tailors
Shops
Spas, sports and massage therapy, well being and holistic locations

Arts, heritage and cultural venues
Cinemas, theatres, comedy venues and music venues
Domestic abuse refuges
Homelessness and rough sleeping accommodation

SOPs (for C19 duty desk)
Care sector
Children's Hospices
Community Settings
Day Centres
Drugs and Alcohol
Factories
Out of School Settings
Homelessness & rough sleeping
Hospices
Hospitals
Intelligence Queries
Places of Worship
Primary Care
Schools and Early Years Settings
Gatherings Tourist attractions and entertainment
Travel Accommodation
Universities
Vulnerable Adults
Workplaces
Working with CGL SOP

10.1 Appendix 9 – Criteria for closing a cluster or outbreak

11 Cross-boundary working

11.1 The Gloucestershire COVID-19 Hub have established working relationships with neighbouring counties to ensure effective sharing of intelligence and that smooth communication channels are available when needed. Where an incident, situation or outbreak occurs near the county boundary or where movement of a case has been detected across borders, it is essential that details are shared with neighbouring public health contacts.

11.2 Areas surrounding Gloucestershire include Herefordshire, Worcestershire, Warwickshire, Oxfordshire, Swindon, Wiltshire, Monmouthshire and South Gloucestershire. Key contacts and the Local Outbreak Management Plans have been collated for these areas for the Gloucestershire COVID-19 Hub to refer to.

11.3 Where there is a cross-boundary outbreak, the lead will usually be taken by PHE with representation from the relevant local authorities.

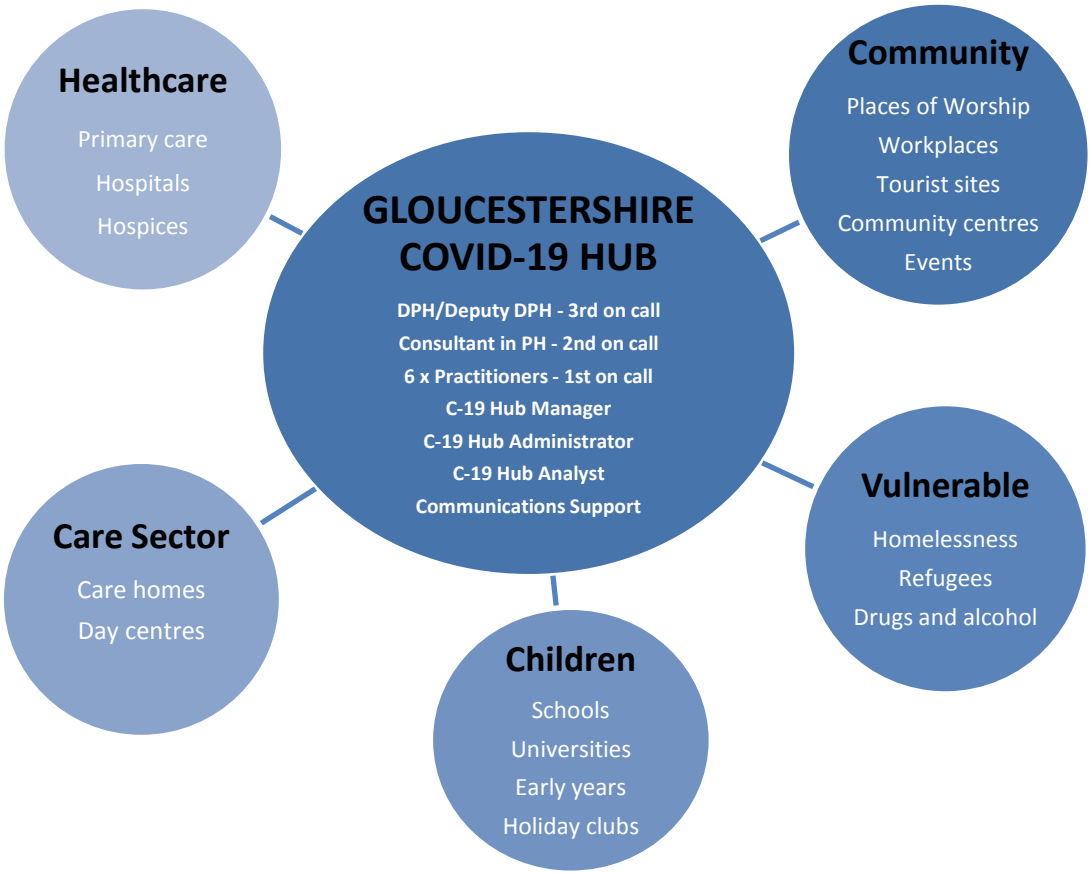
12 COVID-19 Hub and Spoke Model

The local COVID-19 response works using a 'hub and spoke' model. The COVID-19 Hub is at its centre with the spokes representing the different setting areas. The model can be represented graphically as shown below in Figure 1.

12.1 COVID-19 Hub

The COVID-19 Hub provides the central point of contact for assessing, prioritising and responding to queries from partners, council members and the public. It provides support to settings experiencing an outbreak, to individuals who need to self-isolate and takes the lead in interpreting and communicating national COVID-19 guidance to local partners and the public. It also collects, interprets and disseminate the information required to monitor and respond to COVID-19 across the county.

Figure 1 - COVID-19 Hub and Spoke Model



12.2 Care Sector

The care sector spoke is supported strategically by the Gloucestershire COVID-19 Integrated Care System (ICS) Independent Sector Scrutiny Review Group. This is a multi-agency partnership which provides oversight, scrutiny and assurance to support Gloucestershire residents in nursing and residential care homes; and people receiving care and support in their own home (including supported living or extra care housing). Operationally, a new Health Protection Practitioner works jointly across GCC Integrated Brokerage and the COVID-19 Hub to support COVID-19 prevention and response in this sector.

A key consideration for this area of work is the guidance for care home visiting arrangements in care homes which was published on 22nd July 2020 by PHE (Care Home Visiting). This guidance states that prior to visits being allowed in care homes, the local Director of Public Health should disseminate their view on the suitability of visiting in the local authority area, taking into account infection rates and the wider risk environment. The decision on whether or not to allow visitors, and in what circumstances, is an operational decision and therefore ultimately for the provider and managers of each individual setting to make dependent on their individual circumstances and assessment of risk. The process for informing this recommendation is outlined Appendix 10 – Care home visiting

12.3 Early years, children and young people

The COVID-19 Hub works closely with the Children's Directorate of Gloucestershire County Council who lead provision, commissioning and support services for children and young people's services in the county.

The Education Team coordinate information flow to all early years settings, schools and further education providers in Gloucestershire. Gloucestershire has 714 early years settings, including childminders, nurseries and pre-schools. It has 292 maintained schools and academies, as well as 26 independent schools and 21 other educational settings (including free schools, colleges and special schools).

The Children's Commissioning Team coordinate information flow to out-of-school settings (including holiday and after school clubs) and children's residential care facilities.

Gloucestershire has three universities (University of Gloucestershire, Royal Agricultural University and Hartpury College) and the COVID-19 Hub has direct links with each of these.

The process for responding to a possible or confirmed case of COVID-19 in a childcare or education setting is described below:

- If a student or staff member experiences symptoms of COVID-19 they need to arrange to be tested. They and their household contacts must then follow the government guidance on self-isolation. For university residential accommodation a 'household' will usually be defined as the set of bedrooms which share toilet and/or kitchen facilities. For possible cases contacts outside their household do not need to self-isolate.
- PHE SW should be notified of higher risk possible cases i.e. those that meet the following criteria:
  - Hospital admission with COVID like symptoms
  - Possible case who won't get tested
  - A cluster of possible cases/ increased absenteeism
  - Possible case with a definite link to confirmed case
- If a positive test result is returned, the setting will inform PHE SW. PHE SW will then undertake a risk assessment and help identify who is considered a close contact and is required to self-isolate. They will also help to draft letters and other communications to inform those affected by the situation. NHS Test and Trace will escalate any positive cases where the case identifies an education or childcare setting as a context to PHE SW for follow up and risk assessment.
- If a situation is more high risk, for example there is more than one confirmed case or there is media interest, PHE will convene an Incident or Outbreak Management Team meeting. This will include representatives from PHE, the setting, GCC and other partners as required. This group will advise on any additional control measures required, communication messages, information cascades and escalation as required.

12.4 Healthcare

Healthcare settings have been identified as a key setting for outbreak management response as there is increased potential for more vulnerable people to be in these settings. Risk is also increased due to the nature of the procedures being undertaken and the length of time spent by inviduals in these settings. The potential risk of transmission is greatly increased.

In Gloucestershire there are a wide range of healthcare settings including primary care, secondary care (Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) and Gloucestershire Health and Care NHS Foundation Trust (GHC)) and community care (GHC).

Other settings include wider community care such as hospices, dentists and pharmacies; as well as a number of private hospital providers of healthcare (Winfield and Nuffield).

The COVID-19 Hub works with the healthcare community through several routes. These include:

- **Silver Health System Tactical Co-ordinating Group** - co-ordinates response and liason with the wider incident response structure. Meetings include an intelligence update alongside the provision of a formal link between the health system and the COVID-19 Hub
- **Infection, Prevention and Control (IPC) group** – establishes a consistent, evidence based approach for IPC across the Gloucestershire system. It liaises operationally with the COVID-19 Hub on IPC support and health system incidences and outbreaks
- **Operational IPC and cascade routes**

To support the broader IPC agenda in the community and care homes, three additional IPC roles have been established. The focus of their roles will be prevention and support through building resilience, training, the implementation of guidance and assurance; and the provision of operational support in incidents or outbreaks. They will be employed through GHNHSFT but will be working with care homes through GCC Integrated Brokerage, the GHC care home support team and liaising closely with the COVID-19 Hub.

12.5 Community

The COVID-19 Hub works closely with the district councils and partners to provide oversight of COVID-19 prevention and response work within community settings. These include places of worship; community groups; events and mass gatherings; workplaces; close contact services such as hairdressers and retailers; hospitality and the night-time economy; tourism, hotels, guest accommodation and spas.

To support the COVID response work across the county, six COVID Compliance Officers (CCOs) have been employed within the six district environmental health teams, developing strong links with the COVID-19 Hub.

The CCOs are taking a lead role in the development and delivery of the LOMP's prevention programme of work. The officers are providing advice and support to businesses and are reviewing all COVID-19 risk assessments. As part of this work they are also carrying out business inspections and spot checks to ensure that COVID-19 safe measures are in place. CCOs are also involved in the provision of advice to event organisers, for both events to be held on council owned land and private land. On site spot checks may also be carried out.

Each CCO and district is developing a lead role for a specific sector to ensure a depth of knowledge and consistency of approach across the county. As lead, the CCO will design proactive interventions, a checklist and processes for responding to complaints or issues, with reference to guidance and legislation. Sectors include hospitality, places of worship, close contact services, tourism and holiday accommodation.

Officers provide seven-day support for responding to any local outbreaks or situations through liaison with the C-19 Hub, district councils, the police and uniform services.

12.6 Vulnerable groups

Certain populations are at greater risk and vulnerability associated with COVID-19. These include the following groups:

- **Clinically extremely vulnerable** (Shielded groups) are high risk and include people who have had an organ transplant, those with specific cancers, severe respiratory conditions, other rare diseases or conditions
- **Clinically vulnerable groups** include people aged over 70, those with a range of long-term health conditions including obesity, diabetes, heart disease, lung conditions and pregnant women. People in this category are at moderate risk from coronavirus. They can go out to work (if unable to work from home), to get food or for exercising. However, they are encouraged to stay at home as much as possible
- **Groups with increased risk** of infection or worse outcomes include people living in deprived areas, people from Black and Minority Ethnic (BAME) backgrounds

At a national level, the strategy at the beginning of the pandemic was to bring those people living on the streets inside, to protect their health and stop wider transmission. This approach aimed to reduce the impact of COVID-19 on people facing homelessness and ultimately on preventing deaths.

Gloucestershire County and District authorities provide a range of accommodation for those who would be rough sleeping during the COVID-19 pandemic. This includes block purchased hotels, spot purchasing rooms within hotels, supported accommodation and District Housing temporary accommodation. This accommodation gives individuals the ability to self-isolate if required.

13 Surge Capacity

In preparation for an escalation in the COVID-19 situation, largescale additional capacity will be required to work with communities to ensure access to testing, to deliver messages about self-isolation and support a programme of contact tracing. Planning and identifying the capacity for how to deliver this 'boots on the ground' approach is underway.

14 Testing

In order to contain COVID-19, it is important to identify who currently has the virus so that appropriate action can be taken to ensure that individuals affected are supported to self-isolate and that their contacts can be traced.

Testing in Gloucestershire is provided through a combination of local and national provision. Pillar 1 swab testing is coordinated by Public Health England and NHS microbiology labs for patients and frontline workers. Pillar 2 is provided through a regional testing centre at Hempsted Meadows, Gloucester and mobile testing units (MTUs) which are deployed in various locations around the county for a few days at a time. Postal or courier swab kits can be delivered directly to residents and a care home testing portal has been established for arranging whole care home testing.

The main routes into testing are as follows:

- Symptomatic residents can apply via the NHS website, or by telephoning 119, to either be tested at a regional testing site, mobile testing unit, or receive a home testing kit
- Essential workers can be referred via the gov.uk site
- Care homes can request whole-home testing for all residents (irrespective of symptoms) and asymptomatic staff via the gov.uk site
- Acute hospital patients and staff (including those who are asymptomatic, where indicated by clinical need) can be tested in the hospital setting
- At the point of notification of an incident or outbreak, PHE will request testing of symptomatic, and sometimes asymptomatic individuals, where appropriate. Testing will help inform outbreak management in specific settings, including care homes, hostels and amongst the homeless population

15 Legal

The following table summarises the key roles for managing outbreaks within an individual setting, within a local authority area, and those which cross regional boundaries.

Level	Decision maker	Coordination and advice
Individual setting	Setting owner (with support)	
Setting of national significance	Public Health England, Director of Public Health, NHS Track & Trace	
Within a local authority area	Chief Executive, Director of Public Health or Head of Environmental Health	COVID-19 Health Protection Board, SCG
Regional (cross-boundary)	Agreed cross-boundary implemented at local level	LRF, ICS, Regional health directors

16 Review

The Gloucestershire COVID-19 Response Plan is a working document and changes will need to be made as the result of changes in guidance and learning from responding to outbreaks. These changes will be captured during and after an incident or outbreak to inform refinement of the plan.

APPENDICES

Appendix 1	Terms of Reference for the COVID-19 Tactical Response Group (TRG)
Appendix 2	Governance
Appendix 3	Dynamic Risk Assessment
Appendix 4	Notification Cascade
Appendix 5	I/OMT membership
Appendix 6	I/OMT draft agenda
Appendix 7	Strategic escalation levels and control measures
Appendix 8	List of Action Cards and C19 Hub Duty Desk Standard Operating Procedures (SOPs)
Appendix 9	Criteria for closing a cluster or outbreak
Appendix 10	Care home visiting

Appendix 1 – Terms of Reference for the Gloucestershire COVID-19 Tactical Response Group (TRG)

Purpose

The purpose of the Gloucestershire COVID-19 Tactical Response Group is to provide oversight of the GLOMP, ensuring that it is up to date and fit for purpose.

Role of the COVID-19 Tactical Response Group

The Gloucestershire COVID-19 Tactical Response Group will oversee and implement amendments to the Local Outbreak Management Plan and Response Plan:

- Review and, amend as necessary, the LOMP and Response plan following outbreaks
- Implement recommendations regarding the operational management of risks and opportunities, to complement and feed into current accountability structures of member partners.
- Monitor the day to day activities related to the GLOMP
- Share and discuss feedback from agencies relating to how the GLOMP is operating
- Gather, reflect and share lessons learned from the GLOMP
- Escalate concerns to the Health Protection Board where necessary.
- Ensure implementation of COVID-19 prevention activities and messages informed by local and national evidence and intelligence.
- Encourage continuous quality improvement through receiving and reviewing suggestions from partner members regarding process improvements.

Quorum

For the group to be quorate, there will need to be adequate representation from core member groups including the Chair or Deputy Chair always present. The group will initially meet weekly to establish the Response Plan. The frequency could decrease over time.

Framework for accountability and reporting

The COVID-19 Tactical Response Group will have a direct reporting line into the Covid-19 Health Protection Board. Risk concerns and risk management issues will be escalated to the Covid-19Health Protection Board.

Chair

Meetings will be chaired by the Deputy Director of Public Health (DDPH) or a Consultant in Public Health when required to deputise for the DDPH. Minutes and action logs will be produced by the administrative team of the DDPH. Meeting papers will be circulated one week ahead of meetings, with minutes also circulated within 14 days to Board members following each meeting.

Key Responsibilities of Members

Members should be representatives of their organisation who have operational responsibility within their respective organisation for implementing the LOMP. They are responsible for representing the

views of their own organisation. Members are expected to attend meetings in person/virtually, or when not possible, to delegate to another appropriate senior member of their team.

Terms of Reference Review

This Terms of Reference should be reviewed annually.

Membership

The membership of the COVID-19 Tactical Response Group is detailed below.

Gloucestershire COVID-19 Tactical Response Group

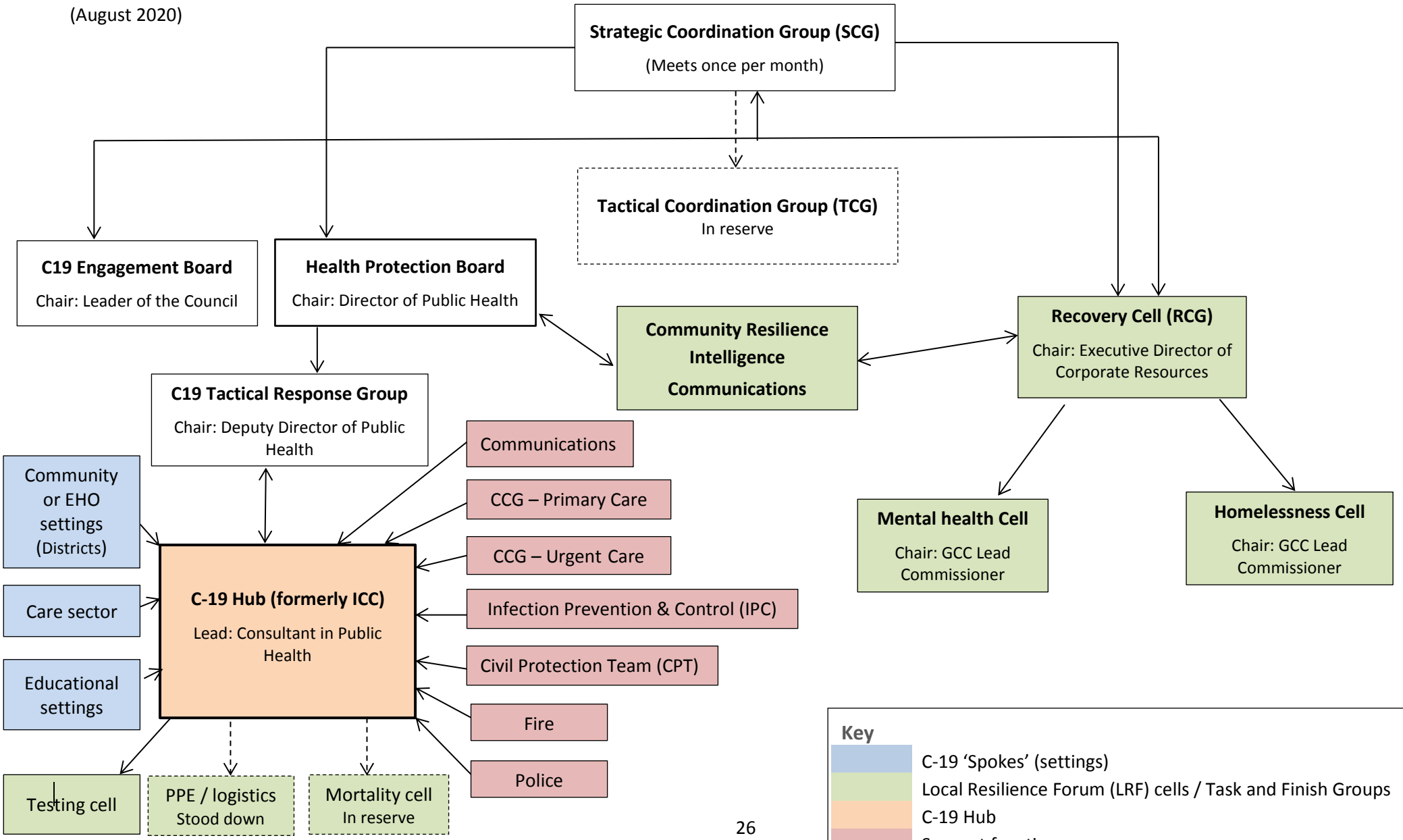
Position	Organisation
Deputy Director of Public Health	Gloucestershire County Council
Consultants in Public Health	Gloucestershire County Council
Civil Protection Team	Gloucestershire County Council
COVID-19 ICC Room Manager	CCG
MPLT Gloucestershire	MOD
EHO officers	District Councils: • Gloucester • Stroud • Cheltenham • Tewksbury • Forest of Dean • Cotswolds
Representative neighbourhood policing	Gloucestershire Police
Gloucestershire Fire and Rescue Service	GFRS
IPC	
Schools	Gloucestershire County Council
Care homes	Gloucestershire County Council
Adult Social Care	Gloucestershire County Council
Communications	GCC (warn and inform cell)
Visit Gloucestershire	Visit Gloucestershire (tourism)

Appendix 2 - Governance

(August 2020)

Hub and Spoke Model

The Local Outbreak Management Plan (LOMP) will be delivered via a hub and spoke model; the '**spokes'** representing key 'settings' where infection prevention and control activity will take place, coordinated via the '**C-19 Hub'**



Local dynamic risk assessment

Initially, PHE SW will conduct a risk assessment with the setting; provide infection control advice and request testing as appropriate. Through consultation with relevant stakeholders it will be decided if the situation can be dealt with by one organisation, or whether a multi-agency meeting is required.

On receipt of a notification from PHE SW, the COVID-19 Hub will carry out a local dynamic risk assessment. This is essential for the escalation and de-escalation of the response to localised incidents and outbreaks. The initial local dynamic risk assessment will determine who the notification should be cascaded to, local actions and if there is a need for an Incident or Outbreak Management Team (I/OMT) meeting.

Dynamic risk assessment is key in the escalation and de-escalation of the response to localised outbreaks.

When is a dynamic risk assessment required?

A GCC C19 Hub dynamic risk assessment should be completed where there has been a notification of an incident, cluster or outbreak.

In some circumstances, it will clearly be classified as a 'low risk' / green. For example, a single possible or confirmed case in a care home. These may not require a formal risk assessment form to be completed, but should still be documented on the C19 Hub duty desk 'line list' with the rationale.

Risk assessment dimensions

The dynamic risk assessment will be carried out against five key dimensions:

Risk Dimension	Descriptor	Suggested Marker
Severity	The seriousness of the incident/outbreak in terms of how likely this will cause harm to individuals	**x** Settings or communities with a high proportion of cases or contacts with a high degree of specific vulnerability leading to increased severity of illness **x** Individuals with complex care needs
Uncertainty	The level of uncertainty, epidemiologically, clinically, statistically and from laboratory evidence that the diagnosis is correct in the given set of circumstances	**x** Differential diagnosis of infection is not clear e.g. respiratory outbreak of influenza-like illness during flu season and COVID-19 pandemic **x** Lack of appropriate clinical assessment
Spread	The potential for spread including the infective dose, virulence, transmission routes, observed spread and the susceptibility	**x** Large number of initial cases reported or high clinical attack rate **x** High rate of complications/admissions **x** Large exposed population **x** Concern that normal infection prevention and control measures are not in place

Intervention	The feasibility to intervene to alter the course and influence the outcome of the event	**x** Evidence of controls not working **x** Social distancing, shielding, isolation and other approaches difficult to enforce **x** Lack of resources to enable intervention **x** Intervention difficult to sustain
Context	The broad environment, including public concern and attitudes, expectations, pressures, strength of professional knowledge and other external factors e.g. political, environmental, economic etc.	**x** High degree of press and media interest in the specific incident or outbreak (or potential for this) **x** Wider concerns around system pressures including the management of patient flows **x** Risk of secondary impacts

Levels of risk

Each dimension will be assessed in terms of its likelihood and impact (***Figure 1: Risk assessment scores***). It should be noted that each situation should be analysed on a case by case basis to determine the most appropriate response and it is likely that the weighting for each risk dimension will vary according to the circumstances. For example, a small outbreak with no involvement of high-risk populations at premises which provides essential public services is likely to initiate a more robust response than the same scenario at an office of a private business.

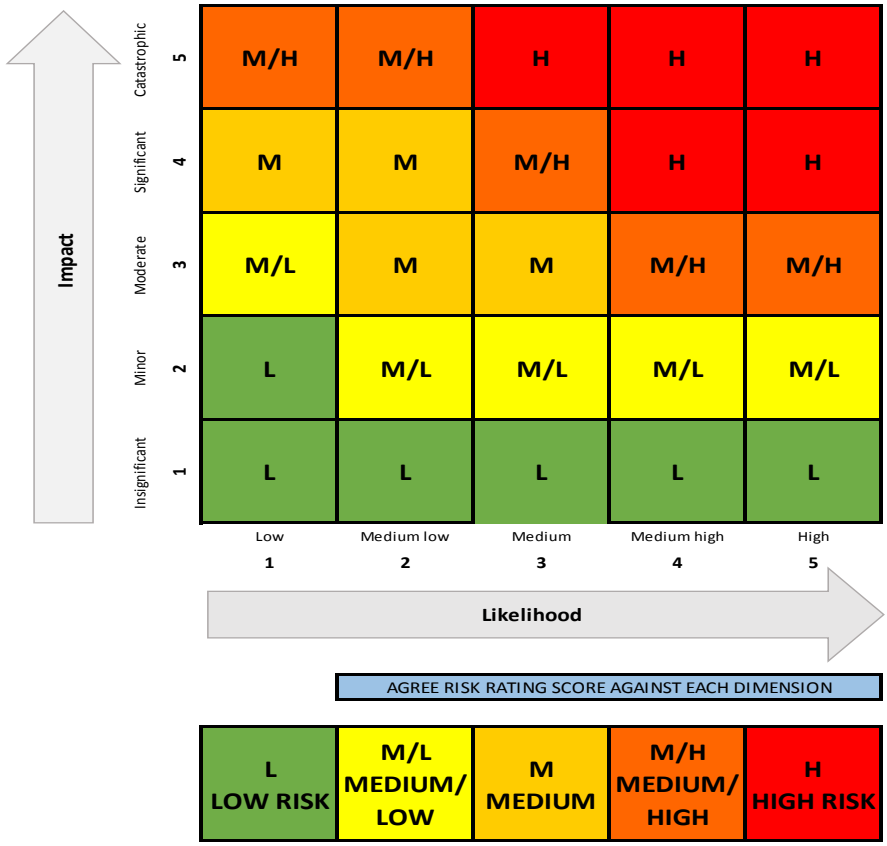
The risk scenarios shown should not be seen as a definitive checklist for each response level but as an indication of typical situations for each risk dimension. The actual situation for each risk type, and possibly some other factors, will be aggregated to form a holistic view of the prevailing circumstances, which will combine to inform the response approach. As such it isn't feasible or appropriate to allocate an 'overall' risk score.

The scoring in each domain should be considered both individually and in combination to inform the steps next taken.

Communication

The level of risk will determine who the situation notification should be cascaded to. For low risk situations, there is a minimum notification cascade, which is included in the associated C19 Hub setting Standard Operating Procedure (SOPs). For any situations deemed as medium/low or above in the risk assessment, further cascades are triggered. Refer to the Appendix 4 – Notification Cascade for further information.

Figure 1: Risk assessment scores



Incident / Outbreak Management Team (I/OMT)

Incidents or outbreaks scoring a **Medium, Medium/High** or **High** in any domain will typically require an I/OMT. If one has not been convened prior to risk assessment this should be reconsidered and the rationale documented within the risk assessment (as well as a review period identified)

Incidents or outbreaks scoring a **Medium/Low** in any domain will typically be manageable as 'business as usual' in the C19 Hub and an I/OMT may not be required, however it should be reconsidered if the situation changes.

Incidents or outbreaks scoring a **Low** in all domains will typically be manageable as 'business as usual' in the C19 Hub and are unlikely to trigger an I/OMT.

De-escalation

The timeliness of the review of a situation may depend on the score and level of risk.

- A **High** in any domain should be reviewed within 48 hours
- **Medium/High** within 72 hours
- **Medium** within 5 days
- **Medium/Low** within 7 days

All situations should remain open until 28 days has passed without evidence of new infection. De-escalation will occur when the risk associated with the situation have reduced e.g. via mitigations or by evidence of no new infection.

Appendix 4 – Notification Cascade

GCC COVID-19 NOTIFICATIONS: COMMUNICATIONS CASCADE

COVID-19 Hub receives notification of a C-19 incident, cluster or outbreak (possible or confirmed)

[Notification normally by SW Public Health England Health Protection Team with initial risk assessment undertaken]

Review and allocation of local risk level* by C-19 Hub Health Protection Practitioner [HPP]

*__Local risk level__ considers the risk to public health (PH) alongside the local context.

PH risk includes: seriousness (risk to individuals); uncertainty; potential for the virus to spread and feasibility to intervene.

Local context includes: public / media interest and concerns, political, economic, community and social factors.

This means that an incident that confers a low PH risk (green) could still be rated medium (amber) due to its public or political sensitivity

RISK ASSESSMENT SCORE

LOW	MEDIUM LOW	MEDIUM	MEDIUM HIGH	HIGH
A small incident or outbreak (1-5 confirmed/possible cases) in a household community or 'contained' setting where there is good infection control **For example:** - single confirmed case in a school or care home (confidence in setting) - dispersed household cluster	**A small incident or outbreak (1-5 confirmed/possible cases) in setting that is not contained or where there is poor infection control; or geographical clustering or where potential or actual public/political interest** **For example:** - single confirmed case in a homeless setting - two confirmed cases in a school (confidence in setting) - controlled small / medium outbreak in a workplace (confidence in setting) - possible limited local interest	**One large or multiple small confirmed/possible outbreaks in contained settings with good infection control; or small number of medium outbreaks (of 2-5 cases each) in uncontained settings** **For example:** - large outbreak in a workplace (confidence in setting) - small number of medium outbreaks in community - evidence of particular source of infection - potential/real media interest	**High number of sporadic cases in a geographical area; or multiple outbreaks occurring simultaneously** **For example:** - a district has a high number of daily reported cases that is increasing - one or more cases in a homeless setting with poor infection control - large outbreak in a workplace / other setting where there are concerns about procedures - potential/real media interest	**Very high number of sporadic cases increasing rapidly; multiple outbreaks involving high risk settings; escalating hospital admissions and mortality.** **For example:** - outbreak in oncology or other very high risk setting outpatients - large outbreak involving high-risk settings such as care home - evidence of extensive community spread - potential/real media interest

LOW	MEDIUM LOW	MEDIUM	MEDIUM HIGH	HIGH
Action typically taken				
Confirmed cases typically managed as 'business as usual' by C-19 hub	Managed as 'business as usual' by C-19 hub **or** an Incident / Outbreak Management Team convened; PHE **or** GCC the lead agency	Incident / Outbreak Management Team convened; PHE typically the lead agency	Incident / Outbreak Management Team convened; PHE the lead agency	Incident / Outbreak Management Team convened; PHE the lead agency
Who will be informed?				
• Director of Public Health (DPH) and Deputy DPH • Service and / or Setting leads (as detailed in the setting- specific Standard Operating Procedure [SOP] maintained by the C-19 Hub)	All indicated left **plus:** • Leader of Council • Chief Executive • Lead Member for Public Health • Executive Director Corporate Resources • Head of Comms • Relevant Director (Adults; Children) • Potential others (below)	All indicated left **plus:** • C-19 Health Protection Board • C-19 Engagement Board • C-19 Tactical Response Group • Local Resilience Forum (LRF) • LRF Recovery Group (RCG) • Head of Comms and others (see below)	All indicated left **plus:** • Relevant stakeholders from the list below	All indicated left **plus:** • Relevant stakeholders from the list below
	Every time an Incident or Outbreak Management Team is convened: there will be a joint decision by DPH; GCC Chief Executive and Head of Comms regarding others to be informed e.g. GCC Gold / CLT; Group Leaders; County and District Councillors; MPs; geographical leads e.g. LA directors; Health and Care leads; the general public			
Details of communication (when, what and how)				
• Information will be cascaded **on the day** of the notification and risk assessment • Communication to named leads /posts will be primarily via email [or a phone call] from the C-19 Hub or DPH / Deputy DPH • Setting leads will be informed via routine C19-hub cascades detailed in SOPs • Cascades to Group Leaders and / or all County Councillors will go via Democratic Services • The communication will be in the form of a summary report (insert link to report template)			• Decision by DPH re: whether to notify C-19 Health Protection Board members immediately or at the next scheduled meeting • Comms strategy for general public	• Decision by DPH re: whether C-19 Health Protection Board will convene before the next scheduled meeting • Comms strategy for general public

Routine communications

- Weekly situational summary report (total positive tests, outbreaks in sensitive settings) to: C-19 Health Protection Board, C-19 Engagement Board, Group Leaders and MPs

Notifications regarding situations in, or affecting, neighbouring areas

For example; an outbreak in a Gloucestershire factory, which employs workers who are resident in a neighbouring county

- Share summary notification or incident summary with key contacts for relevant neighbouring authority (insert link to neighbouring contacts list)

NOTES

- **Risk Assessment:** full details of the risk assessment for individual cases / incidents and strategic escalation levels and control measures are available at (insert link)
- **Out of Hours:** C-19 hub operates from 8am-6pm seven days a week. The cascade operates as normal at weekends. For medium / high risk incidents decision may be made to cascade by phone
- **Information in public domain:** in some instances information regarding an incident or outbreak may first appear in the public domain. If this occurs the Health Protection Team working from the C-19 Hub will check all the facts, undertake a local risk assessment as detailed above and ensure, via the cascade, that partners and public are receiving the correct information. If partner organisations become aware of such instance they should contact the C-19 Hub desk immediately (insert HP Inbox Email address)

Appendix 5 – I/OMT membership

Agency	Professional	Care homes	Schools & early years	Workplaces	Places of worship	Universities	Hospitals (inc private)	Primary care	Community settings	Homeless settings	Childrens hospice	Holiday clubs	Hospice	Drug & Alcohol Rehab	Day centres	Factories	Tourist sites
PHE	CCDC/HPC	Lead	Lead	Lead	Lead	Lead	Lead	Lead	Lead	Lead	Lead	Lead	Lead	Lead	Lead	Lead	Lead
	HPP/HPN/Reg	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Comms	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Field Epi	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	CRCE	X	X	?	X	X	X	X	?	X	X	X	X	X	X	?	X
	PHE Lab	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?
GCC	DPH/CPH/HPP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Port Health	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	?
	EHO	X	?	✓	✓	?	X	X	?	?	X	?	X	?	?	?	?
	Education	X	✓	X	X	✓	X	X	X	X	X	✓	X	X	?	X	X
	Comms	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Other dept	✓	X	X	X	X	X	X	✓	✓	X	✓	X	✓	✓	X	X
NHS	NHSE rep	?	X	X	X	X	?	?	X	X	?	X	?	X	X	X	X
	CCG rep	✓	X	X	X	?	✓	✓	?	?	✓	X	✓	X	X	X	X
	Micro	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?
	Acute (GHT)	X	X	X	X	X	✓	X	X	X	X	X	X	X	X	X	X
	Primary care	✓	?	X	X	X	X	✓	✓	?	?	X	?	X	?	X	X
	GHC CYPS	X	?	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HSE	Inspector	X	X	?	X	X	X	X	X	X	X	X	X	X	X	?	X
AHVLA	Advisor	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	?
Setting	Manager/Dep	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Appendix 6 – I/OMT draft agenda

Title of meeting	[insert title] [insert HPZone reference if known]
Date	[insert date of meeting]
Time	[insert time of meeting]
Venue	[insert venue for the meeting/teleconference details]

1. **Welcome, introductions, apologies & ground rules**
    a. Confirm chair
    b. Confirm admin support for minutes
2. **Identification of any other urgent business**
3. **Purpose of Meeting**
    a. share information for situational awareness
    b. undertake joint dynamic risk assessment with advice from PHE and partners
    c. agree immediate action plan and any future meeting requirements
4. **Minutes of previous meeting and matters arising**
5. **Review situation and new evidence**
    a. Clinical
    b. Epidemiological
    c. Microbiological
    d. Environmental
    e. Context
6. **Further investigations required**
7. **Control Measures in place**
8. **Joint risk assessment**
9. **Additional control measures required**
10. **Communications**
    a. Agree media lead (no release without agreement from all parties)
    b. All brief upwards within own organisations as required
    c. Requirements for wider multiagency briefing/coordination
11. **Review of agreed actions**
12. **Any other business (as agreed at the start of the meeting)**
13. **Scheduling future meetings**

Gloucestershire COVID-19 Strategic Escalation Levels and Control Measures
CURRENTLY BEING UPDATED

Appendix 8 – List of Action Cards and C19 Hub Duty Desk Standard Operating Procedures (SOPs)

Action cards (for service and setting managers)
Childcare and Educational Settings (Bespoke flowchart provided)
Places of worship
Tourist attractions and sites
Campsites and caravan parks
Hotels and other guest accommodation
Construction and other outdoor work.
Manufacturing of food and other large processing plants
Entertainment and holiday resorts
Restaurants, pubs, bars, cafes or takeaways
Hairdressing, barbershops, and beauty salons
Dress fitters, tailors
Shops
Spas, sports and massage therapy, well being and holistic locations
Arts, heritage and cultural venues
Cinemas, theatres, comedy venues and music venues
Domestic abuse refuges
Homelessness and rough sleeping accommodation

SOPs (for C19 duty desk)
Care sector
Children's Hospices
Community Settings
Day Centres
Drugs and Alcohol
Factories
Out of School Settings
Homelessness & rough sleeping
Hospices
Hospitals
Intelligence Queries
Places of Worship
Primary Care
Schools and Early Years Settings
Gatherings Tourist attractions and entertainment
Travel Accommodation
Universities
Vulnerable Adults
Workplaces
Working with CGL SOP

Appendix 9 – Criteria for closing a cluster or outbreak

Declaring and ending an outbreak and cluster in a non-residential setting e.g. workplace or schools

	Criteria to declare	Criteria to end
Cluster	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days (In the absence of available information about exposure between the index case and other cases)	No confirmed cases with onset dates in the last 14 days
Outbreak	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days AND ONE OF: Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case OR (when there is no sustained community transmission or equivalent JBC risk level) - absence of alternative source of infection outside the setting for initially identified cases	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)

Declaring and ending an outbreak and cluster in an institutional or residential setting, such as a care home or place of detention

	Criteria to declare	Criteria to end
Outbreak	Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVDI-19 among individuals associated with a specific setting with onset dates within 14 days NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.	No confirmed cases with onset dates in the last 28 days in that setting

Declaring and ending an outbreak and cluster in an inpatient setting such as a hospital ward or ambulatory healthcare services, including primary care

	Criteria to declare	Criteria to end
Outbreak in an inpatient setting	Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVDI-19 among individuals associated with a specific setting with onset dates 8-14 days after admissions within the same ward or wing of a hospital. NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters
Outbreak in an outpatient setting	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days AND ONE OF: Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case OR (when there is no sustained community transmission or equivalent JBC risk level) - absence of alternative source of infection outside the setting for initially identified cases	No confirmed cases with onset dates in the last 28 days in that setting

Process for reviewing and disseminating Director of Public Health view on care home visiting

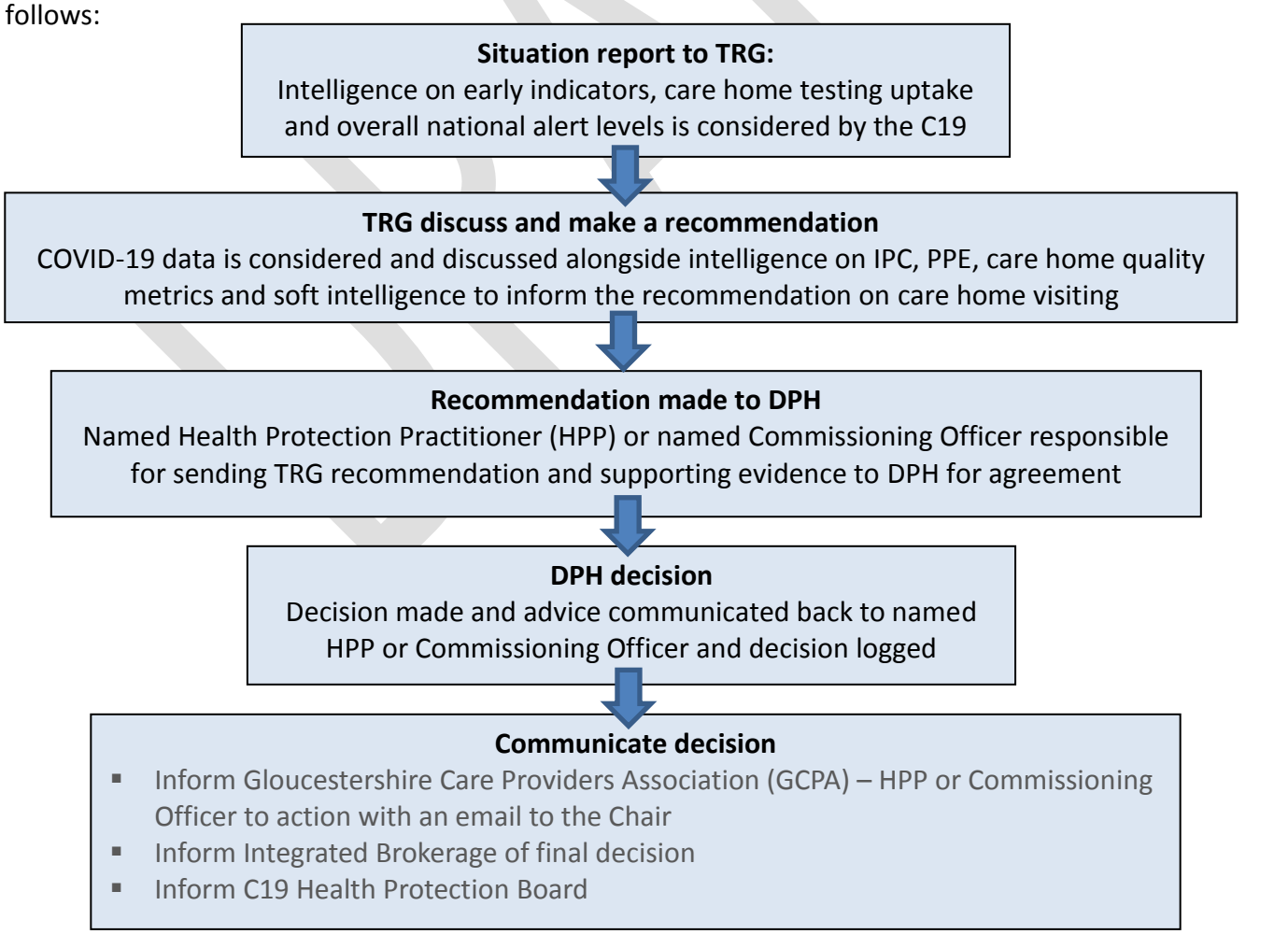
In July 2020 guidance was released that advised that, prior to visits being allowed in care homes, the director of public health in every area should disseminate their view on the suitability of visiting in the local authority area, taking into account infection rates and the wider risk environment.

The decision on whether or not to allow visitors, and in what circumstances, is an operational decision and therefore ultimately for the provider and managers of each individual setting to make. However this decision should be based on the advice from the director of public health, as well as any additional advice or guidance from local infection-control leads and PHE. Guidance and resources for care home have been developed and disseminated.

In making their judgement the director of public health should consider as a minimum:

- local testing data, including test and trace data, to form a view on the accuracy of local outbreak information including data on uptake, results and frequency of testing in the local area, as well as to form a view of community prevalence
- any national oversight taking place in an area due to transmission risks

In Gloucestershire, the process for undertaking the weekly risk assessment on care home visiting is as follows:



Any changes to the DPH advice will be communicated with the care market through Integrated Brokerage and the GCPA. The GCC webpages will be updated accordingly.

As per the strategic escalation levels, care home visiting guidance is subject to change depending on current infection rates and the ability of homes to reduce the risk of transmission to a vulnerable population to an acceptable level (e.g. good access to PPE and IPC support and training). Guidance may be issued at a county, district, ward or single provider level:

- 1 (Low) risk - Targeted restriction measures for care home visits (e.g. limit those in contact, conduct visits outside - see care home visiting guidance). Closure of homes experiencing outbreaks. Day trips and overnight visiting permitted, with guidance and restrictions
- 2 (Medium/Low) / 3 (Medium) risk - Increased restrictions e.g. pausing day trips and overnight visits, outside visiting only, increased restrictions on numbers and frequency of visitors
- 4 (Medium/High) / 5 (High) risk - Increased restrictions on care home visits (e.g. closed to visitors at district or county level or LSOA or provider level)

Example situation report:

Care home visiting is currently being allowed across the county with strict adherence to local and national guidance. This includes visiting of close family only, social distancing (outside where possible) and enhanced IPC precautions. All visitors are recorded for NHS Test and Trace and a risk assessment is undertaken at individual resident level. Current guidance for visits away from home are in draft form, have been reviewed by IPC and are awaiting approval.

To support decision making on care home visiting:

- Local intelligence is reviewed to identify where high risk settings[1] are in close proximity to each other and cross check this information with known cases and support risk management
- Detailed information on individual care homes is available if needed for decision making
- Local intelligence suggests that care homes have adequate personal protective equipment (PPE) and are following Infection Prevention Control (IPC) advice
- Training has been undertaken by care home staff in the county on preventing and controlling infections, as well as the correct use of PPE
- Information on testing in care homes is reviews (this has not been available since mid-July due to delays in the role out of whole home testing)

- Gloucestershire is in line with the current national alert level (3) whereby the virus is in general circulation but the number of cases remains stable. Locally as per the Hierarchy of control we are currently experiencing a 1 (low) level of risk from COVID across **all** districts
- There are no current outbreaks of concern or geographical 'hot spots'
- There have been delays to the implementation of whole home testing and there is therefore an information gap in terms of coverage of testing, however access to PPE is good and there is access to infection prevention and control training and support in the county
- The C19 TRG have not met this week, however there are no specific issues or concerns that have been raised by the group that would suggest a change to the current care home visiting guidance currently advised

RECOMMENDATION:

- **Overall, using the Gloucestershire strategic escalation risk assessment, the current score is LOW across all districts**
- No change to current guidance
- Continue to monitor care home outbreaks and cases

[1] High risk settings include: Meat processing factories, hospitals, GPs, community services, day care (Adult Social Care) services, hospices, early years services (including childminders, nurseries, holiday schemes), schools and university grounds