

# **Gloucestershire Local Outbreak Management Plan**

## **COVID-19 Prevention Plan**

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## 1. Introduction

The Gloucestershire COVID-19 Prevention Plan forms part of the overarching [Gloucestershire Local Outbreak Management Plan \(LOMP\)](#) which outlines the approach to prevent, contain, respond to and monitor COVID-19 in the county.

The Gloucestershire COVID-19 LOMP aims to control COVID-19 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.

In the absence of an effective vaccine, prevention through other public health measures is essential. The basic COVID-19 preventive strategies include changes in individual behaviours including social distancing, use of face masks and hand hygiene. Minimising the ways in which the virus can pass to others ultimately will reduce its spread.

## 2. Aim

We will ensure ongoing prevention measures are in place to support specific settings and geographies, alongside more general population level support, signposting and communications. This function will also ensure horizon scanning to identify high-risk settings is a continuous process; and that there is ongoing learning from previous outbreaks and clusters.

## 3. Scope

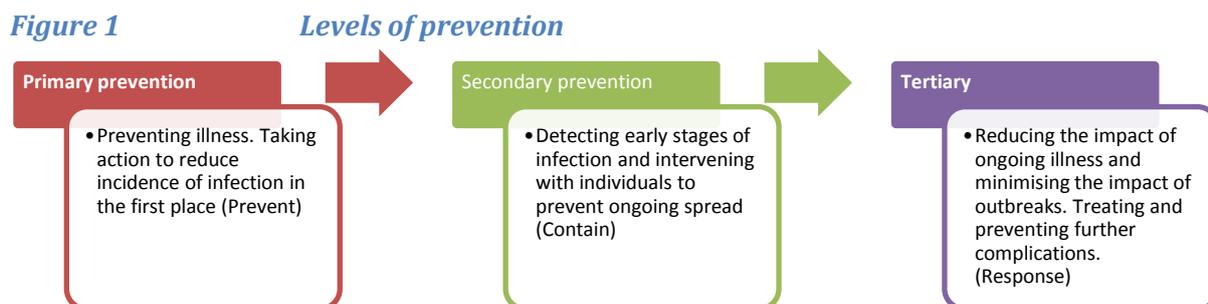
The scope for this prevention plan includes:

- A primary prevention focus, which means preventing the spread of the virus in the first place
- Preventing the direct impacts of COVID-19
- Protecting the most vulnerable
- Universal (whole county, whole population) and targeted approaches (addressing health inequalities; tailored approaches for specific settings or more vulnerable population groups; targeting areas or groups with high prevalence of the virus)
- The contribution of data and intelligence for horizon scanning and monitoring

Alongside this prevention plan is an implementation matrix, which details how the different aspects of the plan will be delivered and by whom.

### 3.1 Primary prevention

Preventive strategies are described as taking place at the primary, secondary, and tertiary prevention levels (see fig.1). This plan focuses on primary prevention. Secondary prevention is addressed in the Contain Plan and tertiary prevention would occur as part of the Response Plan.



Measures for secondary prevention and containing the virus include identifying and isolating infectious cases, contact tracing, and the Health Protection Board might work with local and national leaders to consider potential travel restrictions, bans on mass gatherings and localised or nationwide lockdowns when the other measures prove ineffective in halting the spread of the virus. Tertiary prevention would be guided by advice from Public Health specialists in an Outbreak Management meeting and includes specific action in specific settings where spread has been clearly shown, and might include increased testing, cohorting of residents in care home settings or changing business models to contain an outbreak.

### 3.2 Direct and indirect impacts

It is clear that there are both direct and indirect impacts of COVID-19 (fig 2). This prevention plan focuses on the direct impacts. The indirect impacts are addressed through the Recovery Coordination Group.

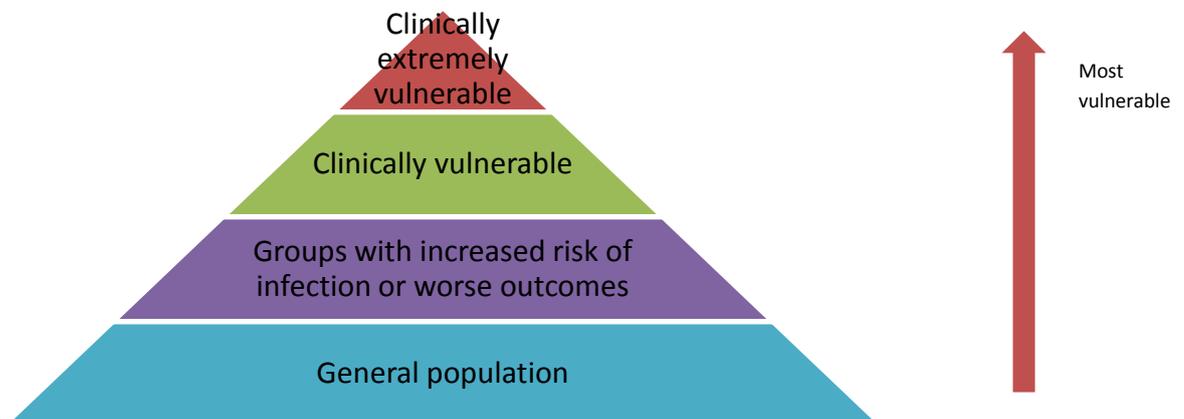
**Figure 2** *Examples of direct and indirect impacts of COVID-19*

<p><b>Direct impacts</b> including:</p> <ul style="list-style-type: none"> <li>• COVID-19 ill health and mortality</li> <li>• Long-term health and wellbeing impacts of COVID-19 infection</li> </ul>
<p><b>Indirect impacts</b> including:</p> <ul style="list-style-type: none"> <li>• Impacts on the determinants of health, including employment, housing security, education</li> <li>• Social isolation and loneliness</li> <li>• Changes to health-related behaviours, eating habits, alcohol consumption, physical activity</li> <li>• Changes to routine healthcare</li> <li>• Long-term impacts on chronic conditions</li> <li>• Amplification of existing inequalities</li> </ul>

### 3.3 Protecting the most vulnerable

We know that certain populations are at greater risk from COVID-19. The prevention plan provides a 'universal' offer but with 'targeted' interventions to protect our most vulnerable members of society. Figure 3 illustrates the different levels of vulnerability associated with COVID-19.

**Figure 3** Population groups and vulnerability to COVID-19 (direct impacts)



- **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 includes 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 you cannot work from home) and for things like getting food or exercising. However, they should try to stay at home as much as possible.
- **Groups with increased risk** of infection or worse outcomes includes people living in deprived areas, people from BAME backgrounds.

### 3.4 Universal and targeted approaches

Prevention can be delivered through addressing interventions to a whole population (universal) whether they are exposed to risk factors or not, or tackling only those identified as being high risk (targeted). There are advantages and disadvantages of both approaches. Although individuals with high risk factors for COVID-19, or in the clinically vulnerable or shielded categories, may benefit from interventions specifically targeted at them, the effect on the overall incidence of COVID-19 will be limited in the absence of population wide intervention.

The Prevention Plan will be delivered combining both approaches using the principle of *proportionate universalism*. This means the resourcing and delivery of universal COVID-19 prevention but at a scale and intensity proportionate to the degree of need.

## 4. Governance

This Prevent Plan is led by the COVID-19 Tactical Response Group (TRG) which reports to the Gloucestershire COVID-19 Health Protection Board (see [Appendix 1 - Governance](#)). The plan is operationalised through the C-19 'hub and spoke' model. The C-19 Hub reports into the TRG.

## 5. Prevention strategies

A range of prevention interventions will be used at both a universal and targeted level. This includes:

- Supporting policy and guidance
- Communications
- Infection Prevention and Control
- Environmental health measures, compliance support visits and risk assessments
- Support services – for example routine testing (whole care home testing), access to and training in use of PPE, supporting people in vulnerable circumstances to self isolate (including information on advice and support for physical, financial, social and mental needs).
- Intelligence and monitoring (see [Monitoring, sharing intelligence and horizon scanning](#) section).

Wider COVID-19 testing, contact tracing and use of enforcement powers are included in the [Contain Plan](#).

### 5.1 Supporting policy and guidance

The Gloucestershire COVID-19 Hub (C-19 Hub) has been established to support delivery of the LOMP, under the management of the Director of Public Health, Gloucestershire County Council.

The COVID-19 Hub provides the central point of contact for assessing, prioritising and responding to incidents (cases, clusters or outbreaks) and to queries from partners, council members and the public. It also has a key role in local primary prevention and in reinforcing national policy and guidance.

National guidance on what the LOMP should include covers seven main themes. Three of these themes indicate settings and populations which require particular focus - care homes and schools, high risk places, locations and communities, vulnerable people. Locally, there is a 'hub and spoke' model (see [Appendix 2: Gloucestershire COVID-19 Hub and Spoke model](#)) which ensures these categories are considered and prioritised. There a Health Protection Practitioner assigned to support each of the 'spokes'. This includes supporting the implementation of COVID-19 policy and guidance specific for each of these spokes (also see section on targeted prevention).

## 5.2 Communications

Communications supports the Prevention Plan by promoting key prevention messages to the public and targeted population groups, and settings, through the most appropriate communications channels. We will regularly review and develop the plan in line with emerging national guidance, insight and evaluation of our activity.

### 5.2.1 Primary audience

#### Box 1: Internal and external audiences

INTERNAL	EXTERNAL
<ul style="list-style-type: none"><li>• All Staff</li><li>• Cabinet members</li><li>• All county councillors</li></ul>	<ul style="list-style-type: none"><li>• Media</li><li>• Communities, including specific target audiences</li><li>• Businesses</li><li>• Borough/district/town/parish councillors</li><li>• Government - particularly Secretaries of Local MPs</li><li>• Local Resilience Forum (LFR) partners</li><li>• GFirst Local Enterprise Partnership</li><li>• Community organisations</li></ul>

### 5.2.2 Channels

#### Digital

Realising the potential to reach individuals wherever they are (including those who are staying at home or self-isolating), the ability to be rapidly deployed, and potential to be targeted at specific audiences and geographies, there should be a strong emphasis on digital engagement. This includes social media, websites that tourists and residents might visit when choosing where to go in the county on day trips, and our regular e-newsletter, that has around 10,000 subscribers.

Our website will be the ‘one stop shop’ for all COVID-19 advice and guidance – helping residents and businesses easily find what they need.

As outlined in the overarching communications strategy for the LOMP, for phase 1 prevention messaging, it is recommended to only run limited paid for marketing to spend money wisely and avoid duplicating the national campaign. However, this might be appropriate when targeting specific audiences, for example families, young people and tourist.

We will also encourage partner organisations to share GCC content through their own digital channels, but also to share content being pushed out by key bodies such as Public Health England and NHS England, Public Health England, Department for Health and Social Care Infographics, images, memes, GIFs and videos will be used to ‘bring the content to life’.

### Door drops/direct route to residents

Whilst we know that social media and digital channels are key to reaching a large sector of our community, we also know that not all people in our community will have access to, or will choose to receive information via digital means.

Where appropriate, we will aim to reach people directly through paid for leaflet drops or by using our asset based contacts to ensure that printed materials featuring advice and information is delivered directly into their hands.

### Media

We will engage with key media through regular briefings with the Director of Public Health, Sarah Scott, so that we can help to inform the messages going out through their outlets,. The media will also be key to getting advice and information out to our residents should we need to 'step up' messaging, as cases increase.

We also shouldn't underestimate traditional forms of advertising through print, in a bid to reach people who don't choose digital means as a way of receiving information.

### Internal communications

Many of our colleagues are also part of the Gloucestershire community so we will use our strategic internal communications channels including StaffNet, Talksmart and service specific e-newsletters to further spread our messages.

### Asset based approach

We have adopted an asset based approach to engage with key target audiences, for example young people/adults and the BAME community. To support this, we have produced a list of asset based contacts, through which, we will regularly share key preventative message, which they can use, tailor and deliver in a way that is more meaningful to the people they work with.

The list includes trusted community groups and leaders who represent and support these sectors of the community.

### ***5.2.3 Overarching key Messages***

A long list of population wide key messages are outlined in

Appendix 3 – Communications. These will be used as the basis of any message, but will be tweaked to hook into specific key dates and themes, and audiences.

#### **5.2.4 Activity**

Activity will be driven by data and insight which will inform where, and to whom, we need to increase our communications. An outline plan of activity is included in

### 5.3 Infection Prevention and Control (IPC)

The IPC is a forum for our system leaders in IPC to draw upon national guidance, scientific evidence and clinical expertise to inform a consistent approach for IPC across the Gloucestershire health and care system

The IPC Bronze Cell's aims are to:

- ensure a consistent approach and relevant guidelines are in place for IPC across the Gloucestershire system
- provide a single central location for the review of nosocomial infections within the county
- provide a forum to consider outbreak intelligence within context.

Two new posts have been created for IPC practitioners. These will lead the operational IPC actions, which include the prevention actions outlined in table 2. The post will have a role also in more secondary prevention actions such as contact tracing. These are outlined in the Contain Plan.

[Appendix 4:](#) Infection Prevention and Control – areas of responsibility provides further detail on the IPC practitioner role in the context of the role of the IPC cell and COVID-19 Hub.

**Table 2** *Key IPC operational actions*

Area	Operational IPC actions
Advice for settings in relation to prevention of C19	<ul style="list-style-type: none"> <li>• May be involved in <b>training</b> dependent on situation.</li> <li>• <b>Building resilience</b> within organisations so services have robust IPC systems</li> <li>• Using <b>audit</b> to provide assurance that systems are robust and IPC precautions are in place as well as giving assurance that the organisation could respond effectively if C19 suspected or confirmed in an individual(s).</li> <li>• Tailored training to address <b>gaps/ needs</b> identified through audit.</li> </ul>
PPE	<ul style="list-style-type: none"> <li>• <b>Implementation of guidance</b></li> <li>• Providing the support required to <b>develop resources</b> e.g. action cards/posters and/or other local guidance to support the correct use of IPC by team members with organisations.</li> </ul>
Care sector	<ul style="list-style-type: none"> <li>• Providing <b>support to the Brokerage</b> team on IPC. May be involved in response to an outbreak depending on situation</li> </ul>
Care home visiting decision	<ul style="list-style-type: none"> <li>• Work with brokerage to <b>maintain oversight of care home IPC arrangements</b> and communicate this to C19 TCG to enable recommendations on care home visiting to be made by DPH.</li> <li>• Develop and agree a protocol for this channel of information and feedback.</li> </ul>
Healthcare - Nosocomial C19	<ul style="list-style-type: none"> <li>• Operational support to complete Post Infection review and <b>learning from incidents.</b></li> <li>• Support the organisation to complete the above and put together an action plan and implement the <b>identified actions.</b></li> </ul>
Reporting	<ul style="list-style-type: none"> <li>• <b>Reports</b> to organisation IPC and IPC cell</li> <li>• Presentation of PIR following nosocomial infections at the Bronze IPC Cell meeting.</li> </ul>

## 5.4 Environmental health measures and risk assessments

National guidance was published in May 2020 on [Working safely during coronavirus \(COVID-19\)](#). This offers specific guides to cover different types of workplaces and outlines priority actions at the beginning of each guide.

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

The CCOs are taking the lead for 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 will also be carrying out business inspections and spot checks to ensure that COVID-19 safe measures are in place. CCOs will be involved in the advice provided 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 will 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.

## 5.5 Service Provision

Service provision may include ensuring access to PPE, asymptomatic testing (e.g. whole care home testing), and supporting people in vulnerable circumstances to self isolate. Most of the service provision is more secondary prevention focused and clearly has overlaps with the Contain Plan. PPE is overseen by a subgroup of the COVID-19 Tactical Response Group, and keeps an inventory of available stock and supports organisations to access supplies via the appropriate routes. Testing is overseen by another subgroup and links to the regional testing strategy infrastructure. The Community Help Hub continues to have a role in ensuring people can access support to self-isolate.

## 6. Targeted prevention

Targeted prevention is delivered through the hub and spoke model (see [Appendix 2](#): Gloucestershire COVID-19 Hub and Spoke model). The spokes represent settings where there is an increased risk of COVID-19 either because:

- The setting has the potential to be more **vulnerable to the spread** of COVID-19 e.g. schools, universities.
- The setting represents a **population more vulnerable** to the spread of COVID-19 e.g. care sector, homelessness.
- The setting has **concentrated populations** e.g. workplaces, events.

This section sets out the key prevention activity for each of the spokes.

## 6.1(a) Children and young people spoke – Early Years, Schools and Colleges & COVID-19 prevention

Rationale for prevention focus	
<p>In August 2020 the <a href="#">Children’s Commissioner</a> published the ‘Putting children first in future lockdowns’ report. This report highlighted that maintaining face to face education should be prioritised and protected over other sectors. The reasons for this are multiple; education has social and health benefits for children; it impacts on their future potential; and it enables adults to continue to work. In addition the evidence indicates that, compared to adults, children appear to play a limited role in spreading Covid-19 and are less likely to get ill from it. This is especially true for younger children, and less so for older children and teenagers.</p> <p>The Government have supported this approach outlining the <a href="#">Tiers of Restriction for Education</a> which emphasises that education and childcare is a priority to remain open.</p>	
Overview of setting	
<p>In Gloucestershire we have 292 maintained schools and academies, as well as 26 independent schools and 21 other educational settings (including free schools, colleges and special schools). We have 714 early years settings, including childminders, nurseries and pre-schools.</p>	
Preventative measures	
<p><b>Supporting policy and guidance</b></p>	<ul style="list-style-type: none"> <li>• Department for Education have provided detailed guidance on re-opening education and childcare settings and the measures to take. They have also recently launched an advice and reporting line for all schools which advises schools on their response to single positive cases, reports this data to local agencies and also supports schools with general enquiries.</li> <li>• GCC have created the generic email <a href="mailto:Covidschoolenquiries@gloucestershire.gov.uk">Covidschoolenquiries@gloucestershire.gov.uk</a> which provides a central point for schools to raise issues or queries. The inbox is continually monitored by a dedicated team that are able to respond swiftly.</li> <li>• GCC Covid-19 Hub have provided support to the Education Hub and SHE Team in interpreting guidance for schools, clarifying the approach to respond to cases and outbreaks and provided support to Incident and Outbreak Control Team Meetings; including consideration with education colleagues on whether schools arrangements have been sufficient to limit contact .</li> </ul>
<p><b>Communications</b></p>	<ul style="list-style-type: none"> <li>• <b>Gloucestershire County Council Education Team</b> communications with all Gloucestershire schools: <ul style="list-style-type: none"> <li>○ Holding twice-weekly meetings with locality and sector representatives to answer questions and receive feedback.</li> <li>○ Produced a continually updated set of FAQs to clarify changes in guidance or local processes.</li> <li>○ Regular email communications and weekly ‘Heads Up’ newsletters with the latest information.</li> </ul> </li> <li>• This level of communication is mirrored for Early Years Settings.</li> </ul>
<p><b>IPC advice and training</b></p>	<ul style="list-style-type: none"> <li>• <b>Public Health England</b> have provided resources for education and childcare settings such as flow charts details the process to follow in the event of a suspected or confirmed case, posters and template letters, and created webcasts and hosted webinars for schools to join to learn about infection prevention and control and ask questions.</li> </ul>
<p><b>Environmental health measures and risk assessments</b></p>	<ul style="list-style-type: none"> <li>• Facilitating the supply of PPE and signage for schools and signposting to providers able to offer deep cleaning services.</li> <li>• Ensuring that home to school transport providers implement effective infection control measures and work with individual schools to compliment the steps they are taking. Including providing face masks for children using home to school transport.</li> <li>• <b>Safety Health and Environment Team</b> are a traded service but for coronavirus have extended their offer to all maintained schools and academies at no additional cost.</li> </ul>

	<p>They have produced risk assessment frameworks and support with interpreting guidance to ensure schools are covid-secure. Local Authority maintained schools were required to return a risk assessment for review by the team (as GCC is the employer and has statutory duties to employees) and other schools were strongly advised to – <i>please note that Multi-Academy Trusts required their own individual academies to have their risk assessments scrutinised and approved by the trust.</i> The table below gives the number of schools and risk assessments that have been reviewed:</p> <table border="1" data-bbox="448 421 1503 779"> <thead> <tr> <th>Number of Gloucestershire schools by type</th> <th>RAs submitted and checked by SHE</th> </tr> </thead> <tbody> <tr> <td>140 LA schools (139 Primary / 1 Secondary)</td> <td>136</td> </tr> <tr> <td>10 LA Special Schools and Alternative Provision settings</td> <td>7</td> </tr> <tr> <td>55 Aided and Foundation schools (51 Primary / 4 Secondary)</td> <td>33</td> </tr> <tr> <td>99 academies (57 Primary / 34 Secondary /</td> <td>21</td> </tr> <tr> <td>36 independent schools and other educational settings (including free schools, colleges)</td> <td>N/A as not offered the service</td> </tr> </tbody> </table> <p>Their risk assessments were also adapted for Early Years settings.</p>	Number of Gloucestershire schools by type	RAs submitted and checked by SHE	140 LA schools (139 Primary / 1 Secondary)	136	10 LA Special Schools and Alternative Provision settings	7	55 Aided and Foundation schools (51 Primary / 4 Secondary)	33	99 academies (57 Primary / 34 Secondary /	21	36 independent schools and other educational settings (including free schools, colleges)	N/A as not offered the service
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<p><b>Support services - testing</b></p>	<ul style="list-style-type: none"> <li>• Education settings were all issued with a pack of ten test kits by the Department for Education in August 2020. There is a mechanism available to order additional packs every 21 days.</li> <li>• During the period of insufficient testing supply critical front line teaching staff have been able to access testing through pillar 1 testing available at Gloucester Royal Hospital.</li> <li>• In an outbreak control situation it is possible for additional test kits to be accessed through pillar 1 testing from Gloucester Hospital Trust or regional PHE laboratories.</li> </ul>												
<p><b>Intelligence and monitoring</b></p>	<ul style="list-style-type: none"> <li>• <b>Health and Safety Executive</b> are carrying out spot-checks in schools as they return to full capacity for the start of the Autumn term. This will take the form of an initial phone call to check that the school has carried out a suitable and sufficient risk assessment, review the measures taken for reopening to minimise spread of the virus and evaluate knowledge and awareness of the relevant government guidance. Where the initial call raises concerns about a school’s approach, it will be referred for a further intervention which may include a visit to the school.</li> <li>• Ofsted are carrying out focused inspections of schools and whilst this will not specifically scrutinise a schools risk assessment process, it will seek to understand the barriers that the school has faced, and may still be facing, in managing the return to full education for all pupils and how the school is managing risk is likely to be part of this insight</li> <li>• The SHE team are developing a proposal to undertake site visits for schools where there are concerns relating to their risk assessment.</li> <li>• Our District Environmental Health Teams have approached all Early Years settings to offer advice, support and site visits if required.</li> </ul>												

## 6.1 (b) Children and young people spoke – Universities & COVID-19 prevention

<b>Rationale for prevention focus</b>	
<p>Universities have been highlighted as a high risk setting for transmission of Covid-19. A report by the Joint Biosecurity Centre<sup>1</sup> identified the following factors that may increase the risk of transmission in a university setting:</p> <ul style="list-style-type: none"> <li>• It is suspected that many young adults have asymptomatic infection.</li> <li>• Studies have shown that young adults are less likely to be compliant with control measures such as wearing face coverings.</li> <li>• It is highly likely that the majority of outbreaks outside of accommodation settings will be linked to social gatherings, sports teams and societies and less likely that there will be reports of outbreaks linked to lectures and seminar groups as universities are more able to implement control measures in these settings.</li> <li>• It is likely that most university outbreaks will be self-contained with limited impact on the local community providing cases are traced and isolated effectively. However, in the absence of this it is highly likely that we will see university-based outbreaks leading to increases in local community cases. Transmission between university students and local communities is likely to be higher in locations where there is greater contact such as in bars and restaurants, in city-based universities and from courses with a high number of placement students.</li> </ul>	
<b>Overview of setting</b>	
<p>In Gloucestershire we have three settings which provide Higher Education to students over the age of 18:</p> <ul style="list-style-type: none"> <li>• University of Gloucestershire <ul style="list-style-type: none"> <li>- 1,400 students in residential accommodation</li> </ul> </li> <li>• Hartpury College <ul style="list-style-type: none"> <li>- Hartpury is unusual in that it has both Further Education (16-18 year olds) and Higher Education.</li> <li>- 1,100 students in residential accommodation</li> </ul> </li> <li>• Royal Agricultural University <ul style="list-style-type: none"> <li>- 320 students in residential accommodation.</li> </ul> </li> </ul>	
<b>Preventative measures</b>	
<b>Supporting policy and guidance</b>	<p>Universities are following Government guidance available here <a href="https://www.gov.uk/government/publications/higher-education-reopening-buildings-and-campuses/higher-education-reopening-buildings-and-campuses">https://www.gov.uk/government/publications/higher-education-reopening-buildings-and-campuses/higher-education-reopening-buildings-and-campuses</a>.</p> <p>Our Gloucestershire Covid-19 Hub has made links with each university to offer support and advice. We have also developed a Standard Operating Procedure which details what action needs to be taken if we are notified of a case of situation in a university setting. This includes the cascade of information to relevant GCC officers and contact details for each setting.</p>
<b>Communications</b>	<p>Recognising the higher prevalence of cases in the 18-30 age range which corresponds with the age of the majority of university students, the GCC Communications Team are working on a series of strategies to influence and change behaviour amongst this age group such as:</p> <ul style="list-style-type: none"> <li>• Include more hard hitting messages in social media posts such as serious cases of Covid-19 in young people.</li> <li>• Increase the use of paid for social media</li> <li>• Using influencers and celebrities such as Cheltenham Town Football Club</li> <li>• Work with youth organisations to get the messages out in a way that is more influential.</li> <li>• Targeting locations where young people congregate, particularly in Gloucester and Cheltenham, such as bars and restaurants and shopping centres.</li> <li>• Work with universities to develop comms campaigns.</li> </ul>
<b>IPC advice and training</b>	<p>Our regional Public Health England Health Protection Team are running weekly meeting to provide infection control advice and answer queries. Each of our universities attend these when possible.</p>

<sup>1</sup> OFFICIAL SENSITIVE STRATEGIC ASSESSMENT: UK University Re-Opening, Joint Biosecurity Centre, 11th September 2020

<p><b>Environmental health measures and risk assessments</b></p>	<p>Each university has undertaken extensive risk assessments and developed plans to prevent transmission including cleaning and hygiene measures, social distancing, policies on wearing face coverings and delivering teaching virtually where possible. DfE have asked universities to agree how they will respond to cases with their local Director of Public Health. We have reviewed and agreed their plans with an ongoing commitment from each university to continue to meet regularly, review and develop their plans as the pandemic evolves.</p>
<p><b>Intelligence and monitoring</b></p>	<p>Both nationally and locally we are seeing the highest prevalence of positive cases in the 18-30 age bracket, which corresponds with the age of most university students. The report by the Joint Biosecurity Centre<sup>1</sup> found that the 20-29 age group has the greatest rate of symptomatic Covid-19 cases.</p> <p>Locally we have been investigating patterns of infection and options to reduce the spread amongst this age group. We have investigated whether there are patterns in common exposures but, based on the current intelligence we have available, there are no patterns which stand out. There is some evidence of exposure through car sharing to work. However, it is important to note that due to limited testing at the start of the pandemic it is difficult to be sure that this increase is all due to a rise in infection or partly due to increased detection.</p>
<p><b>Service provision - Testing</b></p>	<p>In outbreak control situation in our university settings, PHE are able to courier tests to the setting if required. If PHE and Department of Health and Social Care (DHSC) deem it necessary, all three universities in Gloucestershire have sites which have already been used or could be used to host a mobile testing unit (MTU). The MTU lead in Gloucester is comfortable that the MTU can be adapted as necessary to deal with a student walk in scenario, as opposed to the normal drive in process. We are exploring with DHSC whether we can exercise this.</p> <p>In addition to stationing an MTU on site in an outbreak situation, the university sites are being used as part of the MTU's routine rotation around the county. The tests are publically available and not targeted at university students and staff, however it does promote the facility to university students and increase access.</p>

## 6.2 Care sector spoke – Independent care sector provision & COVID-19 prevention

### Rationale for prevention focus

The national [Adult social care: our COVID-19 winter plan 2020 to 2021](#), set out that “the coronavirus pandemic has created unprecedented challenges over the past months. The scale of challenge has required an equally unprecedented response from the social care sector and its dedicated workforce. The 1.5 million people who make up the paid social care workforce, and the 5.4 million people who provide unpaid care, have made an invaluable contribution to the national effort. They have been working tirelessly to support people who need care, especially those who are older or living with underlying health conditions who may be more vulnerable to the virus

Alongside extensive efforts at local level, national government has provided enhanced support to the sector, working with and through local leadership. This support was set out in the [adult social care action plan](#), published on 15 April 2020 and the [care home support package](#), published on 15 May 2020. We have provided £3.7 billion of emergency grant funding to local authorities to address the pressures on local services caused by the pandemic, and have now made over £1.1 billion available through the Infection Control Fund to support providers to reduce the rate of transmission of COVID-19.

We have learnt vital lessons about the virus and how best to fight it, over the past months, but there is no doubt that there are many more lessons to learn, including further understanding of the potential risks facing specific groups of people who receive social care support, such as those with learning disabilities.”

### Overview of setting

- Whilst there has been a focus on prevention of COVID-19 in care homes, the prevention work in the care sector includes a wide range of places where people are receiving care from an Independent Service Provider (ISP). It focusses specifically on the following services:
    - care homes
    - care at home and community based services such as day care
    - extra care housing
    - supported living
  - Gloucestershire has a relatively large number of providers running on average comparatively small care homes. There are 129 different providers responsible for 245 homes. There are more residential care than nursing beds purchased.
  - 25 care home providers operating in Gloucestershire are part of a national group but only 10 of these have more than one home in the county.
  - There are 127 care homes providing a total of 5180 beds for older people in Gloucestershire averaging 41 beds per home in April 2018.
  - In April 2018 there were 113 care homes providing 1143 beds for younger people in Gloucestershire with an average of 10 beds per home. 110 of these care homes were for people with a learning disability and 3 were specifically for people with a physical disability.
- Domiciliary care - Gloucestershire operates separate care at home framework contracts for urban and rural areas. The urban framework covers Cheltenham and Gloucester and has 1 lead provider for each. The rural framework covers the other districts and has 45 providers who bid for packages via a dynamic purchasing system.

### Preventative measures

#### Supporting policy and guidance

**Strategic and operational support:** 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.

**Care home visiting:** In July 2020 government [guidance](#) was released requiring that prior to visits being allowed in care homes, the director of public health in every area should

	<p>disseminate their view on the suitability of visiting in the local authority area, taking into account infection rates and the wider risk environment. Locally a process for reviewing and communicating the Director Of Public Health advice on care home visiting has been established.</p> <p><b>Residents leaving care homes for visits:</b> Local guidance has been established for advice on residents leaving care homes for visits/holidays. This local guidance was drafted by colleagues from the GCC Integrated Disabilities Commissioning Hub and Public Health and reviewed by the Infection, Prevention and Control Cell. The guidance asks residents/tenants to agree to visits away from the care setting only where this is necessary to maintain their wellbeing and where virtual communications and visits within the care setting are not enough to support good mental health. Any visiting or holiday arrangements will be jointly agreed between the family, the resident/tenant and the care provider and are subject to full risk assessment and robust care planning. We are not currently supporting residents/tenants to take holidays outside of the UK.</p> <p><b>Day Centre Guidance</b> The issues involved in re-opening day services safely are complex, given the diverse nature of each of the services. The decision to re-open or offer a variation of a service through a phased reintroduction is a decision for each provider based on thorough risk assessment informed by Government guidance.</p> <p>Based on national guidance available on the 29th June, local guidance has been developed that will provide a framework for providers who are re-opening both building based and community external day services or for those who want to offer a variation of their service through a phased reintroduction. For all day services a risk assessment must be completed. Guidance on carrying out risk assessments for safety, health and environment (SHE) and for all individuals who will attend the building / undertake community support have been included. The document contains links to national guidance on infection prevention control and working safely and it is noted that as the situation evolves guidance is being continually updated and providers should check back to the <a href="#">government website</a> for the latest information on a regular basis.</p>
<b>Communications</b>	<p>Communications to providers through the GCC Integrated Brokerage team as a single point of access.</p> <p>Continued engagement with the GCPA (Gloucestershire Care Providers Association) to support messaging.</p>
<b>IPC advice and training</b>	<p>Providers receive additional support through the Adult Social Care Infection Control Fund. The grant conditions specified that at least 75% of the funding was required to be spent on COVID-19 infection control measures in Care Homes but did not allow the purchase of PPE; the remaining 25% could be used on other infection control measures including PPE and for the wider care market.</p> <p>Access to PPE training: Locally a super trainer identified and 23 trainers were trained early in the national process. Training was delivered to the majority of our care homes. There was a quality assurance pathway for the PPE training established. Any quality issues were escalated to our Integrated Brokerage Team and Care Home Support Team. Quality issues and themes were discussed and actioned at weekly Covid-19 ICS Response to Independent Sector Providers for Health &amp; Social Care Scrutiny and Support Group.</p>
<b>Environmental health measures and risk assessments</b>	<p><b>Hospital discharge:</b> The Infection, Prevention and Control (IPC) cell and Activity and Bed Planning Cell (ABP cell) have both been key advisors in the management of discharge of patients to care homes. At the current time in Gloucestershire, anyone being placed in a nursing home must be screened and have a negative COVID-19 swab 48-72 hours</p>

	<p>before discharge. This gives some level of reassurance; however, they will then still need to be isolated for the first 14 days after placement to ensure COVID-19 isn't present. There are 2 Hospital Discharge Support Units to help prevent the spread of Covid-19 and there have been no issues with patient flows. In addition, Gloucestershire Integrated Brokerage Team maintain a log of capacity within care homes, care agencies and empty properties to ensure that support is delivered quickly and efficiently when a referral is made.</p>
<p><b>Support services - testing</b></p>	<p><b>Whole care home testing: Antigen (Rapid PCR)</b>  On 3rd of July Ros Roughton wrote to Local Authorities launching the next phase of the testing in adult social care strategy setting out the roll out of weekly testing of staff and testing of residents every 28 days in all care homes without outbreaks through Pillar 2 testing.</p> <p>DHSC subsequently wrote to Local Authorities on 31st July stating that whilst they have had a positive response to the roll out of regular whole home testing with most care homes having now registered, as a result of a numbers of factors including rising demand across testing and unexpected delays, DHSC had not been able to reach all care homes for older people and people with dementia as quickly as hoped. They issued revised timelines for regular care home testing and now hope to reach all care homes for older people and people with dementia by the 7 September 2020.</p> <p>DHSC communicated directly with care homes who have registered for regular testing to inform them of the revised rollout dates and have reassured Local Authorities that care home testing has not stopped. Over 50,000 tests are being issued a day to care homes across the country, with the majority of these in high priority outbreak areas.</p> <p><b>Testing to support outbreak management</b>  It should be noted that all care homes that have symptomatic residents will continue to be able to access testing through the local PHE Health Protection Team in the South West.</p> <p><b>Antibody testing</b>  Antibody testing service is available for all paid staff in the adult care sector. This service is designed to support surveillance studies across the UK that will help us understand COVID-19 and how it has spread.</p> <p>Antibody tests are used to detect antibodies to the COVID-19 virus to see if someone has previously had the virus. Our understanding of the body's immune response to the virus is limited, and we do not currently know how long an antibody response lasts, nor whether having antibodies means a person cannot transmit the virus to others.</p> <p>An antibody test result can only tell an individual whether or not they have had the virus in the past and developed antibodies. Therefore, regardless of the result of an antibody test, individuals must continue to comply with government guidelines, including wearing PPE and social distancing.</p>
<p><b>Intelligence and monitoring</b></p>	<p><b>Weekly care home intelligence report:</b> A local weekly care home intelligence report is produced. This is shared with GCC integrated brokerage and reviewed by the Gloucestershire COVID-19 Integrated Care System (ICS) Independent Sector Scrutiny Review Group.</p> <p><b>Capacity Tracker:</b> As part of the Adult Social Care Infection Control Fund conditions, care homes were obliged to sign up to the National Capacity Tracker and be regularly submitting data in order to receive the second tranche of funding.</p>

	<p><b>Care home look back:</b> A process for a look back on Covid-19 cases, outbreaks and mortality in Gloucestershire care homes to date has been developed. The aim is to learn from what happened during the initial peak of the Covid-19 pandemic in order to make any appropriate changes which could facilitate better outcomes if there is a resurgence of Covid-19 cases in the coming months. It is crucial that this is done rapidly to ensure changes can be implemented in advance of any future increase in cases.</p>
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## 6.3 Community spoke – Events, workplaces, community gatherings & COVID-19 prevention

<b>Rationale for prevention focus</b>	
Risk from COVID-19 is increased when individuals gather in groups or come into contact with increased numbers of people.	
<b>Overview of setting</b>	
The community spoke includes an overview of planned and actual events; workplaces; close contact services and retailers; hospitality and the night-time economy; places of worship; community settings; tourism, hotels, guest accommodation and spas.	
<b>Preventative measures</b>	
<b>Supporting policy and guidance</b>	<p>Six COVID Compliance Officers (CCOs) have been employed within the six district environmental health teams, developing strong links to the COVID-19 Hub.</p> <p>The CCOs are taking the lead for the development and delivery of the prevention programme of work for the county. The action plan focuses on the different sectors including hospitality, places of worship, close contact services, tourism and holiday accommodation.</p> <p>As enquiries, complaints and questions arrive in the COVID-19 Hub's inbox, they liaise with the districts to ensure that the appropriate organisation or individual is included in the response. The district will be involved where a local event or setting is under discussion or requires hands-on intervention. The districts are able to provide bespoke support, advice and guidance and are in a position to enforce national policy.</p>
<b>Communications</b>	<p>A comprehensive range of action cards, developed by Public Health England and amended to include local information, are used by managers in community and private settings. These provide step-by-step actions for managers to take when there is a confirmed or series of confirmed cases of COVID-19.</p> <p>Gloucestershire County Council communications work closely with the districts to ensure that countywide materials are relevant and useful across the county.</p>
<b>Environmental health measures and risk assessments</b>	<p>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.</p> <p>The officers are providing advice and support to businesses and are reviewing all COVID-19 risk assessments, ensuring that they are completed in line with COVID-safe guidance. As part of this work they will also be carrying out business inspections and spot checks to ensure that COVID-19 safe measures are in place. CCOs will be involved in the advice provided 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.</p>
<b>Support services - testing</b>	National testing can be accessed by communities and individuals from the regional testing centre or one of the mobile testing units
<b>Intelligence and monitoring</b>	<p>Preventative communications and actions are influenced by lessons learnt from other areas and from local experience of managing outbreaks and incidents. For example, proactive work with businesses advising of the risks presented by car sharing was triggered by the experience and reflections from other areas. This proactive approach will continue and will be fed into local prevention work.</p> <p>Each district and their EHOs are represented and take an active role on the COVID-19 Tactical Response Group. Intelligence is used to identify common places of potential exposure, for example places that more than one person has referenced as visiting in the period prior to becoming unwell. This enables proactive work e.g. visits to establishments by EHO's.</p>

## 6.4 Healthcare organisations

Rationale for prevention focus	
Healthcare settings have been identified due to the potential for more vulnerable people to be in these settings. In addition due to the procedures or length of time spent in these settings there is potentially a higher risk of transmission.	
Overview of setting	
This covers a wide range of healthcare settings including; primary care, secondary care (GHNHSFT and GHC), and community care (GHC). It also covers wider community care such as hospices, dentists and pharmacies. There are also a number of private hospital providers of healthcare (Winfield and Nuffield).	
Preventative measures	
<b>Supporting policy and guidance</b>	<p>There are a number of guidance documents for healthcare settings <a href="https://www.gov.uk/government/collections/wuhan-novel-coronavirus">https://www.gov.uk/government/collections/wuhan-novel-coronavirus</a>. These include:</p> <ul style="list-style-type: none"> <li>• Investigation and management of possible cases</li> <li>• Management of exposed staff and patients</li> <li>• Discharging patients</li> <li>• PPE use</li> <li>• IPC for community providers, NHS trusts and private hospital providers</li> </ul> <p>There is also additional information available from the NHS for various settings; <a href="https://www.england.nhs.uk/coronavirus/">https://www.england.nhs.uk/coronavirus/</a></p> <p><b>Silver Health System Tactical Co-ordinating Group</b> - co-ordinates response and liaison 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.</p> <p><b>Bronze Infection, Prevention and Control</b> meeting ensures a consistent approach and relevant guidelines are in place for IPC across the Gloucestershire system (see below for more detail).</p> <p>There are Standard Operating Procedures and protocols in place if a case is identified in any of these settings.</p>
<b>Communications</b>	Regular communications go out from the organisations to their staff highlighting new guidance and policies.
<b>IPC advice and training</b>	<p>The IPC cell is a forum for our system leaders in IPC to draw upon national guidance, scientific evidence and clinical expertise to inform a consistent approach for IPC across the Gloucestershire system</p> <p>The IPC Bronze Cell's aims are to:</p> <ul style="list-style-type: none"> <li>• ensure a consistent approach and relevant guidelines are in place for IPC across the Gloucestershire system</li> <li>• provide a single central location for the review of nosocomial infections within the county</li> <li>• provide a forum to consider outbreak intelligence within context.</li> </ul> <p>The cell also</p> <ul style="list-style-type: none"> <li>• If relevant take strategic decisions about increasing IPC resource in system</li> <li>• Provides review of contact tracing of staff in healthcare setting to support Track and Trace.</li> <li>• Provide contact tracing for patients (not family members/community contacts).</li> <li>• Review decision around acute visiting</li> </ul> <p>GCCG, GHC and GHNHSFT provide clinical IPC for the health and care system including the following elements:</p>

	<ul style="list-style-type: none"> <li>-Building resilience</li> <li>-Providing assurance</li> <li>-Implementation of guidelines</li> <li>-Training</li> <li>-IPC support to brokerage, and health and social care organisations</li> <li>-Support, review and action plans for nosocomial infections</li> <li>-Support organisation contact tracing</li> <li>-Feedback local intelligence on health and social care organisation IPC to inform decision making</li> </ul> <p>In addition to support the broader IPC agenda in the community and care homes, three additional IPC roles have been established. They will be employed through Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) but will be working with care homes through GCC Integrated Brokerage, the Gloucestershire Health and Care (GHC) care home support team and liaising closely with the COVID-19 Hub.</p>
<b>Environmental health measures and risk assessments</b>	<p>Organisations are following current national guidance on environmental health measure and risk assessments. This includes:</p> <ul style="list-style-type: none"> <li>• Each organisation has undertaken risk assessments including for BAME workforce</li> <li>• PPE <ul style="list-style-type: none"> <li>○ Training</li> <li>○ Availability</li> </ul> </li> <li>• Discharge policies</li> <li>• Mortality action cards</li> </ul>
<b>Support services - testing</b>	<p>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.</p>
<b>Intelligence and monitoring</b>	<p>System early warning indicator data is shared across the system to enable prevention and planning activities. In addition specifically for prevention in healthcare settings the following is undertaken:</p> <ul style="list-style-type: none"> <li>• Data monitoring of suspected and confirmed admissions including in HDU and ICU</li> <li>• Data monitoring of nosocomial case</li> <li>• Data monitoring of staff cases</li> </ul>

## 7. Monitoring, sharing intelligence and horizon scanning

Data and intelligence on the risk and impact of COVID-19 is a key requirement across Gloucestershire to support targeting prevention, as well as responding and planning for recovery. Local leadership on intelligence promotes horizon scanning and ensures lessons are learnt to inform further prevention work. This includes:

- Monitoring and interpretation of early indicators and recovery metrics
- Targeted analysis to identify opportunities for prevention and communications
- Targeted analysis to identify inequalities in infection rates and outcomes to support prioritisation of local action
- Identifying population most at risk of severe illness (vulnerability)

Data flows to inform the Prevention Plan include:

- Early warning and detection requires daily data, monitoring of trends and mapping of incidence to include the following:
  - Cases/infections
  - Hospitalisations
  - Mortality
  - Outbreaks in specific settings; care homes, schools and higher education, homeless and supported accommodation
  - Geographical clustering of outbreaks or cases
  - Testing
  - Mapping of high risk locations
  
- Prevention
  - Vulnerability mapping and outcomes monitoring
  - Provision of data on a suite of recovery metrics that support an understanding of the indirect impact of COVID on inequalities

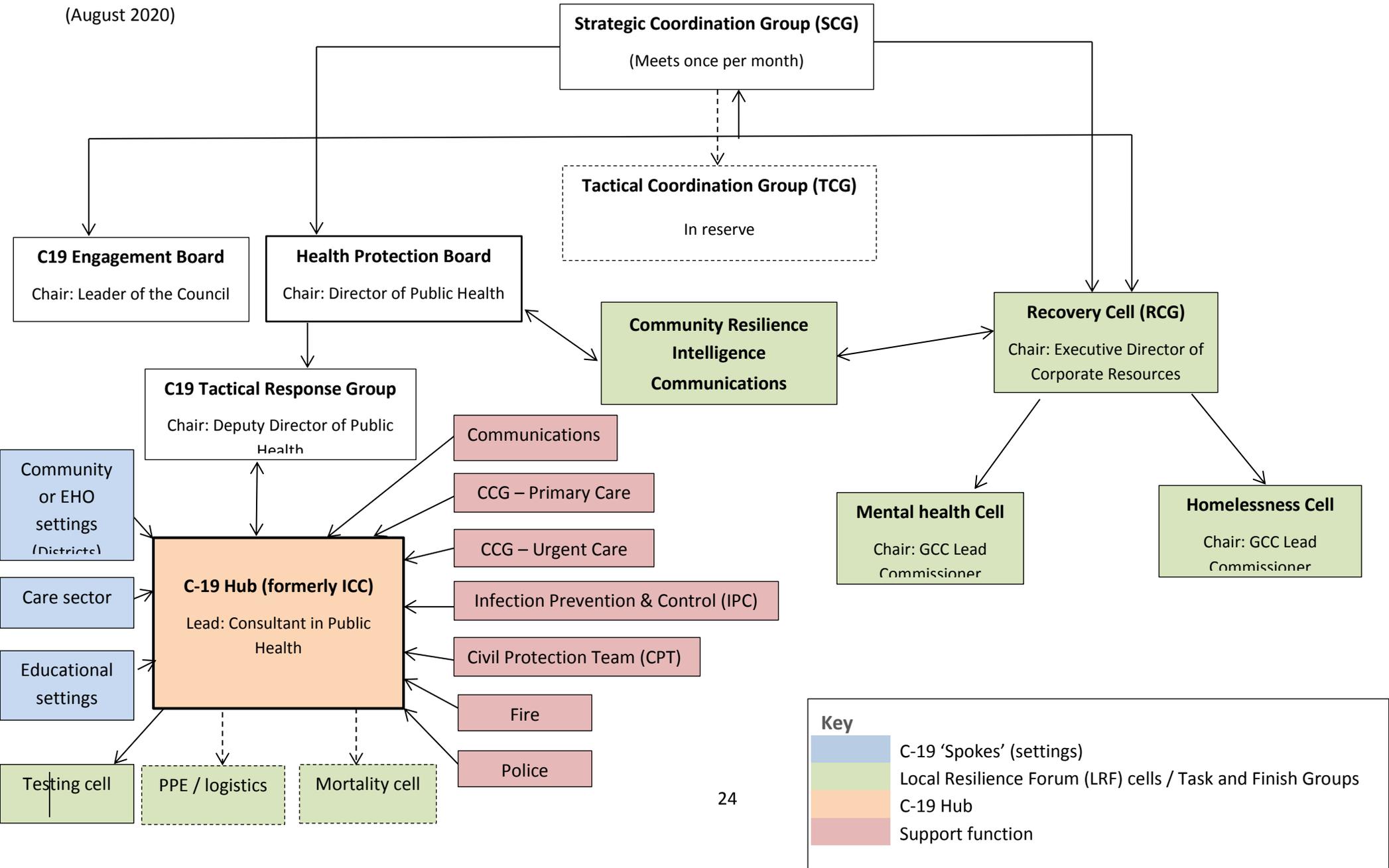
How can the intelligence function be met?

- Data sharing between and within organisations.
- Capacity within OMP for analyst role.
- Capacity from outside OMP to supply relevant information and undertake strategic analysis as required.
- Data management system for outbreak information and action to:
  - Provide intelligence on specific situation (linking everything related to situation together for example numbers of cases and exposed persons, availability of PPE, action taken locally and communications required).
- Analysis and interpretation of information to inform approach, key learning and future actions.
- Linking of outbreak management data to a Power BI Dashboard, combining outbreak intelligence with early indicators data to enable a full and thorough view of infections in Gloucestershire.
- This will best support detection of outbreaks and target prevention.
- Support from PHE and National Joint Biosecurity Centre as required.
- See Appendix 6: COVID Programme Intelligence Requirements for further information.

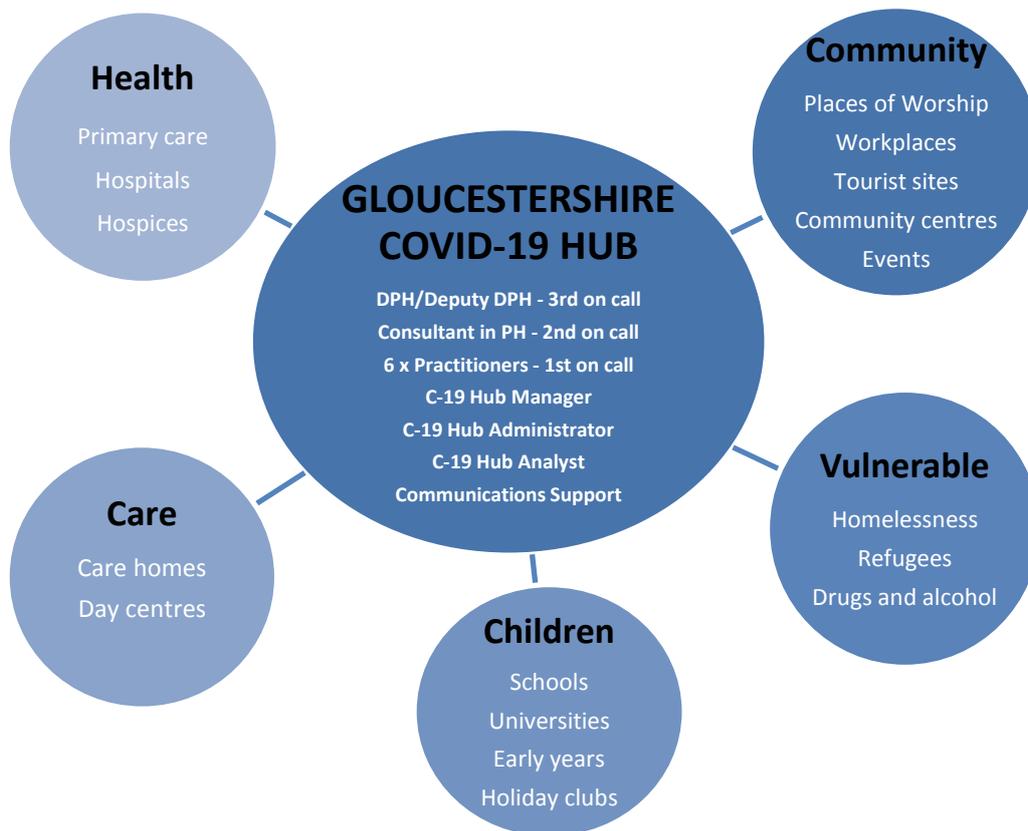
# Appendix 1 - Governance

**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'

(August 2020)



Appendix 2: Gloucestershire COVID-19 Hub and Spoke model



### Appendix 3 – Communications

Below outlines the core activity that will support the dissemination of key Covid-19 prevention messages. Activity will also be driven by data and insight which will inform where, and to whom, we need to increase our communications.

Date	Activity	Audience	Channel
Daily	Daily cases update	General public	GCC corporate social media accounts
	Sharing key national guidance	General public	GCC corporate social media accounts
	Regular sharing of key prevention messages produced by GCC	General public	GCC corporate social media accounts
Weekly	Activity	Audience	Channel
	Member's update	All members, MPs and Parish and Town Council	Gov delivery e-newsletter
	CLT and Cabinet update	CLT and Cabinet	Gov Delivery e-newsletter
	Weekly cases update	General public	GCC corporate social media accounts
	Care home decision on visiting/guidance and advice	Care homes and day centres, Dom care and supported living providers/staff Residents/family and friends of residents	Letter via direct email via brokerage team
	Weekly key message round up	Partner organisations, asset based contact list including: business community, youth/young adult organisations District councils	Gov delivery e-newsletter
Fortnightly	Sarah's Scott DoPH blog	General public, staff GCC and partner	GCC website – news bulletin Gov Delivery news bulletin

		organisations, business sector, education settings	GCC corporate social media accounts LEP newsletter HLS business webpage and e-newsletter Talksmart StaffNet Partner comms contacts Education settings
Monthly	<b>Activity</b>	<b>Audience</b>	<b>Channel</b>
	Covid evaluation document - wrap up of activity from across partners		Covid-19 engagement board
	Action for local councillors in their community	Parish and Town councils for dissemination to residents	Parish and Town Council e-newsletter
Ongoing	<b>Activity</b>	<b>Audience</b>	<b>Channel</b>
	Source case studies and celebrity/local clubs endorsement	General public	GCC website – news bulletin Gov Delivery news bulletin GCC corporate social media accounts LEP newsletter HLS business webpage and e-newsletter Talksmart StaffNet Partner comms contacts Education settings
	Targeted communications for business community	Gloucestershire businesses	LEP newsletter and business groups/HLP website and e-newsletter
	Targeted communications for young people/young adult	Teens 12-17 years Young adults 18-29 years 30-39 years	Social media Asset based contact list, for example Young Gloucestershire Through FE and HE organisations Celebrity/local public figures in sport or music etc

	Targeted communications for the care sector	Residents of care homes, Dom Care, supported living; friends and family of residents Providers and staff GCC staff	Through adults social care Learning and disabilities partnership board
	Targeted communications with the BAME community	General public/key figures	Through the Imam, leader of a mosque and Muslim community and other leaders from the faith community
	Meetings with key media outlets; BBC Glos and Glos Live	Media/public	Video call/face to face where appropriate Media releases/through social media
Seasonal/key date campaigns	Halloween	All	GCC website – news bulletin Gov Delivery news bulletin GCC corporate social media accounts LEP newsletter HLS business webpage and e-newsletter Talksmart StaffNet Partner comms contacts Education settings Youth organisations
	Bonfire night	All	GCC website – news bulletin Gov Delivery news bulletin GCC corporate social media accounts LEP newsletter HLS business webpage and e-newsletter Talksmart StaffNet Partner comms contacts Education settings Youth organisations

	Christmas	All	GCC website – news bulletin Gov Delivery news bulletin GCC corporate social media accounts LEP newsletter HLS business webpage and e-newsletter Talksmart StaffNet Partner comms contacts Education settings Youth organisations
	New Year	All	GCC website – news bulletin Gov Delivery news bulletin GCC corporate social media accounts LEP newsletter HLS business webpage and e-newsletter Talksmart StaffNet Partner comms contacts

## Key messages

### Symptoms, testing and self-isolating:

- To stop the spread of coronavirus, everyone has to play their part by isolating if symptomatic, booking a test as soon as possible and if asked to, identifying their close contacts. Find out more: [nhs.uk/coronavirus](https://www.nhs.uk/coronavirus)
- The mobile testing unit is now available at other locations across the county. To book a test or for more information on testing, go to the [NHS website](https://www.nhs.uk) or call 119
- Got symptoms? Get tested. High temperature or new continuous cough or loss of taste or smell? No one in your household should leave home if any one person has symptoms. Find out how to get a test and how long to isolate, at [nhs.uk/coronavirus](https://www.nhs.uk/coronavirus). Play your part.

- If you have symptoms, you should stay as far away from other members of your household as possible to protect them. It is especially important to stay away from anyone who is clinically vulnerable or clinically extremely vulnerable with whom you continue to share a household. Play your part. Find out more at: [nhs.uk/coronavirus](https://nhs.uk/coronavirus)
- If you feel you cannot cope with your symptoms at home, or your condition gets worse, or your symptoms do not get better after 7 days, use the NHS 111 online coronavirus (COVID-19) service. If you do not have internet access, call NHS 111. For a medical emergency dial 999. Find out more at: [nhs.uk/coronavirus](https://nhs.uk/coronavirus)
- Self-isolate when alerted. If you're told you have been exposed to an infected person you must self-isolate for 14 days. Play your part. Protect your friends and family. Find out more at: [nhs.uk/coronavirus](https://nhs.uk/coronavirus)
- Be prepared. If you're told you have been exposed to an infected person you must self-isolate for 14 days. Play your part. Protect your friends and family.
- If you need to self-isolate, you can get an isolation note to send to your employer as proof you need to be off work. You do not need to get a note from a GP. Find out more at: [nhs.uk/coronavirus](https://nhs.uk/coronavirus)
- Thank you to everyone helping to stop the spread by staying at home and booking a test if experiencing symptoms of coronavirus. Play your part. Find out more at: [nhs.uk/coronavirus](https://nhs.uk/coronavirus)
- Thank you to everyone helping to stop the spread of coronavirus by self-isolating when contacted by NHS Test and Trace. Play your part. Find out more at: [nhs.uk/coronavirus](https://nhs.uk/coronavirus)
- Before a vaccine can be found to beat coronavirus, contact tracing is the most effective way of controlling the spread of the virus and is being used around the world alongside social distancing and hygiene measures. Find out more: [nhs.uk/coronavirus](https://nhs.uk/coronavirus)
- We're not back to normal yet. It's vital that you still keep a safe distance from others. In situations where you can't keep 2 metres apart, stay at least 1 metre apart while taking other extra precautions like wearing a mask. [https://www.gov.uk/government/publications/staying-safe-outside-your-home/staying-safe-outside-your-home?utm\\_source=Twitter&utm\\_medium=social&utm\\_campaign=SocialSignIn&utm\\_content=Government+Covid19+Messages](https://www.gov.uk/government/publications/staying-safe-outside-your-home/staying-safe-outside-your-home?utm_source=Twitter&utm_medium=social&utm_campaign=SocialSignIn&utm_content=Government+Covid19+Messages) #StayAlert

#### Face coverings

- In England, you must by law wear a face covering in shops and supermarkets. Make sure you:
  - Fully cover your mouth
  - Don't touch the front of it
  - Wash your hands before and after putting it on/taking it off
  - Wash your face covering regularly
- There are some exemptions including children under 11 and people with breathing difficulties

- Protect you and others around you. Wear a face covering.
- Off to the shops? Don't forget your face covering - they are now compulsory in shops and supermarkets, to keep you and others safe. There are exemptions for some people, and you can check the full guidance here: [https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own/face-coverings-when-to-wear-one-and-how-to-make-your-own?utm\\_source=Twitter&utm\\_medium=social&utm\\_campaign=SocialSignIn&utm\\_content=Government+Covid19+Messages](https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own/face-coverings-when-to-wear-one-and-how-to-make-your-own?utm_source=Twitter&utm_medium=social&utm_campaign=SocialSignIn&utm_content=Government+Covid19+Messages) #StayAlert
- Wearing is caring – don't forget to wear your mask on public transport and in shops if you go out this weekend. (link to gov website) keys, phone, face covering

### **Meeting people outside your household**

- At all times, it's important to maintain social distancing from people you do not live with to reduce the risk of spreading the virus. You should only have close contact with people outside of your household if you are in a support bubble with them
- You can continue to meet in any outdoor space in a group of up to six people from different households
- Single adult households – in other words adults who live alone or with dependent children only – can continue to form an exclusive 'support bubble' with one other household
- You can also meet in a group of two households (anyone in your support bubble counts as one household), in any location – public or private, indoors or outdoors. This does not need to be the same household each time
- Continue to follow strict social distancing guidelines when you are with anyone not in your household or your support bubble – that includes inside someone's house!  
Access private gardens externally wherever possible – if you need to go through someone else's home to do so, avoid touching surfaces and loitering
- Avoid using toilets in other people's home (outside of your support bubble) wherever possible and wipe down surfaces as frequently as possible
- Disinfectant, wipe down any surfaces or door handles people from outside of your household or support bubble come into contact with if walking through your home
- Avoid sharing plates and utensils with people outside of your household or your support bubble
- Avoid using paddling pools or other garden equipment with people outside of your household or bubble
- Travel only with your household or support bubble or if you can maintain social distancing for example cycling
- Don't buck the trend this weekend
- Lock down was tough for everyone, let's not go back there
- Follow instructions at the venues you visit this weekend, rules are there to keep you safe.

### **Hand Washing**

- It is still important to protect yourself and others from #coronavirus by washing your hands regularly. Use soap and water for 20 seconds, or use hand sanitiser (make sure you store hand sanitiser safely out of reach of children). #StayAlert

- Stay up to date with the latest government guidance online - and don't forget to keep washing your hands regularly for 20 seconds. Find out more on the Government website - <https://www.gov.uk/government/publications/coronavirus-outbreak-faqs-what-you-can-and-cant-do> #StayAlert

### **Household Recycling Centres**

- Book in advance if you need to visit a recycling centre,
- Don't visit a recycling centre if you have symptoms, stay home and get a test instead
- Stay 2m away from people on site when you visit,
- When you visit a recycling centre only bring stuff you can't lift yourself, staff can not help you unload your car at the moment.
- Washing your hands etc.

#### Appendix 4: Infection Prevention and Control – areas of responsibility

Area	C19 Hub (advice, guidance, inform)	IPC cell	Operational IPC	C19 tactical group	PHE HPT	Additional contact
<b>Advice for settings in relation to prevention of C19</b>	Supporting settings by providing information from relevant national guidance.	Supporting local health and care settings by reviewing protocols against guidance, and developing local guidelines.	<p>May be involved in training dependent on situation.</p> <p><b>Building resilience</b> within organisations so services have robust IPC systems</p> <p>Using audit to provide assurance that systems are robust and IPC precautions are in place as well as giving assurance that the organisation could respond effectively if C19 suspected or confirmed in an individual(s).</p> <p>Tailored training to address gaps/ needs identified through audit.</p>		Publishing and interpreting guidance using a risk assessment process	Other guidance from national bodies available
<b>PPE</b>	Supporting local health and care settings to follow PPE guidance. Mainly support to education, social care and supported housing.	Supporting local health and care settings. NB Access to PPE for PPE cell.	<p><b>Implementation of guidance</b></p> <p>Providing the support required to develop action cards/posters and/or other local guidance to support the correct use of IPC by team members with organisations.</p>	Awareness of any issues in relation to PPE escalated here	Development of resources which can be used by services in the process of implementing guidance.	
<b>Notifications from PHE of C19 (e.g. high risk settings, situations, incidents)</b>	Risk assess, cascade to relevant group and monitor.	Maintain awareness of current outbreaks.	Providing support to the Brokerage team on IPC. May be involved in response to an outbreak depending on situation	Summary reviewed weekly of all high risk setting notification	Send to LA C19 Hub Risk assessment and advice	
<b>Support for settings in the event of an outbreak or</b>	Support to settings and day to day management of incidents/outbreaks including attending IMTs.	If relevant strategic decisions about increasing IPC resource in system	<p>May be involved dependent on situation, including attending IMTs.</p> <p>Where there is evidence of infection</p>		Support settings and risk assessment.	

<b>suspected: care homes, schools community centres workplaces homeless hostel primary care hospital</b>	Highlight whether IPC support is required. Liaise with operational IPC		spreading, providing (on the ground) assessment and working with organisations to assist with implementing the actions required.		Use of resources such as the Outbreak management pack	
<b>Nosocomial C19</b>	Receive and cascade notification. Support system as required.	Review nosocomial infections, highlight ongoing issues and escalate if required	Operational support to complete Post Infection review and learning from incidents.  Support the organisation to complete the above and put together an action plan and implement the identified actions.		Use of resources developed through PHE/NHSE collaboration such as the PIR document.	
<b>Contact tracing</b>	Support PHE with local intelligence to support contract tracing in high risk settings.	Provide contact tracing of staff in healthcare setting to support Track and Trace. Provide contact tracing for patients (not family members/community contacts).	Support the organisation to develop a contact tracing protocol and undertake contact tracing when required.		Guidance from PHE	
Provide reporting	Reports to C19 tactical group	Reports to C19 tactical group and Health silver.	Reports to organisation IPC and IPC cell Would include presentation of PIR following nosocomial infections at the Bronze IPC Cell meeting.	Reports to HPAB		
<b>Care home visiting decision</b>	Provides information on local outbreaks and issued raised through the hub to support the recommendations regarding care home	Maintain awareness of current care home visiting recommendations.	Work with brokerage to maintain oversight of care home IPC arrangements and communicate this to C19 TCG to enable recommendations on care home visiting to be made by DPH.	Review of data here for decision by HPAB	HCAI data collected and shared by PHE	

	vesting to be made to the health protections assurance board and DPH.	Agree relevant documentation and policy on IPC in relation to care home visiting.	Develop and agree a protocol for this channel of information and feedback.			
<b>Acute visiting</b>	Maintain awareness of hospital visiting policy	Review of data here for decision (cascadeing any decision to C19 hub and C19 tactical group for information)		Maintain awareness of hospital visiting policy		
Other statutory notifiable infectious diseases eg. E coli 0157, Legionnaires	Cascade		The operational team will provide support to the team involved and guidance on preventing spread of infection as well as assistance with the PIR process.		Send notifications do initial risk assessment	Would require input from EHO's on some

## Appendix 5: Health Protection Practitioner – Care sector

Key area of responsibility	Key tasks
Incident / Outbreak management	<ul style="list-style-type: none"> <li>• Ensure key actions are complete on initial notification e.g. log notifications. Cascade information to the system.</li> <li>• Work with Brokerage colleagues to understand background to that care home.</li> <li>• Link with IPC.</li> <li>• Ensure routine follow up at day 4 and 14 of outbreak and then timely intervals thereafter.</li> <li>• Follow up and close situation after 28 days since last case.</li> <li>• Escalate if concern about incidents/outbreaks.</li> </ul>
Prevention	<ul style="list-style-type: none"> <li>• Proactive communications</li> <li>• Assess training needs</li> <li>• Alert system of SWAST notifications around PPE alerts</li> <li>• Review bed tracker and ensure targeted support around PPE, IPC etc.</li> <li>• Review outbreaks for themes/lessons learnt to inform ongoing prevention activity</li> </ul>
Intelligence	<ul style="list-style-type: none"> <li>• Develop and monitor the care home database (in addition to the bed tracker) to provide timely reporting on situations.</li> <li>• Produce the weekly care home report with the DAT including review of mortality to assess for learning or further actions.</li> <li>• Provide relevant intelligence for Gold dashboard</li> <li>• Develop the care home intelligence to incorporate further information and softer intel.</li> <li>• Ensure early warning systems and mechanisms in place for escalation.</li> </ul>
Testing	<ul style="list-style-type: none"> <li>• Ensure co-ordinated communications around testing.</li> <li>• Keep a database of routine care home testing.</li> <li>• Follow up care homes to engage them in the routine testing.</li> <li>• Refine communications around antigen testing</li> <li>• Ensure antigen testing is recorded in the dataset.</li> </ul>
Wider care sector support	Ensure the wider care sector is included in the COVID prevention and response work e.g. domiciliary care, day centres etc.
Co-ordination	<ul style="list-style-type: none"> <li>• Link with the intelligence cell, IPC Bronze and ICS independent care sector scrutiny group</li> <li>• Working within Brokerage.</li> <li>• Line managed by PWC hub</li> <li>• Link with the other HP Practitioners.</li> </ul>

## Appendix 6: COVID Programme Intelligence Requirements

	Intelligence needed	Role required
<b>Early warning indicators</b>	Define and develop data-flows for key metrics	Analyst working with PHEIO/Programme lead and topic leads
	Develop dashboard (or appropriate data visualisation) to enable decision makers to monitor the threat of and recovery from COVID19.	Analyst
	Review and escalate exceedances of key metrics. Undertake <b>initial</b> investigation where possible.	Analyst
<b>Recovery indicators</b>	Define and develop data-flows for key metrics	Analyst working with PHEIO/CPH lead and topic leads
	Develop dashboard (or appropriate data visualisation) to enable decision makers to monitor the threat of and recovery from COVID19.	Analyst
<b>Communications and information sharing</b>	Develop and maintain a compendium (or resource page) of information to enable easy access & consistent information within GCC, District councils and the ICS.	Analyst working with PHEIO
	Support the development of public facing information.	Analyst working with programme lead and communications team.
	Ensure feedback mechanism for users and review frequency of information requirements and audience regularly.	
	Respond to data led media and councillor queries as required under short timescales e.g. supporting the drafting of responses and/or providing data.	Analyst, HP Practitioner/ICC (working with CPH)
	Collate information into local intelligence reports for decision makers e.g. care home reports, planned mortality reports.	Analyst working with topic lead
	Communications plan; what will be share when and with who.	TBA
<b>Evidence and research</b>	Facilitate system access to evidence and investigate key questions as agreed & prioritised by the programme lead.	PHIEO
	Links to existing ICS structures around research and intelligence such as R4G.	PHIEO
<b>Development and planning</b>	Participate in regional COVID intelligence group and disseminate key information.	Analyst
	Maintain awareness of the national intelligence programmes (Biosecurity centre) and development and make recommendations for local action.	Analyst (working with programme lead)
	Where required work with relevant partners and colleagues to define requirements and undertake documentation for data linkage (e.g. DPIA's).	Analyst working with topic leads
<b>Partnership working</b>	Participate (or ensure GCC participation) in ICS COVID work-streams as required, e.g.; <ul style="list-style-type: none"> <li>• Capacity modelling</li> <li>• PHM</li> <li>• Discharge pathways</li> </ul>	Analyst/WSIG
<b>Inequalities</b>	Development of metrics that enable an understanding of longer term consequences on Covid 19 including in relation to inequalities, mental and physical health.	Analyst working with PHEIO/CPH lead and topic leads
	Mapping by vulnerability	Analyst (working with PHM lead analyst /ICS)

	Identify opportunities for identifying inequalities in access and/or outcomes for	
<b>Comparative analysis</b>	Benchmarking and trend analysis of cases and mortality	Analyst
<b>Small area analysis</b>	Using local and national dataflow to undertake small area analysis.	Analyst working with CPH to define thresholds for action
<b>Outbreak control</b>	Receive, log and disseminate outbreak or incident reports	HP Practitioner/ICC
	Geographical mapping of high risk settings mapping	Analyst working with topic leads
	Incidence mapping for geographical analysis, develop tools to identify potential 'hot spots' and areas where increasing in testing may be required.	Analyst working with topic leads
	Developing public facing information on cases, outbreaks and distribution as required.	Analysts/ICC/Communications team & programme lead
	Review daily PHE exceedance report and escalate as required	ICC
	Initial investigation of exceedance or clustering of cases	Analyst & HP Practitioner/ICC
	Drafting responses to media, councillor and stakeholder data enquiries	Analyst & HP Practitioner/ICC
<b>Contact tracing</b>	Review and interpret contact tracing data to target local action	Analyst and HP Practitioner/ICC