

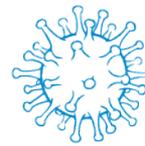
Shropshire Covid-19 Outbreak Control Plan

Prevent, Contain and Recover
October 2020



Version	Date
01	02 nd June 2020
02	12 th June 2020
03	14 th June 2020
04	15 th June 2020
05	18th June 2020
2.1	22nd June 2020
3.0	30th June 2020
4.0	2nd October 2020





Foreword

Since the start of the novel coronavirus (COVID-19) pandemic, Shropshire Council and its partners have worked hard to contain and delay the spread within the County. As we have continued to manage the COVID-19 pandemic, a locally led system to prevent and reduce transmission of the virus has proved critical. This updated plan builds on the strong relationships with key partners, effective learning, and the approach already in place for tackling situations and outbreaks locally during the pandemic. This includes work across our: 120 care homes, 17,995 workplace settings, 488 Early Years, Schools and other educational settings, 7 hospitals/Trusts, transport hubs and 5 Residential Children's Homes.

Our aim of this plan and its implementation is to reduce and ultimately halt the spread of COVID-19 as quickly as possible while supporting and minimizing the impact the virus is having on our most vulnerable groups, and on wider health outcomes linked to the effects of the measures put in place to control the virus. Prevention is key to this approach, as is quick and effective, identification, management, and communication of COVID-19 outbreaks in a range of settings. A final stage is to protect and support recovery. The success of this local implementation will rely on: good relationships with systems partners, integration with national, regional and local partners and schemes, stakeholder ownership and good communication and engagement. Resources and the ability to scale up and down plans and capacity as needed, underpin the delivery of this plan. This plan outlines the approach we are going to take to achieve our aim to reduce and halt the spread through systematic prevention, containment and recovery planning.



Cllr Peter Nutting
Leader
Shropshire Council



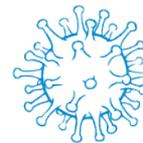
Karen Bradshaw
Executive
Director Children's
Services



Andy Begley
Chief Executive



Rachel Robinson
Director Public Health



Contents

Where are we now?

- Context
- Shropshire Picture
- COVID-19 in Shropshire
- Integration with existing plans and strategies

Where do we want this plan to take us?

- Aims and Objectives
- Principles

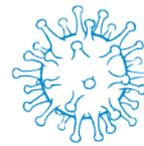
How will we get there?

- Our Priorities
 - Priority 1 - Governance
 - Priority 2 - Prevention
 - Priority 3 - Settings and communities
 - Priority 4 - Vulnerable people
 - Priority 5 - Communications and Engagement
 - Priority 6 – Testing capacity
 - Priority 7 – Test and Trace & Infection control
 - Priority 8 - Surveillance and monitoring
 - Priority 9 - Regulation including lockdown plans

What are the Challenges and how will we address these?

Making it Happen – The Action Plan

Appendices



Where are we now?

COVID-19

COVID-19 is a new illness first identified in December 2019 that can affect your lungs and airways. It's caused by a type of coronavirus. New knowledge about the virus is developing every day, however the science of how the virus acts and human immunity is in the early stages of development.

At 12 October 2020 there were 535,762 cases in England leading to 38,018 deaths which occurred within 28 days of a positive test. As at the same date, Shropshire has had 2,234 cases confirmed and over 249 deaths where COVID was mentioned on the death certificate.

An '**outbreak**' is an incident where **two or more** persons have the same disease or **similar symptoms** and are **linked** in time, place and/or person association.

An 'incident' has a broader meaning and refers to events or situations which warrant investigation to determine if corrective action or specific management is needed. In some instances, only one case of an infectious disease may prompt the need for incident management and public health measures.

Context

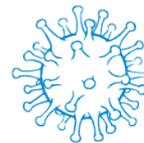
In late May 2020 the Department of Health & Social Care announced that [Local Outbreak Control Plans](#), would be a key component in the HM Government's COVID-19 recovery strategy. Linking to the establishment of the national [NHS Test and Trace programme](#) (Appendix 1) and [Joint Biosecurity Centre](#), local authorities should play a significant role in the identification and management of infection, using local knowledge, expertise and coordination to improve the speed of response alongside Public Health England's (PHE) regional health protection teams.

Governance structures will ensure the local health and social care system is working together with the NHS and PHE as part of newly established COVID-19 Health Protection Boards. These Boards will ensure oversight and assurance and foster a [culture of collective responsibility and leadership to protect the population's health](#). There is an expectation of local political ownership and public-facing engagement and communication for outbreak response through Local Outbreak Engagement Boards. Figure 1 shows roles and leadership.

This document provides the framework to the planning, prevention and response locally within the Shropshire Council area.

Figure 1: Roles and Leadership





Shropshire Picture

Shropshire County is the largest inland county in England, situated on the border with Wales; making links with partners in neighbouring Local Authorities and Wales crucial. Shrewsbury is home to a quarter of the population, and the 17 market towns and patchwork of villages ensures Shropshire represents one of the country's most rural areas. The county's economy is based mainly on agriculture, a vibrant tourist industry (see appendix 2), food industries, healthcare and other public services.

There are around 320,300 people living in Shropshire; 77,788 (24.3%) are aged 65+, which is above the national average. An estimated 3,740 people are living in care home settings. There are approximately 14,000 people who are from BAME and other minority ethnic populations. Overall in 2015, Shropshire County was a relatively affluent area and was ranked as the 129th most deprived County out of all 149 Counties in England. However, it contains areas of deprivation and inequalities with 9 Super Output Areas (SOA) in the most deprived fifth of SOAs in England. Figure 2 shows this breakdown.

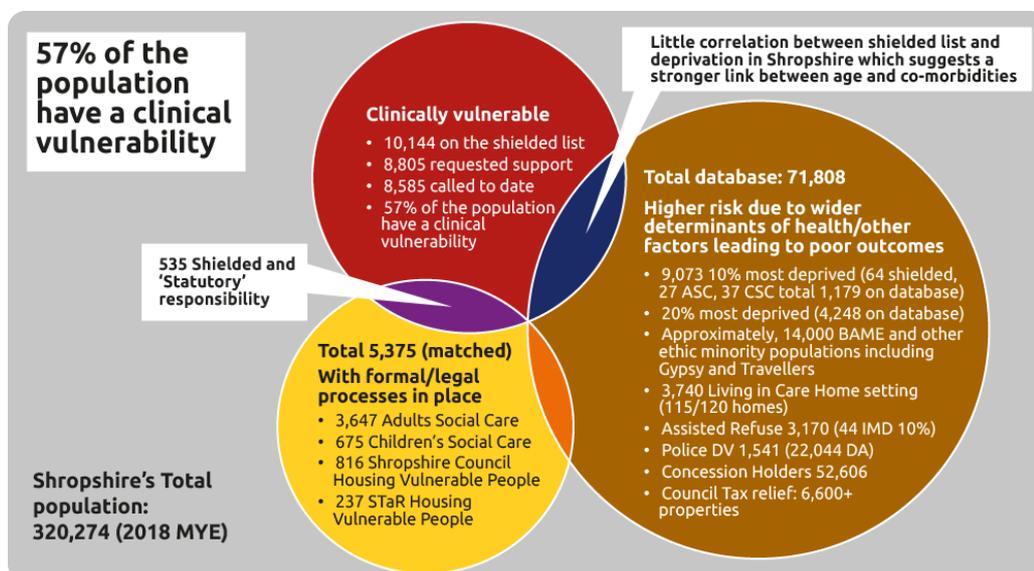


Figure 2: COVID-19 Estimated Vulnerability and Needs in Shropshire

Shropshire Council analysis of multiple datasets shows 71,808 people are categorised as high risk due to wider determinants of health or other factors leading to poor outcomes.

Breakdown of Outbreak Plan settings

Educational settings

- 336 Early Years settings
- 125 Primary Schools
- 19 Secondary Schools
- 4 specialist schools
- 2 Further Education colleges (across 4 campuses)

Adult Social Care

- 120 Care Homes,

Childrens' Social Care

- 4 (soon to be 5) Children's Residential Homes

NHS

- 1 Acute Hospital
- 4 Community Hospitals
- 1 Mental Health Provider
- Specialist Orthopaedic Hospital

Workplaces

- 15,850 enterprises, operating 17,995 local units, including Tourist Attractions (99.2% SME's)

Transport Hubs

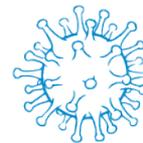
- 15 railway stations
- Network of bus services and small airfields.

Transitory and Short Term Accommodation Settings

Faith Venues:

Approx. 202 including:
130 C of E, 13 Catholic, 43 Methodist, 9 Baptist, 5 Kingdom Halls, 1 Latter Day Saints, 1 Muslim Faith Centre (2 Mosques in Telford)

Other: 3 military bases, 1 prison, and 1 Hospice



At the time of writing COVID-19 cases are following the national trend and increasing. The numbers of cases diagnosed in Shropshire and deaths with COVID-19 on the certificate are starting to rise. Hospital admissions are also starting to increase. Since lockdown has eased, we are seeing an increase in local outbreaks. Although this is to an extent expected, the importance of reducing transmission and containing the virus remains critical.

It is important to note the pattern of COVID-19 in Shropshire; the pandemic has shown a different and flatter curve than the national and regional picture (see appendix 3 – pandemic curve); while Shropshire did not see the height of spike seen in other regions, neither did Shropshire see the rapid decline, even during lockdown, suggesting the ongoing circulation of COVID-19 within the community. It is clear therefore that the reproductive rate of the virus remains close to the point where we could see a further take off in cases, and the nature of the virus means that a small proportion of cases are responsible for the majority of transmission (i.e. some cases tend to be linked to spread to a large number of cases, with others only to small number). Therefore, the focus on firstly preventing transmission and secondly in robustly containing spread through; identifying cases and clusters, ensuring close contacts isolate, as part of the test and trace programme is critical going forward.

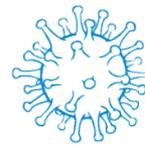
Key Achievements so far:

The COVID-19 pandemic was declared on 11 March 2020. Since that time partners in Shropshire have worked tirelessly to address the health issues associated with COVID-19.

Particular successes include 'Command and Control', testing, cross border working, Health Protection Cell, Infection Protection Control services, Protective Personal Equipment (PPE) management, and Community Reassurance. 'Command and Control' was operationalised through the Local Health Resilience Forum (LHRF) and associated Silver and Gold Commands, and through the Strategic and Tactical Command Groups to facilities partnership working.

- Testing systems were set up and run to deliver a locally responsive cross partnership COVID-19 testing approach
- Cross border working has been active throughout the pandemic particularly with Public Health Wales and Powys Public Health teams
- The Local Authority developed a multi-agency COVID-19 Health Protection Cell to support the Test and Trace system locally, and to provide COVID-19 health protection support to partners and the population
- A COVID-19 Infection Prevention Control service was put in place by the CCG to support partners
- A PPE system was set up and now includes a multi-agency reporting dashboard which enables partners to manage risk
- Introduction of a local track and trace service
- A Shropshire wide Community Reassurance Team and COVID-19 helpline was put in place to support the community, and particularly vulnerable members of the community to access food, medicines and other support. The helpline continues to operate.
- Swift management, and response to outbreaks in different settings including workplaces and a residential site
- Web based Coronavirus information for the public, including current Government Guidance, sources of support, Business Re-opening toolkit and a suite of resources for community use including posters in different languages
- Looking after your mental health, and bereavement during coronavirus booklets and a Bereavement Helpline put in place

It's important to recognise that the testing, Health Protection Cell, Infection Protection Control, PPE management and Community Reassurance Team were all developed from a standing start.



Integration with existing plans and strategies

Alert Levels

On the 11th May the Government identified 5 levels of risk in the UK to decide how strict social distancing measures would need to be and suggestive of the stage of the pandemic within the UK. The alert level helps local planners understand the level of response and responsibilities. As of 21st September 2020, the alert level in the UK changed from level 3 to level 4, meaning transmission is high or rising. A similar level of cascade and alert will be employed within Shropshire highlighting the level of cascade and resources required, building up from level 1 adding the next layer of resources at each stage cumulatively. Please see figure 4 for these alert levels.

National Stages of Outbreak	Alert Level	Local Measures in Place	Shropshire Leads	Communication and Governance Triggers
Risk of healthcare and local authority services being overwhelmed	5	Local or national lockdown, business continuity	National and local Gold and LRF Structures	Multiple outbreaks, local resources close to being exhausted
Transmission is high or rising	4	Social distancing, Scale testing, redeployment staff, local business continuity	Local LRF and Gold Structures	Large cross sector, site, community transmission
Virus in general circulation	3	Infection control, testing	Local Health Protection Boards	Multiple situations and contained outbreaks
Number of cases and transmission is low	2	Enhanced Surveillance	Local Health Protection Cell	Isolated situations and Managed outbreaks
COVID-19 is no longer present in Shropshire	1	Prevention measures, health promotion	Local Health Protection Cell	-Business as Usual Reporting

Figure 4 Coronavirus alert levels, cascade and trigger points

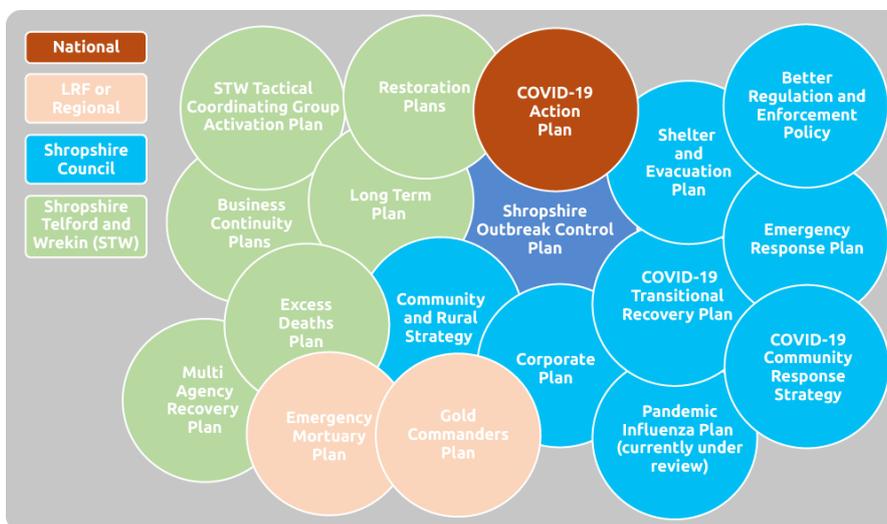
Local COVID Alert Levels

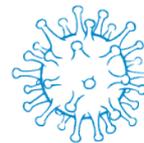
On the 12th October, the Government announced a 3-tier local COVID alert level system. Local COVID alert levels set out information for local authorities, residents and workers about what to do and how to manage the outbreak in their area, and are categorised as medium, high and very high. <https://www.gov.uk/guidance/local-covid-alert-levels-what-you-need-to-know> Shropshire is currently at 'medium' but may alter if cases rise. Please see appendix 3a for a table explaining what the different levels mean.

Strategy Alignment

The work to prevent and contain the spread of COVID-19 in Shropshire does not stand in isolation but implementation requires integration with other key plans and strategies as illustrated in figure 5.

Figure 5: Map of current strategies and plans and links to this plan





Where do we want this plan to take us?

Aims and Objectives

The purpose of this Plan is to support the quick and effective, identification, management, and communication of COVID-19 outbreaks in a range of settings. The specific objective of the plan is to:

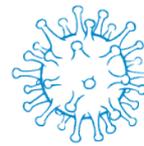
1. **Protect the health** of the people of Shropshire by:
 - *Prevention* first, to halt, slow or reduce the spread of COVID-19 through proactive advice/guidance, tools and systems to support services and businesses to run in a way that is safe and releases our economy
 - Early identification and proactive management of outbreaks
 - *Contain* through testing, contact tracing and isolation
 - *Suppress* any outbreaks of COVID-19 through population wide approaches where needed
 - Coordination of capabilities across agencies and stakeholders to ensure effective delivery of containment and suppression
2. **Assure** the public and stakeholders that this is effectively delivered by;
 - Publication of the Shropshire Local Outbreak Control Plan. This is reviewed and republished as Government guidance and operative procedures change.
 - Support settings experiencing an outbreak to mitigate the consequences
 - Establishment of appropriate governance, communications and engagement channels
 - Development of epidemiological surveillance systems and processes

Principles

The principles for prevention and management of the transmission of COVID-19 are in this Local Outbreak Plan.

Our key principles are that we will:

- Aim for a consistent systemic approach to co-ordinate activities across Shropshire and Telford & Wrekin working closely with local partners
- Draw on the capabilities, skills, experience and ways of working of existing teams
- Ensure that these teams are appropriately resourced with information, training and additional capacity where necessary
- Provide clarity where possible about the roles and responsibilities of individual organisations and teams
- Communicate and share information where possible



How will we get there?

Priorities

The specific priorities of the Local Outbreak Control Plan addressing the 9 key themes of the outbreak plan are in figure 6 below:

<p>Priority 1</p> <p>Governance – How we will work as a system</p> <ul style="list-style-type: none"> • Governance Structures • Integration and system working • Key Stakeholders • Lessons learned to inform future practice 	<p>Priority 2</p> <p>Prevention</p> <ul style="list-style-type: none"> • Physical/organisational measures • Infection Control • Addressing inequalities • Sustainability • Regulation as prevention • Systems and planning 	<p>Priority 3</p> <p>Settings – Planning for outbreaks in high risk settings and communities and at scale</p> <ul style="list-style-type: none"> • Identification of high-risk settings and communities of interest <ul style="list-style-type: none"> ○ Workplaces ○ Care homes ○ Schools and Early Years settings (including children’s homes) ○ Healthcare settings ○ Prisons ○ Community gatherings and events • Operational response arrangements including Standard Operating Procedures (SOP) • Surge Planning for Working at scale
<p>Priority 4</p> <p>Vulnerable people</p> <ul style="list-style-type: none"> • Supporting those who are shielding and supporting those who need to self-isolate • Identification and support for those at greater risk and with unmet needs 	<p>Priority 5</p> <p>Communication and Community engagement</p> <ul style="list-style-type: none"> • Reactive and proactive 	<p>Priority 6</p> <p>Testing capacity</p> <ul style="list-style-type: none"> • Timely, local Shropshire and national testing • Effective and timely deployment of mobile testing
<p>Priority 7</p> <p>Test and Trace & Infection Prevention and Control including PPE</p>	<p>Priority 8</p> <p>Surveillance and Monitoring</p> <ul style="list-style-type: none"> • Data and systems intelligence • Integration of local and national data and scenario planning through the Joint Biosecurity Centre • Monitoring and evaluation 	<p>Priority 9</p> <p>Regulation including local lockdowns plans</p>

Figure 6 – Specific priorities of Local Outbreak Plan

These will be addressed through the remaining sections of the Plan and Appendices.

Priority 1 Governance Structures, roles and responsibilities



Governance of the Local Outbreak Control Plan will seek to ensure that:

- a) The Local Outbreak Control Plan is supported by all of the partners who may be required to contribute to implementation.
- b) There is robust monitoring of progress of management of outbreaks individually and collectively.
- c) There is multiagency oversight of management of outbreaks and the ability to escalate for mutual aid if necessary.
- d) We can continually reflect, learn and improve.
- e) There is democratic oversight of management of outbreaks, which contributes to effective public communication.

The components of local governance are set out in Figure 7 and demonstrate the importance of working across the whole system and involving partners in the NHS, neighbouring local authorities, police, voluntary and communities' sectors etc.

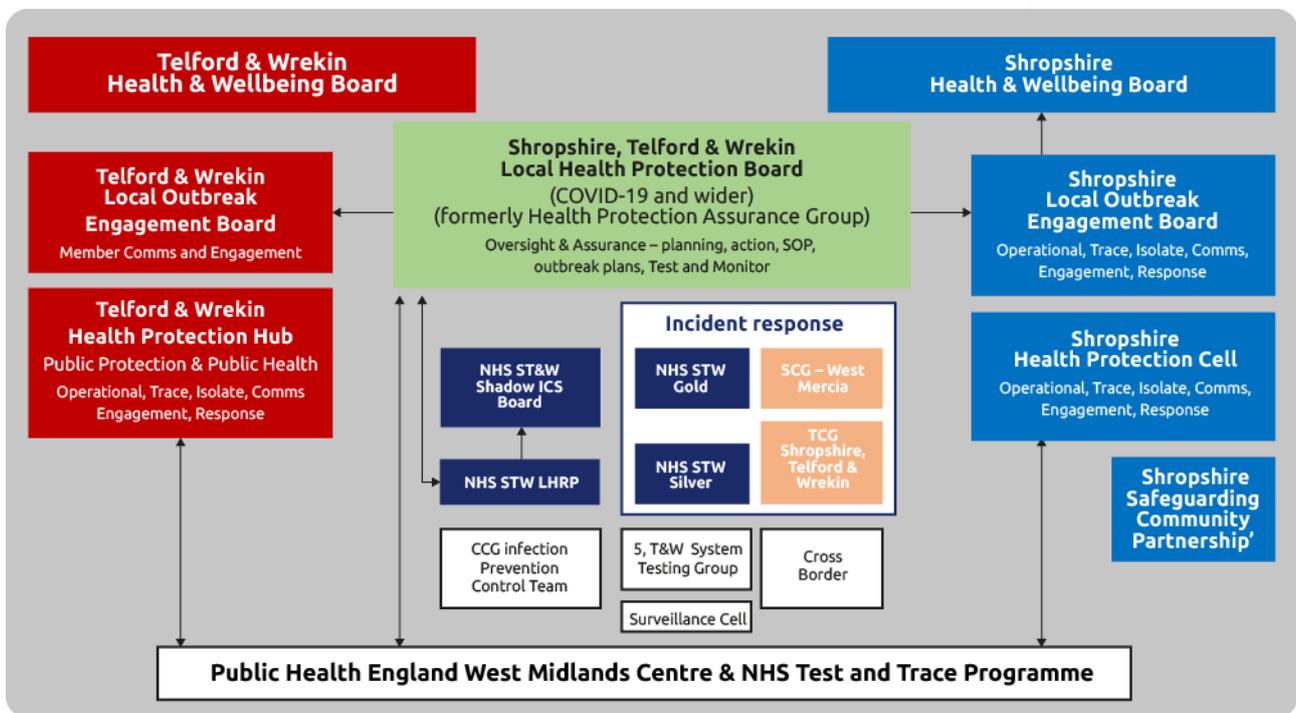


Figure 7: Governance Shropshire, Telford and Wrekin Outbreak Control Plan

Full roles and responsibilities and terms and reference are provided in the appendices for key boards and groups (Appendices 4 - 8). Detail of the Shropshire Health Protection Cell which sits at the core of the local delivery, integration and surge capacity offer is provided in Figure 8.

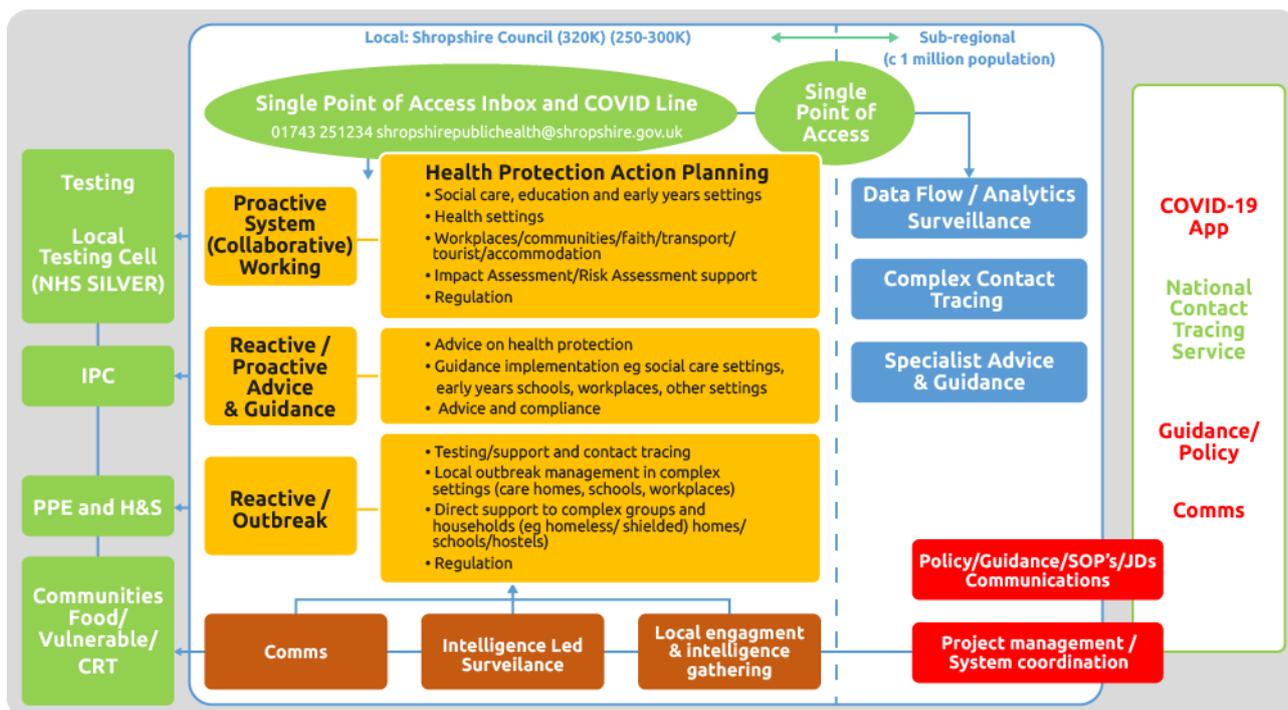
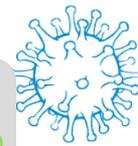


Figure 8: COVID 19 Shropshire Health Protection Cell

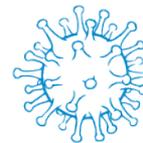
Key Stakeholders

This outbreak plan covers 13 settings, as indicated in figure 9. Figure 10 shows Key Stakeholders and ways of working across priorities



Figure 9 Key Stakeholders

The details of how outbreaks in each setting are set out in the Standard Operating Procedures that are in appendices 14-14 in this document. The surveillance approach is included in the section for priority 8 – surveillance and monitoring.



Incident Management Teams (IMT)

What is an IMT?

IMTs are formed when there is an outbreak in a setting (for example a school or workplace) that requires investigation. This Team reports to the COVID-19 Health Protection Board.

In an outbreak situation, the IMT, which is comprised of key stakeholders, will work together to agree and co-ordinate the investigation and control the outbreak. This will include assessing the risk to the public's health and ensuring that control measures are implemented as soon as possible. An Incident Management Team meeting may be convened when there are 2 or more cases in a setting or a single case in complex setting.

Core membership consists of:

Department lead from:	Directorate
Risk & Business Community	FGAT
Public Health (x 2 representatives)	Adult Services, Housing & Health
Civil Contingency	FGAT
Communications	Workforce Transformation
Customer Services Centre	Workforce Transformation
Health and Wellbeing	Adult Services, Housing & Health
Commissioning – Adult Services	Adult Services
Welfare and Reform	
Adult Social Care	Adult Services
Regulatory Services	Adult Services, Housing & Health
Culture and Heritage	Place
Trading Standards	Adult Services, Housing & Health

Notes:

- A Deputy is appointed for each Department
- Leads from the setting where the outbreak has been declared will be a part of the individual IMT (e.g. school, workplaces)
- A SWAT Team is in place to respond to multiple outbreaks containing trained staff who are able to respond at short notice

Frequency of meeting: The IMT meets weekly, and more frequently if an outbreak is declared.

Mode of meeting: The IMT meets remotely on a scheduled weekly date and time and will meet face to face (in a socially distanced manner) when required – such as an outbreak situation where this is needed.

Agenda: A template agenda is included in the appendix of all setting Standard Operating Procedures (SOPs) which can be seen in appendices 18-25

Triggers: The IMT Trigger table for action with increased case rates can be seen in appendix 9 Appendix 10 contains the table 'Triggers – Enhanced intervention strategy. Potential intervention in areas showing higher prevalence/outbreak, and Appendix 11 Area of intervention – Example area, Pubs. Outbreak Prevention and Management Plan. Appendix 12 contains the Test and Trace Support request template to the DHSC.

Case Studies: Case studies for outbreaks on a caravan site and pub can be seen in appendix 13a and 13b



	Priority 1 <i>Governance</i>	Priority 2 <i>Prevention</i>	Priority 3 <i>Settings</i>	Priority 4 <i>Vulnerable people</i>	Priority 5 <i>Communication and Engagement</i>	Priority 6 <i>Testing Capacity</i>	Priority 7 <i>Test & Trace and Infection Control</i>	Priority 8 <i>Surveillance and monitoring</i>	Priority 9 <i>Regulation including lockdown</i>
Public	Purple	Green		Red		Blue	Red	Blue	
Early years	Purple	Green	Yellow			Blue	Red	Blue	
Schools	Purple	Green	Yellow			Blue	Red	Blue	
Further education	Purple	Green	Yellow			Blue	Red	Blue	
Children's residential	Purple	Green	Yellow			Blue	Red	Blue	
Adult social care	Purple	Green	Yellow			Blue	Red	Blue	
NHS Settings	Purple	Green	Yellow			Blue	Red	Blue	
Work place	Purple	Green	Yellow			Blue	Red	Blue	
Faith venues	Purple	Green	Yellow			Blue	Red	Blue	
Tourist attractions	Purple	Green	Yellow			Blue	Red	Blue	
Accommodation	Purple	Green	Yellow			Blue	Red	Blue	
Transport hubs	Purple	Green	Yellow			Blue	Red	Blue	
Custody venues	Purple	Green	Yellow			Blue	Red	Blue	
Vulnerable communities	Purple	Green	Yellow	Red	Yellow	Blue	Red	Blue	
Local & national media	Purple				Yellow				
National government	Purple								Light Green
Joint Biosecurity Centre (JBC)								Blue	Light Green
Public Health England	Purple		Yellow		Yellow		Red	Blue	Light Green
LRF (SCG and TCG)	Purple		Yellow		Yellow		Red	Blue	Light Green
NHS Silver/Gold LRHP	Purple		Yellow		Yellow		Red	Blue	Light Green
Local Engagement Board	Purple		Yellow	Red	Yellow		Red	Blue	Light Green
Members/Councillors			Yellow		Yellow				
MPs			Yellow		Yellow				
Shropshire Safeguarding Community Partnership	Purple		Yellow	Red	Yellow				
System Board/Cell	Purple	Green	Yellow	Red	Yellow	Blue	Red	Blue	Light Green

Figure 10: Key Stakeholder matrix and ways of working across priorities

Priority 2: Prevention

Primary preventative approaches will underpin all activity and work streams in this plan, as it is the key to ensuring we reduce community cases to zero. Prevention is also setting specific and key to preventing outbreaks. The following considerations will be a key feature of all work streams that have a focus on settings/communities. Fig.11 shows these approaches.

<p>Physical and organisational measures</p> <ul style="list-style-type: none"> • Create physically distanced environments • Work from home first approach • Incentivise active travel • Stagger start times, break times, use of facilities • Create transport/ work/school 'bubbles' • Internal communications • Keeping a record of Staff and Visitors (see appendix 14) • Links to Risk assessments on the business section of the Council website • Standard Operating Procedures (SOP) and Resource packs for different settings 	<p>Infection Control measures</p> <ul style="list-style-type: none"> • Hand washing • Cleaning • Appropriate use of PPE • Support, guidance & training • Appropriate care practices • Workforce • Standard Operating Procedures (SOP) and Resource packs for different settings which include Care Homes, Schools and Early Years, hospitals and Workplaces. (see appendices 18-25) • Testing (see priority 6) • Infection control training
<p>Addressing inequalities</p> <ul style="list-style-type: none"> • Consider inequality of impact; of access to services/information alongside impact of measures taken (risk of isolation/violence) • Direct activities and allocate resource according to need (use of data/intelligence) • Safeguard those most vulnerable (based on income, ethnicity, gender, age or circumstance. Eg homeless communities, vulnerable migrants) • Ensuring communication is accessible and comprehensive to all • Support for social isolation • Community engagement 	<p>Regulation as prevention</p> <p>Consider use of advice and enforcement to achieve compliance through:</p> <ul style="list-style-type: none"> • Health and Safety at Work etc. Act 1974 • Interventions in workplaces where Shropshire Council is the enforcing authority • Public Health (Control of Disease) Act 1984 • Coronavirus Act 2020 • Community Gatherings and Events: Council powers under regulation & Temporary Events Notices (see appendix 15 and 16) • Schedule 3 Police support (see appendix 17) • New powers that become available
<p>Communication</p> <p>Detailed communication and engagement plan to ensure preventative approaches are being communicated appropriately to partner agencies, as well as public facing communications focussing on social distancing and staying safe.</p>	
<p>Sustainability</p> <p>Focus on longer term approaches to embed ways of working for the future, including:</p> <ul style="list-style-type: none"> • Mental Health support • Workforce • Ongoing engagement with communities • 'Green recovery' • Healthy Lives Prevention Programme (HWBB) work including Social Prescribing etc. 	

Figure 11: Prevention approaches

Priority 3: Settings

Definition of settings in an outbreak situation are: (as defined by [Government Guidance](#))

- **Non-residential settings** (for example a workplace, a school, or a restaurant)
- **Domestic residential settings** (households)
- **Institutional residential setting** (for example a care home or place of detention)
- **Healthcare-associated COVID-19** (for example an inpatient setting)

Outbreak Management

The primary objective in the management of an outbreak is to protect public health by identifying the source of an outbreak and implementing necessary control measures to prevent further spread or recurrence of the infection. This section and associated appendices outline the process and procedures for the investigation management and control of outbreaks and complex cases of COVID-19, both within Shropshire run premises and within key settings where outbreaks occur most often. Outbreaks in Prisons are managed by Public Health England.

A Memorandum of Understanding (MoU) (Appendix 26) has been agreed between West Midlands PHE Centre, Telford & Wrekin Council, Shropshire Council and Shropshire & Telford CCGs. This MoU provides the framework and details of the arrangement for the joint management of local COVID-19 outbreaks, including the governance and guidance principles and roles and responsibilities of the various organisations in line with their statutory duties. The MOU for PHE-LA Joint Management of COVID-19 Outbreaks in the West Midlands can be seen in appendix 14a.

Standard Operating Procedures (SOPs), as part of the MoU with PHE, SOPs have been developed for settings, complex situations and cases to operationalise the plan and demonstrate a consistent, comprehensive and evidence-based approach. This drives the management of risk, advice and implementation of control measures. These also highlight the information points and key contacts. SOPs are in appendices 18-25 and include; Schools and Educational Settings, Early Years and Childcare, Children's Residential Homes, Workplace settings, Event Safety, Transitory and short-term accommodation settings, Track and Trace, Pharmacy, Optometry and Dentistry (POD) primary care settings and Hospital settings.

Resource Packs are provided for: schools and educational settings, Early Years and Childcare, Children's Homes, care homes and Transitory and short-term accommodation settings. These packs provide setting related Government Guidance, FAQ's, infection control and preventative measures to reflect the additional complexity of those settings.

Routine screening (testing) in Care Homes for staff

The SOPs are to be used in conjunction with the cascade chart (Figure 13) and stakeholder matrix (Figure 10) to establish local involvement and cascade of information and action.

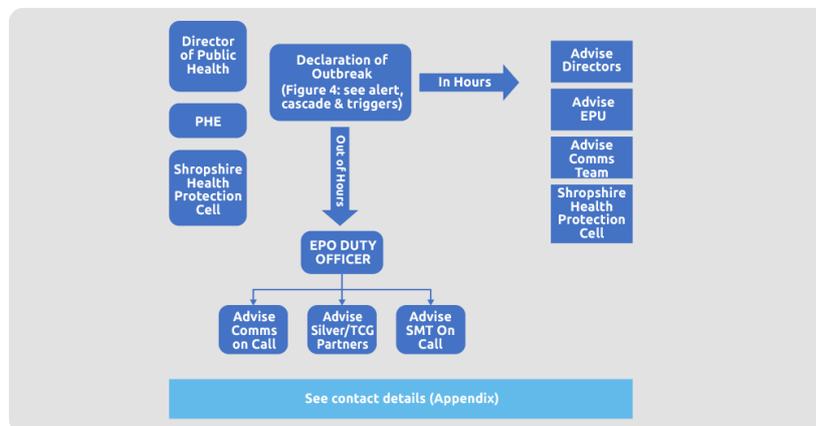
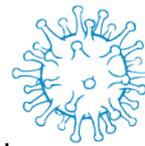


Figure 13: Cascade chart



Identification of outbreaks

The expectation is that outbreaks will be identified by the Joint Biosecurity Centre and/or PHE or through local intelligence based on the line list. PHE is likely to undertake an initial risk assessment alongside Shropshire COVID Cell. PHE may choose to lead on management of some outbreaks, drawing on support from local partners. PHE the Council work in partnership for management of other outbreaks. See appendix 27 for Joint Management SOP for Covid outbreaks in the West Midlands.

Outbreaks may also be identified through local intelligence. Any organisation that suspects an outbreak should report this to Public Health England and Shropshire Council COVID Cell. Contact details are included in the Standard Operating Procedures for each setting. This priority links to Priority 8 - surveillance and monitoring. Appendix 31 contains an outbreak Exercise Report and Action Plan.

PHE contact details:

- Monday – Friday (0900 – 1700) 0344 225 3560 (opt 0, 2)
Other hours on call via the Contact People 01384 679031
- Suspected outbreaks should also be reported to Shropshire Council Public Health Team via shropshirepublichealth@shropshire.gov.uk or 01743 251234,
- Line lists and daily settings SitRep are received for Shropshire residents from PHE tiers 3 & 2 via PowerBi and via shropshirepublichealth@shopshire.gov.uk

Management of outbreaks

The lead organisation and team for ongoing management of outbreaks vary by individual circumstance and may evolve by local agreement but is broadly summarised below:

Action	Setting						
	Care Home (CQC)	Other residential	School	Workplace	Prison	High risk settings	NHS Setting inc hospital
Receive notification	PHE, CQC	PHE, LA	PHE, LA	PHE, LA	PHE	PHE, LA	PHE, SATH
Gather information and undertake risk assessment	PHE	PHE, LA	PHE, LA	PHE, LA	PHE	PHE, LA	SATH / ShropCom
Arrange testing (see testing grid)	LA: ShropCom	PHE	LA/ ShropCom	LA/ ShropCom	PHE		
Provide initial advice and control measures	PHE	PHE, LA	PHE	PHE, LA	PHE	SATH / ShropCom	
Provision of results	PHE, SaTH	PHE, SaTH, LA	PHE	PHE, SaTH, LA	PHE	SATH / ShropCom	
IPC follow up	PHE, LA, CCG IPC	PHE, LA CCG IPC	PHE, LA	PHE, LA	PHE	PHE, LA, CCG IPC	IPC Teams at site
Access to PPE	Emergency PPE STWPPE@shropshire.gov.uk (Prisons PHE)						
Chair IMT if required	PHE/LA	PHE/LA	PHE/LA	PHE/LA	PHE	PHE/LA	SaTH/Shrop Comm
Key partners	PHE, ASC, PH, SPIC, SaTH, ShropComm	PHE, LA, ASC, CSC, ShropComm SaTH	PHE, LA, comms, safeguarding team, school nurse	PHE, business, PH, comms, Regulatory Services HSE	PHE	PHE, hostel, LA housing, PH, comms safeguarding Reg Services	SATH ShropCom PHE
Follow up	PHE, PH, ASC		PHE, LA	PHE, LA	PHE	PHE, LA	PHE
Comms	PH,LA STP SPIC	PHE,LA, STP	PHE, LA	PHE, LA	PHE	PHE, LA	PHE. SATH, STP
Governance	HPB	PHE	Health Protection Board (HPB) (prisons PHE)				

NB * Membership of teams may change depending on the requirements of the outbreak.

Figure 14: Information flows and management of outbreaks in complex settings and high-risk places

High risk places, locations and communities include the following categories: (please see Priority 4 also)

- Homeless hostels and domestic violence shelters
- Religious, traveller and other 'defined' communities

High risk workplaces - those that tend to involve one or more of: People working in close proximity and/or in settings where it is difficult to maintain good standards of environmental and / or personal hygiene:

- A low skilled and / or transient workforce
- have a high footfall of visitors to the premises
- people who both work and reside together

Emergency accommodation: 4 person portacabins will be considered as emergency accommodation if needed as part of the Covid response to outbreaks, and to enable self-isolation. These could provide an option for single people or couples, possibly small families and alongside hotels as needed. Please see appendix 28 for detail.

Priority 4: Vulnerable people

Shropshire is working collaboratively across sectors to support all people, but particularly the vulnerable through this pandemic. We have worked to understand who are vulnerable are and to use all our collective resource across the public, private and voluntary sector to support people.

The vulnerable population in Shropshire broadly fall into three groups, which are not mutually exclusive:

1. Clinically extremely vulnerable (CEV) – Expert doctors in England have identified specific medical conditions that, based on what we know about the virus so far, place some people at greatest risk of severe illness from COVID-19. Disease severity, medical history or treatment levels will also affect who is in this group. This group are identified through a national shielding register, derived through NHS records and GP recommendation. Additional information on CEV and Shielding can be found [here](#).
2. Formal/legally vulnerable - includes those that are receiving statutory care, known to the Local Authority and there is some overlap with the responsibilities passed to Local Government during COVID-19 for the CEV in need of additional local support such as food parcels.
3. Higher Risk due to other factors – this is due to wider determinants of health/other factors leading to poorer outcomes including BAME, deprivation, age, poverty, homelessness and obesity. This group includes the 9 protected characteristics that are being currently being researched at a national level. Locally, this group is identified through local databases, workplaces and self-selection.

Shropshire Council has built a matched dataset (see figure 2 above) containing a range of data which has enhanced our understanding of local needs and to seek to identify unmet need in communities and settings. This dataset is being used, along with national evidence and local intelligence to inform plans for targeting and supporting people.

In addition, certain geographic areas, or communities of people are more adversely affected by an outbreak or the need additional support to prevent an outbreak. Local intelligence provides us with information about these communities (geographic or communities of people), towns, businesses that need additional support, and our Outbreak planning, is able to collectively respond to the is need.

In recognition of the fact that Shropshire is a large, predominantly rural and sparsely populated county, there are practical challenges for engaging and delivering services; and for communities in finding out about and accessing services, particularly in terms of physical and digital connectivity. The recent PHE report highlighted the significant risk to BAME communities, compounded by additional challenges in BAME communities around finding out about and accessing services.

This Community Response Strategy (appendix 30) addresses how Shropshire will engage and support the range of vulnerable people in our communities (including those living in specific settings). Priority 5: Communications, is integral to reaching these communities.

Understanding and responding to risk is also vital to preventing, containing, and protecting. (See figure 15) and we must consider the risks to our workforce, and different settings, including schools, businesses, organisations, and for individuals.

A comprehensive engagement plan focuses on working with those at increased risk (including BAME), as well as working with partners to prevent and contain outbreaks. Additionally tools (including advice, guidance, posters, and risk assessments community groups) for community groups, businesses, and organisations to help prevent and reduce the risk of Covid can be found at <https://www.shropshire.gov.uk/coronavirus/>

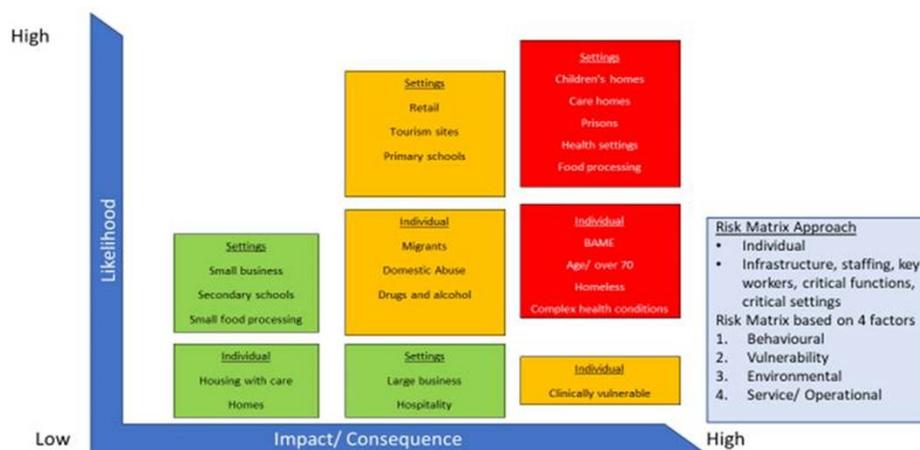
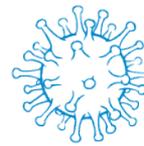


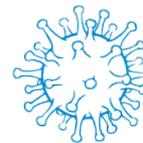
Figure 15 Risk Matrix

Prevent, Contain, Protect

This plan works to engage and prevent the spread of COVID-19, respond to immediate need due to an outbreak, and finally to support people in the long term. These three elements will be delivered through a range of services and contacts with frontline services (health, care, and the voluntary and community sector) as shown in figure 16.

Level description	What is done?	Who delivers this?
Level 1: Community, group or broader population who required additional information and support regarding Covid due to an outbreak, or due to required prevention support.	Communications to all or a sub-section with or without specific need or vulnerability; direct communications to a sub-section, proactive engagement, print material for display, connecting with businesses and groups	Communications teams, web support, all frontline staff (trained in public health messages and the latest guidance on keeping well), disseminated through multiple partners including VCSE, NHS, businesses
Level 2: Those who are CEV, other vulnerable, local outbreaks, and subsection, geography that requires more intense prevention support	In addition to health protection advice, and government guidance, food, medicine, supply and other delivery for those isolating or vulnerable. Wellbeing phone call, providing a holistic offer with a more detailed request around needs and support, those who with the relevant skills to have a “good conversation”, referral to social prescribing. All those CEV and other vulnerable will be provided for in alignment with the government guidance to local authorities for supporting CEV	CSC, CRT, GP practices, housing associations, voluntary and community sector; grass roots community groups
Level 3: High level need with more specialist intervention;	Social Care, NHS and commissioned services deliver support to those with complex/ high level need (including hospital discharge and care homes), this level also includes specific engagement programme with those who are most vulnerable due to COVID-19, (detailed action plan in Appendix 16)	Social Care, Primary Care, Revs & Bens, Housing, Regulatory Services, Social Prescribing Advisors, Bereavement Support, CRT, Communications

Figure 16: Levels of support and engagement by need



All Public Sector partners have a responsibility to understand who are more vulnerable and ensure that people are supported; connecting with our voluntary and community sector partners to support people in a locality-based way continues to be a vital component of this plan. Those who require additional support if they are asked to self-isolate as part of Test & Trace will receive level 2 and/or level 3 support.

Support for self-isolation and shielding

A Community Response Team (CRT) provides support where necessary to those who are shielding, need to self-isolate or who need additional assistance. The CRT has received training through the last 6 months on health protection and on the many services provided by the Local Authority and partners. This, along with a robust community directory, has enabled the team to easily connect groups and people to the support they need.

Importantly, the local Voluntary and Community Sector and grass roots community organisations have provided support to those who needed additional help through lockdown (and since). The Local Authority aims to continue to support these groups so that they in turn, can carry on this vital work. If there is a local outbreak the CRT will work to support those in the affected area, and where appropriate work with local community groups to support people.

Those who are isolating after being in contact with someone who has tested positive for COVID-19, or if someone has tested positive for COVID-19, will be provided a contact number for community help. The phone line is hosted by the Shropshire Council Customer Services Centre (CSC). The CSC has access to a wealth of information about the support available in communities, however if someone has tested positive for COVID-19, additional consideration will be made as to who is best placed to ensure that someone receives the food, medicine, supplies and other support that they need in a safe way. The following will be provided:

- Telephone advice, guidance and information about shopping services and other needs
- Phone calls to those who are vulnerable
- Food delivery for those who cannot access food online or in their community
- Welfare checks to ensure that people are OK in their homes, when contact over the phone hasn't been possible (protocols are in place to ensure this can be delivered safely)
- Connections to a range of services within Shropshire Council and with partners and communities (this includes social care, libraries, businesses, community groups, and many others)

In addition, the CRT will support local 'pop-up' testing as required through an outbreak. This support includes access to vehicle with necessary equipment (tables, gazebos, toilets etc), as well as support staff.

Please see appendix 29 for a helpful telephone numbers sheet, which was distributed in community settings and 31 for an isolation checklist which is also on the Council website.

Priority 5: Communications and Engagement

Communications and Engagement Plan summary

Our Local Outbreak Plan Communication Strategy and Toolkit (appendix 32) will support the delivery of the plan and sets out our approach to communicate the plans key messages to all local communities. Appendix 33 shows the Crisis Communication Checklist, and the event of an outbreak.

<p>Aims</p> <p>To remind residents, businesses and services to continue to follow government guidelines to help prevent the spread of COVID-19</p> <p>To reassure residents, businesses and services that we are working with them to protect against transmission of COVID-19</p> <p>To reassure residents, businesses and services that we are responding to and managing coronavirus outbreaks</p> <p>To ensure residents get tested and isolate when they present symptoms</p> <p>To ensure that residents isolate when asked to by contact tracers</p>	<p>Objectives</p> <p>To continue to raise awareness of the current government guidelines on COVID-19 and what appropriate action to take.</p> <p>To engage with, and work in collaboration with our local communities to help inform our communications</p> <p>To work closely with Elected Members and Town and Parish Councils to reduce the impact of COVID-19 and provide reassurance to communities</p> <p>To demonstrate the work we are doing with our partners and our local communities to mitigate the spread of COVID-19</p> <p>To demonstrate the work we are doing in the event of an outbreak to minimise the risk and spread of COVID-19 and that we are able to respond appropriately to outbreaks of COVID-19</p> <p>To be transparent, open and honest in our communications to help mitigate alarm, anxiety and hearsay and build trust and confidence with our communities. To provide, appropriate, clear and concise information in a timely manner.</p>
<p>Key messages</p> <p>Whilst this communications plan supports the delivery of our Local Outbreak plan. A strong focus will be to promote preventative messages to help mitigate the onset of an outbreak.</p> <p>The plan, which can be found in full in appendix 32, includes messages for: the public, schools, businesses, outbreak responses, prevention and call to action, figure 16 summarises the approach we will use in our communities.</p>	<p>Communication</p> <ul style="list-style-type: none"> • National communications • Local media and channels • Providing information and news • Repeating key messages <p>Engagement</p> <ul style="list-style-type: none"> • Encouraging feedback • Working with local groups and networks • Identifying and reporting needs • Influencing responses <p>Partnerships</p> <ul style="list-style-type: none"> • Using local expertise • Understanding social and economic impact • Cross-sector collaboration • Influencing national decision making <p>Responses</p> <ul style="list-style-type: none"> • Local pandemic response • Public Health support • Prevention • Local health, care and wellbeing services <p>Cross Cutting Considerations</p> <ul style="list-style-type: none"> Equality and Diversity Rurality Digital access

Figure 16

Priority 6: Testing Capacity

Rapid access to high quality testing at scale is vital to containing and controlling the spread of coronavirus. This plan describes local arrangements for testing demonstrating accessibility, convenience and scale, including for individuals with symptoms and also for testing contacts without symptoms (asymptomatic) as part of outbreak management.

In Shropshire PCR swab testing for COVID infection is available through two routes pillar 1 and pillar 2. <https://www.gov.uk/government/publications/coronavirus-covid-19-testing-data-methodology/covid-19-testing-data-methodology-note>

Pillar 1: Swab testing in Public Health England (PHE) labs and NHS hospitals for those with a clinical need, and health and care workers, to provide testing during an outbreak.

Pillar 1 testing in Shropshire, Telford and Wrekin is delivered by Shropshire Health Community. Swabs are processed in the SaTH lab and the results fed into the national testing portal. Positive cases of COVID are contact traced – see Priority 7.

Pillar 2: Swab testing for the wider population, as set out in government guidance

Pillar 2 testing in Shropshire, Telford and Wrekin is delivered by a Regional Testing Unit (RTU), two Mobile Testing Units (MTUs), Local Testing Sites (LTS) and via Postal Testing Kits. Swabs are processed at national Lighthouse laboratories and the results are fed into the national testing portal. Positive cases of COVID are contact traced – see Priority 7.

The Mobile Testing Units are under the control of the Director of Public Health. Results are Using the governance framework and along with logistics and data analysis colleagues she makes decisions about where the Mobile Testing Unit can best serve the needs of the population of Shropshire. The location of the Mobile Testing Units is advertised weekly on the Shropshire Council website and on the national testing portal.

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

Local Testing Sites are under the control of the Director of Public Health. These are deployed where there is a need e.g. during a local outbreak. They will be deployed to areas which are easily accessible by people who are walking.

Postal Testing Kits are available to all residents of Shropshire who have symptoms

Everyone with symptoms can book or order a free test at nhs.uk/coronavirus or by calling 119. Essential workers and members of their households can [access priority testing on GOV.UK](#).

We have aimed to provide privacy and confidentiality to those accessing testing.

The testing units are in locations that are accessible by private and public transport. As the need for testing expands sites will be accessible by walking.

Appendix 34 provides a grid of COVID-19 testing routes.

Priority 7: Contact Tracing and Infection Control

Tracing contacts of people with COVID-19 is critical to our success in containing the virus as we move to the next stage of the pandemic management. If an individual tests positive the aim is to rapidly protect the person and their contacts. It is important to identify and isolate people with COVID-19 symptoms (however mild), as well as people who have been in close contact with them just before the symptoms started, during the first 48 hours of illness. The key to this is timeliness and rapid self-isolation of contacts. Whilst testing is an important part of any contact tracing strategy, it is isolation of cases and their close contacts that will have the largest impact on spread.

We work jointly with NHS Test and Trace and Public Health England to ensure that any linked cases (in workplace, schools, residential homes, faith venues etc.) are rapidly identified and that this is sufficiently quick to contain outbreaks.

The key elements of the Test and Trace approach and additional guidance is available at <https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works> Please see appendix 24a NHS Test and Trace FAQ's for pharmacy, optometry and dental settings and Track and Trace SOP

Strong public communication at both national and local level will also be needed to make sure that people understand the importance of self-isolation and to understand and tackle any obstacles to self-isolation including access to food and medicine.

When the contact tracing process identifies a complex case or one involving a high-risk location such as a health or care setting, a custodial setting, a school, transport hub, workplace and other settings the cases will be referred to Public Health England's regional team and the Local Authority Public Health team, and an outbreak or incident will be declared. Contact tracing in an outbreak is done by Public Health England & Shropshire Public Health in partnership as part of outbreak management. These teams will deal with the outbreak. The management of these outbreaks is governed by a Standard Operation Procedure which defines roles and responsibilities and can be found in appendices 18-25.

During an outbreak it is essential that contact tracing is undertaken based on person, place, time. Persons or people the individuals that have been in touch with the case/s and at the settings that the case/s have attended; place (the locations that individuals have attended) time (when the individuals attended).

The contract tracing model (figure 17) outlines the process. PHE will complete all non-complex contact tracing. Those contacts who are vulnerable or need support or complex settings (i.e. care homes, schools, workplaces) will be passed to the Shropshire COVID 19 health protection team and partners to follow up.

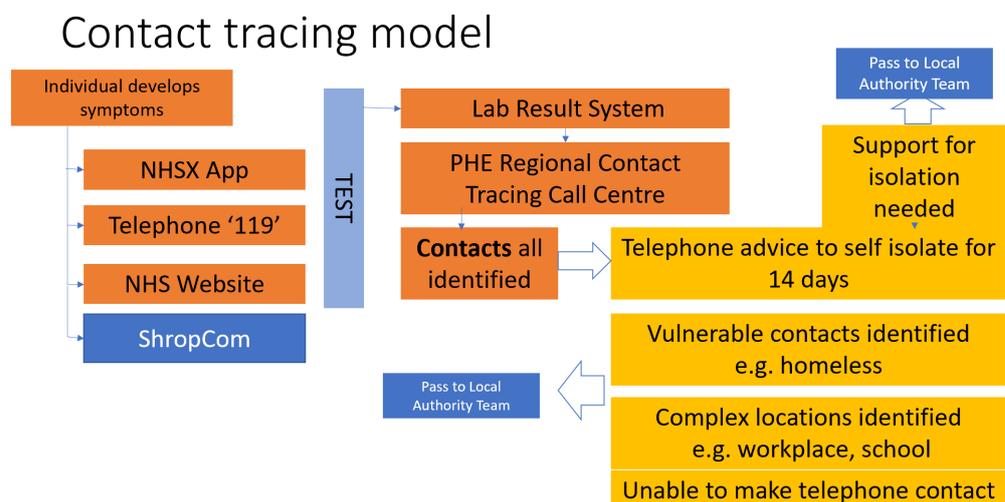
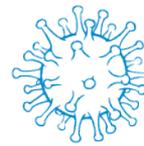


Figure 17: Contact Tracing Model



National advice on self-isolation and return to work is provided by government <https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>

Links to further Government guidance related to Contacts and Contact Tracing: <https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>

Infection control

Specific infection prevention and control measures for COVID-19 have been published by the government. Shropshire and Telford & Wrekin CCG's Infection Prevention and Control Team on behalf of the system will provide this service locally. Resourcing has been agreed between the CCG's, Telford and Wrekin and Shropshire Council. The team can be contacted at [_ccg.ipc@nhs.net](mailto:ccg.ipc@nhs.net). Appendix 35 contains local, regional and cross-border details.

Measures include:

- Infection control history of setting
- Risk assessment for infection control processes and procedures
- Provision of infection control advice and support
- Provision of infection control training
- Liaison with setting to advise on infection control in staff and service users
- Liaison with setting to advise appropriate use of PPE including donning and doffing
- Liaison with setting to advise infection control, hygiene and cleaning
- To form part of outbreak control teams in order to control the transmission of infection
- Using established surveillance and reporting systems monitoring of infection rates and investigations

Please refer to appendix 36 for links to Government Guidance.

Priority 8: Surveillance and Monitoring

Good quality data covering a range of local and regional metrics is key to the management of COVID-19 in the next phase. Tracking and tracking cases and contacts and understanding the overall pattern locally remains a key part of this Local Outbreak Control Plan.

Systems are in place for receipt, logging and monitoring progress of outbreaks and individual cases and contacts. Situational reports are received from PHE and local analysis and local interpretation is undertaken routinely, this includes the development of dashboards which summarise local data to be shared with the local boards and hubs. See Appendices 39 and 39a which demonstrate the dashboard approach.

A sub-regional virtual data stream, has been established and continues to be developed, bringing together analysts across both Councils, the local system and Public Health England. There are well established links also with NHS analyst team through COVID-19 and the population health management work streams.

It is anticipated that we will seek additional capacity as well as academic and epidemiological input/expertise to support the hub, and that the hub will work with the national Joint Biosecurity Centre, as it establishes. Additional capacity will be required to support this work.

The Joint Biosecurity Centre has the role of bringing together data from testing and contact tracing, alongside other NHS and public data, to provide insight into local and national patterns of transmission and potential high-risk locations and to identify early potential outbreaks so action can be taken.

The surveillance support will be working to establish a robust system, based on already established surveillance data dashboards, alongside new data streams. The system will look to bring in data related to:

- Testing (all testing streams)
- Case rates (and exceedances)
- Outbreak data (by setting),
- NHS/PHE primary care/NHS 111 syndromic surveillance data
- Secondary care data,
- Mortality data,
- Mobility/footfall
- Workforce data (e.g. sickness absence rates).
- Local “soft” Intelligence
- Regulatory data (e.g. COVID-19 secure workplaces, business restrictions)

This data will be analysed and presented as trends and geographically, with an understanding of key demographic characteristics, this supports both the reactive and preventative work to target resources and approaches to those communities. Mapping of local need has already been established and will continue to be developed by the Local Authority Insight Team to inform the communications, engagement and outbreak management. Data/intelligence will be produced in a variety of format for different audiences, and with the aim of being as real-time as operationally possible.

We continue to develop our indicators and local reporting and intelligence capacity to monitor and track the pandemic and individual outbreaks.

Priority 9: Regulation including local lockdown plans

There is a range of legislation that can be used for the purposes of preventative activity (e.g. workplaces not adhering to national COVID-secure guidance and wider health and safety requirements), as well as enforcement activity should individuals/organisations not be compliant with isolation measures required in the event of cases/outbreaks. There is also a legislation for managing outbreaks. Public Health England (PHE) and Local Authority Public Health and Environmental Health have the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through the Local Resilience Forum and NHS Gold and Silver structures.

The specific pieces of legislation include:

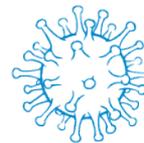
- Public Health (Control of Disease) Act 1984.
- Health and Safety at Work etc. Act 1974
- Coronavirus Act 2020

Shropshire Council's Better Regulation and Enforcement Policy sets out the range of options that are available to achieve compliance with all legislation it enforces. The Council recognises that prevention is better than enforcement, but, that under certain circumstances, formal enforcement action will be necessary against those who flout the law or act irresponsibly.

The focus of work with partner organisations and workplaces is one of collaboration and support. However, it is important to consider circumstances in which legislation may be required to be used. Further, it will be important to understand, for those organisations regulated by the Health and Safety Executive (HSE), how we might ensure we still maintain a local supportive relationship with businesses and how engagement will work in practice.

Use of this legislation will need to be considered carefully, with Regulatory Services having delegated responsibility for enforcement under the first two legislative items, and PHE for the latter (this is being reviewed currently).

Should an individual need to be detained under the Coronavirus Regulations implemented following the Act, a suitable place to hold the individual will need to be found (which could be in current isolation units being used for our vulnerable communities) or may need to be on healthcare premises (as utilised for Part 2A orders). It is recognised that there will be a staffing/security resource need here. Please see appendix 46, Multi-Agency Guidance: When a person/group is not following the Coronavirus Guidelines on social distancing or self-isolating. Schedule 21 of the Coronavirus Act 2020 gives powers to Public Health Officers to direct or remove a Potentially Infectious Person (PIP) to a place suitable for screening and assessment, require a person to undergo testing, enter into isolation or place certain restrictions on the PIP where appropriate. While PHE are the lead agency in exercising the provisions under this Schedule, powers are also provided to Police Constables and Immigration Officers to support PHE and for the protection of the public. The Shropshire provision is outlined in the soon to be published Shropshire Safeguarding Community Partnership Multi-Agency Guidance. Lastly, local authorities are to be granted powers to be able to require particular premises/areas to "lockdown" and specific plans are required to ensure clarity regarding the grounds for being able to do this and how lockdown might be enacted.



What are the Challenges and how will we address these?

A full risk assessment is owned and led by the COVID Health Protection Cell, with actions reviewed weekly and cascaded as appropriate.

A summary of risks associated with each theme, and suggested mitigations, capacity and resources is provided below; a full list is in Appendix 40.

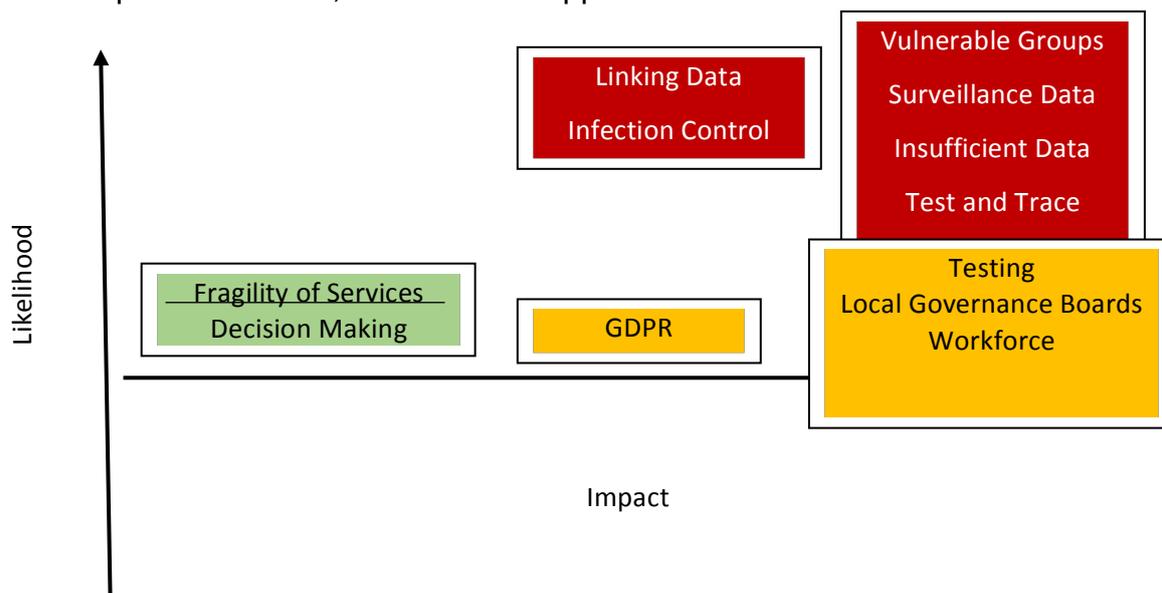


Figure 18: Summary of Risks with each theme

Further details are given in the appendices at the end of this document.

Appendix 37: Shropshire Outbreak Plan – information flow

Appendix 38: Post outbreak scenario exercise report and Action Plan

Appendix 40: Risk matrix

Appendix 41: STW LA Outbreak Risk Management Process

Appendix 42: Incident Management Team (IMT) Draft Agenda

Appendix 43: Activation of Plan/Lessons Learned – Outbreaks

Appendix 44: Incident/Outbreak form

Making it Happen – The Action Plan



Priority	Officer responsible	Action	Timescale
Priority 1 Governance – How we will work as a system	DPH, CE, PHE, LRF	Continued communication with central government through established routes. Define systems and structures for local prevention, control and containment based on government guidance. Continued communication with central government. Devolved expectations include incident and outbreak management, currently supporting data systems and structures and timescales. Continued communication with central government through established routes. Political & public involvement to be clarified	On going On going On going
Priority 2 Prevention	LA	Prevention aligned to settings, vulnerable groups, and track and trace. Active interventions to prevent infection and to prevent transmission.	On going
Priority 3 Settings	LA/PHE	Maintain communications to support all settings including vulnerable settings All risk assessments and SOPs in place and under regular review	On going On-going
Priority 4 Vulnerable people	LA	Maintain CRT function and review responsibilities to include community engagement and support for self-isolation. Support plans to ensure services serve vulnerable communities	On going
Priority 5 Communication & Engagement	LA	Maintain, deliver and update a robust communications and engagement plan	On going
Priority 6 Testing Capacity	LA/NHS	Maintain system so that Shropshire COVID-19 cell makes referrals to pillar 1 and results are received from Pillars 1 & 2 by cell. Monitor requirements for testing capacity, MTU and LTS and make strategic decisions on the requirements for localised testing based on needs assessment	On going On going
Priority 7 Test and Trace & Infection Prevention and Control	PHE/TT NHS LA	Set up and maintain Test and Trace programme including interface with local testing service. Negotiate local arrangements for extended IPC to cover all settings including commissioning services as required. Clear mutual aid procedures in place for contact tracing	Oct –20 Sept -20 On-going
Priority 8 Surveillance and monitoring	DPH/PHE Intel Team PHE/Bio Security PHE LA	Require GDPR agreement via PHE Establish local proxy reporting and recording Continued communication with PHE and other data providers to ensure robust reporting data is in place. On-going local development of dashboards using detailed surveillance data to inform incident and outbreak management Work jointly with PHE to enable local access to HP Zone including contract tracing and decision making. Developing local track and trace systems with T&W colleagues to allow system wide monitoring	Jun-20 June/July20 Jun-20 Sept-20
Priority 9 Regulation including local lockdown	Convener SoS LA	Continued communication with central government through established routes. Define and implement local regulatory systems to enact government COVID guidance.	Jun-20

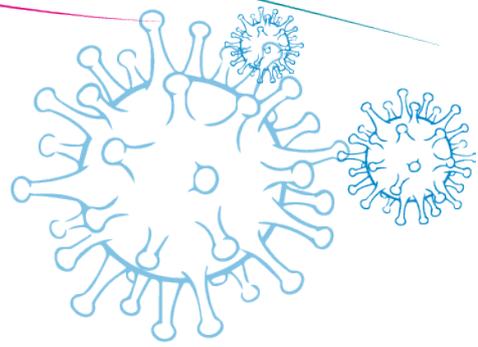
Abbreviations

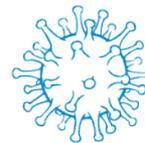


CCG	Clinical Commissioning Group
IPC	Infection Prevention Control
IMT	Incident Management Team
JBC	Joint Biosecurity Centre
LA	Local Authority
LHRF	Local Health Resilience Forum
NHS	National Health Service
PHE	Public Health England
PIP	Potentially Infective Person
PPE	Personal Protective Equipment
UK	United Kingdom

Appendices for Shropshire Covid-19 Outbreak Control Plan

Prevent, Contain and Recover
October 2020





Appendix 1: Test, Trace and Isolate

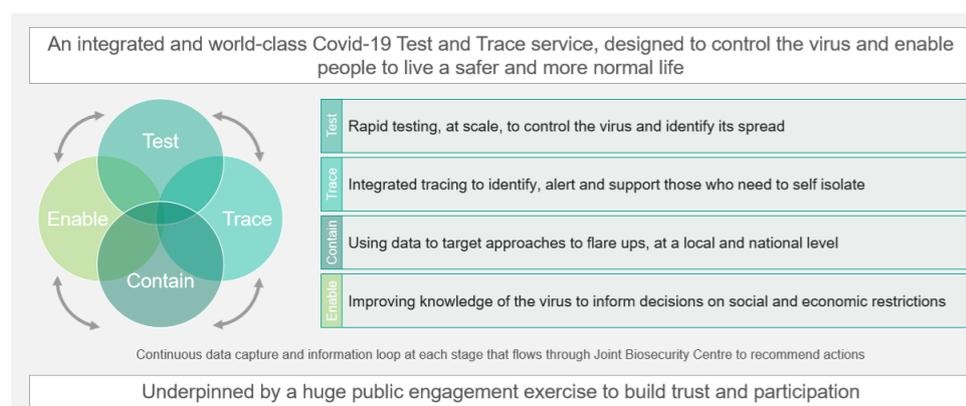
The government launched the national Test, Trace and Isolate (TTI) service in June 2020. This service along with Local Outbreak Control Plans form a central part of the Covid-19 recovery strategy.

The objectives are to:

- a) control the Covid-19 rate of reproduction I;
- b) reduce the spread of infection and save lives; and
- c) help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

The Test and Trace service includes four 'tools' to control the virus: test, trace, contain and enable, as set out in Figure 1.

Test and Trace service

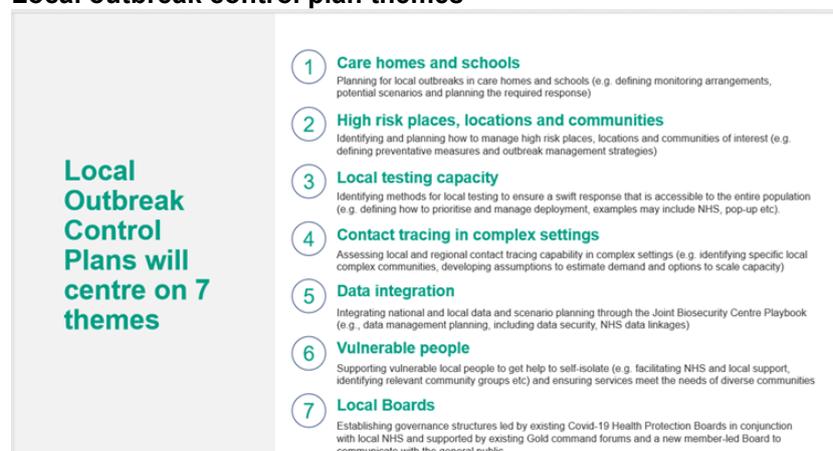


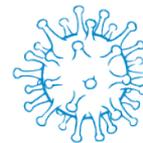
The 'contain tool' includes a national Joint Biosecurity Centre that will work with Public Health England (PHE) and local authorities, including local Directors of Public Health, to identify and manage local outbreaks. Upper tier local authorities will be required to develop and implement Local Outbreak Control Plans and will be allocated a share of £300m to fund these.

Local Outbreak Control Plans

Local Outbreak Control Plans will centre on seven themes: care homes and schools; high risk places, locations and communities; local testing capacity; contact tracing in complex settings; data integration; vulnerable people; and Local Boards, as set out below.

Local outbreak control plan themes





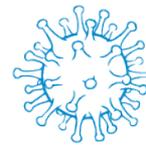
Appendix 2: Key visitor sites and public transport links in Shropshire

Shropshire - Key visitor sites

<p>Theatres and Cinemas</p> <ul style="list-style-type: none"> • Theatre Severn, Shrewsbury • Local theatres and productions • Main cinema in Shrewsbury & local venues 	<p>Towns of interest</p> <ul style="list-style-type: none"> • County town of Shrewsbury • Market towns across the county
<p>National Trust</p> <ul style="list-style-type: none"> • Attingham Hall and Park • Benthall hall • Dudmaston Hall and Estate • Carding Mill Valley and the Long Mynd • Wenlock Edge 	<p>Attractions</p> <ul style="list-style-type: none"> • Hawkestone Park and Follies • Severn Valley Railway • RAF Cosford museum • Shrewsbury Museum and Art Gallery • Shrewsbury Castle & Ludlow Castles • Wroxeter Roman City • Wenlock Priory
<p>Canals - Shropshire Union main canal route</p> <ul style="list-style-type: none"> • Walkers, cyclists and runners • Leisure boaters, travelling and resident populations • Marinas • Fishing • Canoeing 	<p>Outdoor spaces</p> <ul style="list-style-type: none"> • Walking, cycling running, mountain biking, day trippers etc. • Shropshire Hills Area of Outstanding Natural Beauty (AONB) • National Trust areas (Carding Mill Valley, Long Mynd and Wenlock Edge) • 6 Country Parks
<p>Public parks</p> <ul style="list-style-type: none"> • The Quarry, Shrewsbury • Other town parks 	<p>Paid entry Gardens</p> <ul style="list-style-type: none"> • Wollerton Old Hall, Market Drayton • Hodnet Hall, Market Drayton • Dower House, Bridgnorth • Hawkestone Park, Wem • National Trust as above
<p>Farm attractions</p> <ul style="list-style-type: none"> • Fordhall Farm, Market Drayton • Acton Scott Historic Working Farm • Rays Farm and Country Matters • Attingham Home Farm • Park Hall, Oswestry 	<p>Lakes</p> <ul style="list-style-type: none"> • Ellesmere • Dearnford Lake - wild swimming
<p>Cycle and walking routes across the county. (Shropshire Way, Severn Way)</p>	

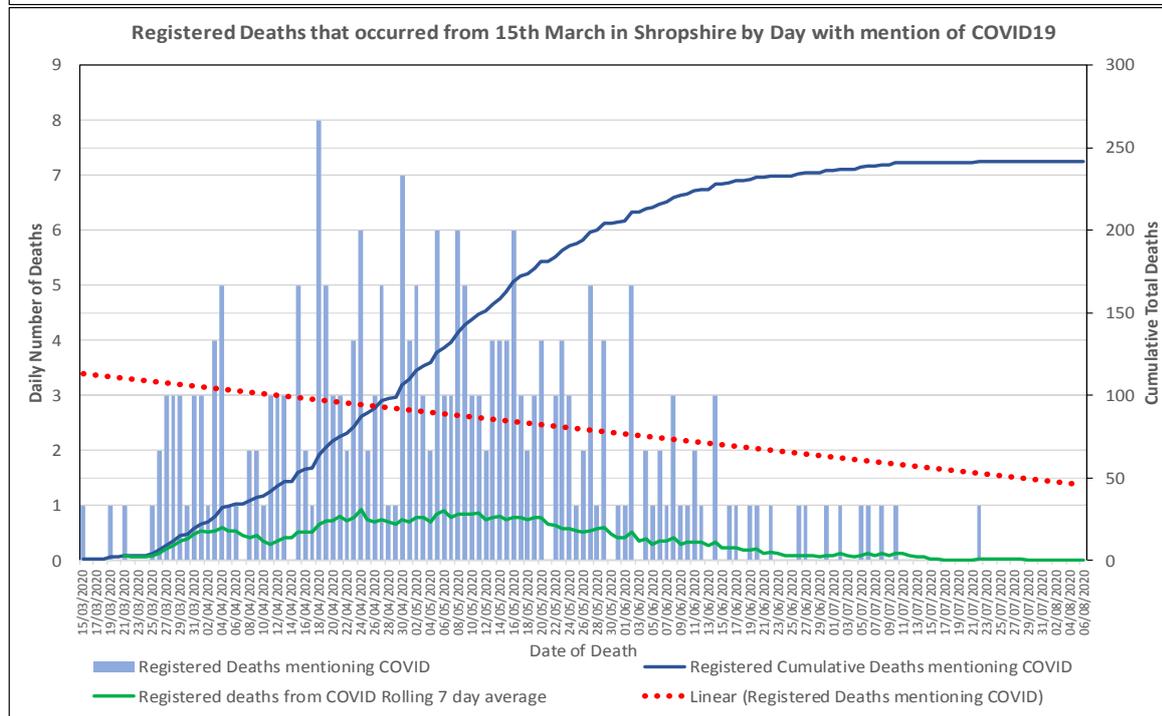
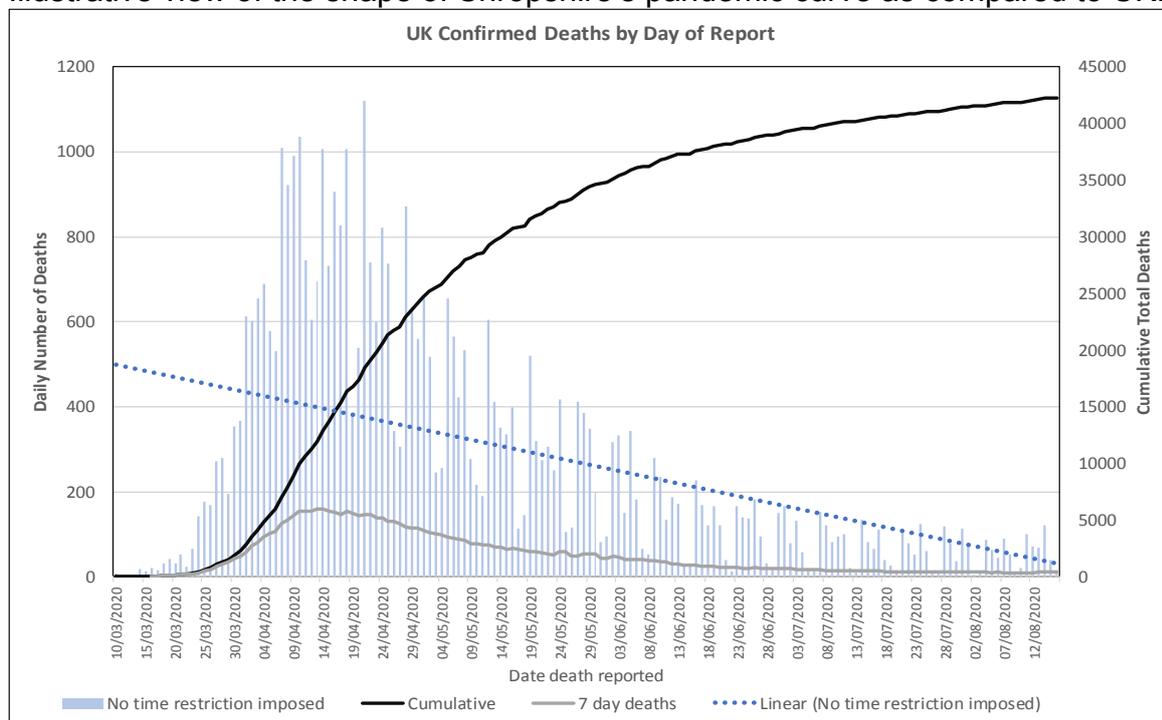
Transport hubs

<p>Rail</p> <p>Shrewsbury is the confluence of railway lines going to and from Birmingham, Cardiff, Chester, Crewe, and less frequently to London. These routes take in north, mid and south Wales, and provide links to the north of England via Crewe and Chester. Shrewsbury to Birmingham is a popular commuter route, and calls at Telford Central station. There are 15 Railway stations within Shropshire which include: Shrewsbury, Church Stretton, Craven Arms, Ludlow, Gobowen, Cosford, Albrighton and Whitchurch.</p>
<p>Bus</p> <p>There are a network of bus routes across the county served by Arriva, and generally run from the market towns in to Shrewsbury town centre. There are also bus routes within the towns. Many villages have no bus service unless they are part of a main route into the larger towns.</p>
<p>Air</p> <p>There are no major airports in Shropshire, apart from the military bases, but local airfields include Sleaf and Prees Heath to the north and the Gliding Club in Church Stretton to the south.</p>



Appendix 3: COVID-19 Pandemic curve in Shropshire February to June 21st 2020

Illustrative view of the shape of Shropshire's pandemic curve as compared to UK.



Appendix 3a – Local COVID Alert Levels



Click on the alert level to find out more	LOCAL COVID ALERT LEVEL: <u>Medium</u>	LOCAL COVID ALERT LEVEL: <u>High</u>	LOCAL COVID ALERT LEVEL: <u>Very High</u>
Description	National restrictions continue to be in place	Areas with a higher level of infections where some additional restrictions are in place on top of restrictions in alert level medium	This is for areas with a very high level of infections and where tighter restrictions are in place. The restrictions placed on areas with a very high level of infections can vary, and are based on discussions between central and local government. You should therefore check the specific rules in your area .
Social contact	You must not socialise in groups larger than 6, indoors or outdoors (other than where a legal exemption applies)	You must not socialise with anybody outside of your household or support bubble in any indoor setting, whether at home or in a public place You must not socialise in a group of more than 6 outside , including in a garden or other spaces like beaches or parks (other than where specific exemptions apply in law)	You must not socialise with anybody you do not live with, or have formed a support bubble with, in any indoor setting or in any private garden or at most outdoor hospitality venues and ticketed events You must not socialise in a group of more than 6 in an outdoor public space such as a park or beach, the countryside, a public garden or a sports venue
Businesses	Businesses and venues can continue to operate, in a COVID-secure manner, other than those that remain closed in law Certain businesses are required to ensure customers only consume food and drink while seated, and must close between 10pm and 5am Businesses and venues selling food for consumption off the premises can continue to do so after 10pm as long as this is through delivery service, click-and-collect or drive-through	Businesses and venues can continue to operate, in a COVID-secure manner, other than those that remain closed in law Certain businesses are required to ensure customers only consume food and drink while seated, and must close between 10pm and 5am Businesses and venues selling food for consumption off the premises can continue to do so after 10pm as long as this is through delivery service, click-and-collect or drive-through	Pubs and bars must close. They can only remain open where they operate as if they were a restaurant, which means serving substantial meals, like a main lunchtime or evening meal. They may only serve alcohol as part of such a meal



Schools; FE colleges	Open	Open	Open
Universities	Open	Open	Open
Places of worship	Open, subject to the rule of 6	Open- subject to the rule of 6	Open- but household mixing is not permitted
Childcare and children's groups	<p>Supervised activities provided for children – including wraparound care and children's playgroups. This means you can continue to use early years and childcare settings, including childminders, after-school clubs and nannies.</p> <p>Family and friends can continue to provide informal childcare as long as groups from different households don't exceed 6 people. You should, wherever possible, keep your distance from people you do not live with (unless you have formed a support bubble with them).</p>	<p>Supervised activities provided for children, including wraparound care, youth groups and activities, and children's playgroups. This means you can continue to use early years and childcare settings, including childminders, after-school clubs and nannies..</p> <p>The following people can provide childcare support in private homes and gardens:</p> <ul style="list-style-type: none"> • registered childcare providers, including nannies • people in your support bubble • people in your childcare bubble <p>A childcare bubble is where someone in one household provides informal (unpaid and unregistered) childcare to a child aged 13 or under in another household. For any given childcare bubble, this must always be between the same 2 households. Friends or family who do not live with you and are not part of a support or childcare bubble must not visit your home to help with childcare. Childcare bubbles are to be used to provide childcare only, and not for the purposes of different households mixing where they are otherwise not allowed to do so.</p>	<p>Supervised activities provided for children, including wraparound care, youth groups and activities, and children's playgroups. This means you can continue to use early years and childcare settings, including childminders, after-school clubs and nannies..</p> <p>The following people can provide childcare support in private homes and gardens:</p> <ul style="list-style-type: none"> • registered childcare providers, including nannies • people in your support bubble • people in your childcare bubble <p>A childcare bubble is where someone in one household provides informal (unpaid and unregistered) childcare to a child aged 13 or under in another household. This must always be between the same 2 households.</p> <p>Friends or family who do not live with you and are not part of a support or childcare bubble must not visit your home to help with childcare. Childcare bubbles are to be used to provide childcare only, and not for the purposes of different households mixing where they are otherwise not allowed to do so.</p>
Youth clubs & activities	Permitted	Permitted	Permitted
Weddings and funerals	Can go ahead with restrictions on number of attendees	Can go ahead with restrictions on number of attendees	weddings and funerals can go ahead with restrictions on the number of attendees. However, wedding receptions are not allowed

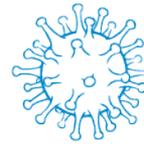


Sport and exercise	Exercise classes and organised sport can continue to take place outdoors, or indoors if the rule of 6 is followed	Exercise classes and organised sport can continue to take place outdoors. These will only be permitted indoors if it is possible for people to avoid mixing with people they do not live with or share a support bubble with, or for youth or disability sport	Exercise classes and organised sport can continue to take place outdoors. These will only be permitted indoors if it is possible for people to avoid mixing with people they do not live with (or share a support bubble with), or for youth or disability sport
Travel		You can continue to travel to venues or amenities that are open, for work or to access education, but should look to reduce the number of journeys you make where possible	You should try to avoid travelling outside the very-high alert level area you are in or entering a very-high alert level area, other than for things like work, education or youth services, to meet caring responsibilities or if you are travelling through as part of a longer journey
Staying overnight elsewhere			You should avoid staying overnight in another part of the UK if you are resident in a very-high alert level area, or avoid staying overnight in a very-high alert level area if you are resident elsewhere

14/10/20 Please note: this information may change with government guidance

<https://www.gov.uk/guidance/local-covid-alert-levels-what-you-need-to-know>

<https://www.gov.uk/coronavirus>



Appendix 4:

Roles and Responsibilities: Local

COVID-19 Shropshire Local Outbreak Engagement Board

This group is required as part of Local Outbreak Control Plans. Its outline terms of reference are to ensure:

- Democratic oversight of Local Outbreak Control Plan development and the management of outbreaks collectively.
- Effective communication with the public about the management of outbreaks through the public facing health and wellbeing board.
- Act in the interests of the health of the public in Shropshire
- Engage and communicate with residents and stakeholders
- Represent public and stakeholder concerns regarding local outbreaks and outbreak plans
- Lead the development and implementation of a framework and actions of public engagement and communications plans within Shropshire Council area for local Outbreak Control Plans and local outbreak response;
- Oversee delivery of any local actions as identified through public facing engagement and escalate any action as appropriate
- Monitor levels of infection to be assured that the Outbreak Plan has been developed and is being delivered and communicated appropriately.
- Provide assurance and recommendations to partners and relevant bodies about the public and community engagement and communications for the management of local outbreaks

The group will be chaired by the Shropshire Cabinet Member for Social Care and Health. This will include cross party membership. Additional Members may be invited depending on those parts of the county worst affected by COVID-19.

The group will maintain a close dialogue with the Shropshire Health and Wellbeing Board and the Shropshire Leaders Group. Full details are provided in Appendix XX

COVID-19 Local Health Protection Cell

This group is required as part of Local Outbreak Control Plans. Its outline terms of reference are to:

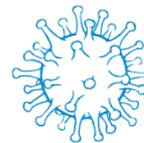
- Develop and continually review the Local Outbreak Control Plan;
- Ensure that appropriate and up to date SOPs are in place for outbreak management;
- Oversee management of outbreaks;
- Logging and recording keeping of outbreaks and actions
- Provide assurance about management; and
- To reflect on learning from outbreaks to identify improvements for future management and amend SOPs accordingly and/or identify additional capacity requirements.

Membership will include relevant teams from Shropshire Council

The COVID-19 Shropshire Health Protection Cell is in place to support residents in Shropshire and to prevent and protect against COVID spread. Figure 4. The cell has daily operational meetings and monitoring, with a more strategic weekly (or more frequently as required) group meeting.

The COVID-19 Shropshire Health Protection Cell provides a single point of contact for PHE to report outbreaks. It can convene an initial Incident Management Team (IMT) involving local partners and including the relevant specialist advice, this may be with PHE or local. A Standard Operating Procedure for the management of outbreaks has been agreed between Shropshire Council and Public Health England. The full membership of each incident management team is defined in the Standard

Operating Procedures.



Appendix 5: Roles and Responsibilities: Regional

COVID-19 Local Outbreak Control Tactical Coordinating Group (TCG) and NHS Gold/Silver

This is a Tactical Group of the Local Resilience Forum Strategic Co-ordinating Group (SCG). They are stood up as required. Its outline terms of reference are to:

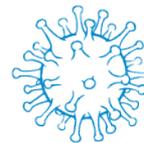
- Set system wide framework for Local Outbreak Control Plans;
- Provide multi-agency and multi-professional input into development of Local Outbreak Control Plans;
- Ensure Plans are consistent with resources available from all agencies;
- Provide assurance to the SCG about management of outbreaks; and
- Provide a route for escalation for mutual aid if necessary.

Membership will include: Shropshire Council, Telford & Wrekin Council, Clinical Commissioning Group, NHS England, Police, PHE, Category 1 and 2 responders.

COVID-19 Health Protection Board

The objectives of this STW System wide COVID-19 Health Protection Board

- Agree the system wide framework for Local Outbreak Control Plans;
- Provide multi-agency and multi-professional input into development of Local Outbreak Control Plans and elements of the plans including testing, treatment, PPE;
- Ensure Local Outbreak Control Plans are consistent with resources available from all agencies;
- Provide assurance to NHS Gold or Shadow ICS and Health & Wellbeing Board's that there are safe and effective plans in place about management of outbreaks;
- Learn together from the management of outbreaks to further inform plans
- Provide a route for escalation to the LRF TCG if necessary
- Oversee assurance of the timely and effective implementation of relevant immunisation programmes at the appropriate time



Appendix 6:

Shropshire Local Outbreak Engagement Board DRAFT TERMS OF REFERENCE

1.0 Background

Health Protection Responsibilities

Directors of Public Health (DPH), and since 1 April 2013 Local Authorities (LA), have been responsible for improving the health of their population. DPHs have an assurance role in health protection issues including outbreaks however, depending on the scale and specific outbreak, provide local leadership, expertise and advice and possibility management. An outbreak is defined as two or more linked cases of the same illness in the same setting or situation.

The Secretary of State continues to have overall responsibility for improving health – with national public health functions delegated to Public Health England. Public Health England (PHE) is an executive agency of the Department of Health. One of the most important functions of PHE is to protect the public from infectious disease outbreaks. PHE provides the surveillance, epidemiology and expertise in outbreak management. The management responsibility for outbreaks will vary depending on the outbreak. An outbreak should be reported to the “Proper Officer” in this case PHE regional team.

COVID-19

COVID-19 is a novel coronavirus. New knowledge about the virus is developing every day, however the science of how the virus acts and human immunity is in the early stages of development. For this reason, the UK government is planning for the longer term and the importance of protecting health underpins the opening up the UK economy.

From June 2020 the government will be launching the national Test and Trace service, which will form a central part of the Covid-19 recovery strategy. The objectives are to:

- i. control the Covid-19 rate of reproduction I;
- ii. reduce the spread of infection and save lives; and
- iii. help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

The Test and Trace service includes four ‘tools’ to control the virus: test, trace, contain and enable.

Test and Trace service

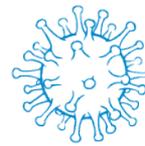
The ‘contain tool’ includes a national Joint Biosecurity Centre that will work with Public Health England (PHE) and local authorities, including local Directors of Public Health, to identify and manage local outbreaks. Upper tier local authorities are required to develop and implement Local Outbreak Control Plans.

3.0 Objectives

Introduction

Local Directors of Public Health are responsible for producing Local Outbreak Control Plans, working through system wide Covid-19 Health Protection Boards, that provides multi-agency and multi-professional input into development of Local Outbreak Control Plans and elements of the plans including testing, treatment and PPE. They will be supported by system-wide partners and work in collaboration with Local Resilience Forum and a Board led by Council Members to communicate openly with the public via the HWB, the member led board is referred to as the Local Outbreak Engagement Board.

The objectives of the Local Outbreak Engagement Board will be to:



- a) Act in the interests of the health of the public in Shropshire
- b) Provide democratic oversight and assurance of:
 - 1. Plans to prevent and manage outbreaks of COVID-19 within Shropshire
 - 2. Actions taken to prevent and manage outbreaks and their outcomes
- c) Engage and communicate with residents and stakeholders
- d) Represent public and stakeholder concerns regarding local outbreaks and outbreak plans
- e) Lead the development and implementation of a framework and actions of public engagement and communications plans within Shropshire Council area for local Outbreak Control Plans and local outbreak response;

*Chair

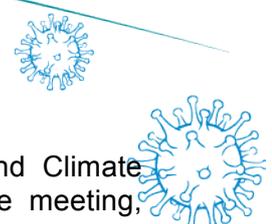
Member	Title	Organisation
Dean Carroll*	Portfolio Holder for Adult Social Care, Public Health & Climate Change	Shropshire Council
Gwilym Butler	Portfolio Holder for Communities, Place Planning & Regulatory Services	Shropshire Council
Lezley Picton	Portfolio Holder for Culture, Leisure, Waste & Communications	Shropshire Council
Rob Gittins	Deputy Portfolio Holder, Public Health	Shropshire Council
Heather Kidd	Councillor (Liberal Democrats)	Shropshire Council
Kate Halliday	Councillor (Labour)	Shropshire Council
Lynn Cawley	Chief Officer	Healthwatch
Jackie Jeffrey	Chief Executive – CAB	Shropshire Voluntary & Community Sector Assembly
Ray Wickson	Chair	Shropshire Association of Local Councils (SALC)
Richard Sheehan	Chief Executive	Chamber of Commerce
Nicky Jacques	Tbc	SPIC
tbc	Tbc	Schools
Penny Bason	Communities COVID Lead	Shropshire Council
Andrea Harper	Head of Communications and Engagement	Shropshire, Telford & Wrekin CCG
Andy Begley	Interim Chief Exec	Shropshire Council
Mo Lansdale	Shropshire Local Policing Commander	West Mercia Police
Rachel Robinson	Director of Public Health	Shropshire Council
Maria Jones	Communication Lead	Shropshire Council
Sarah Dodds	Engagement Lead	Shropshire Council

- f) Oversee delivery of any local actions as identified through public facing engagement and escalate any action as appropriate
- g) Monitor levels of infection to be assured that the Outbreak Plan has been developed and is being delivered and communicated appropriately.
- h) Provide assurance and recommendations to partners and relevant bodies about the public and community engagement and communications for the management of local outbreaks

4.0 Membership

Members of the Board will be including cross party representation and nominated representatives from the Health and Wellbeing Board and system partners.

Other individuals may be invited to any meeting as and when appropriate. Members may nominate a relevant substitute if they are unavailable to attend a meeting. The composition and terms of reference of the Board will be reviewed by the Board no less frequently than once every 12 months and after three months.



The Board will be chaired by the Portfolio Holder for Adult Services, Health and Climate Change. In the event that neither the chair nor deputy are present to chair the meeting, a chairperson will be elected from the remaining members.

5.0 Support

Public Health will provide administrative support to the Board.

6.0 Quorum

The Board shall be Quorate if any three persons are present including the Chair and/or Vice-Chair.

7.0 Frequency of Meetings

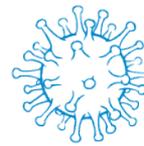
The Board shall meet with such frequency as are required but as a minimum fortnightly until September 2020 when the frequency of the meeting will be reviewed. Additional meetings and sub-meetings shall be scheduled when appropriate and as required to respond to local need/issues arising.

7.0 Accountability

The Board will be accountable to the public through to the public facing Shropshire Health & Wellbeing Boards and link with the Governance of the Local Outbreak Management Plan (appendix 1).

8.0 Confidentiality

All information presented to the board will be confidential. All persons sitting on the board will be expected to adhere to confidentiality protocols. Any actions or decisions that need to be made public, will be made public facing via the HWB.



Appendix 7:

Shropshire Telford & Wrekin COVID Health Protection Board DRAFT TERMS OF REFERENCE

1. Introduction

Directors of Public Health (DPH), and since 1 April 2013 Local Authorities (LA), have been responsible for improving the health of their population. DPHs have an assurance role in health protection issues including outbreaks however, depending on the scale and specific outbreak, provide local leadership, expertise and advice and possibility management. An outbreak is defined as two or more linked cases of the same illness in the same setting or situation.

The Secretary of State continues to have overall responsibility for improving health – with national public health functions delegated to Public Health England. Public Health England (PHE) is an executive agency of the Department of Health. One of the most important functions of PHE is to protect the public from infectious disease outbreaks. PHE provides the surveillance, epidemiology and expertise in outbreak management. Overall the health and social care system together with Local Government has a shared responsibility for the management of outbreaks of COVID-19 in the Shropshire Telford & Wrekin.

COVID-19

COVID-19 is a novel coronavirus. New knowledge about the virus is developing every day, however the science of how the virus acts and human immunity is in the early stages of development. For this reason, the UK government is planning for the longer term and the importance of protecting health underpins the opening up the UK economy.

2. National Test & Trace

From June 2020 the government will be launching the national Test and Trace service, which will form a central part of the Covid-19 recovery strategy. The objectives are to:

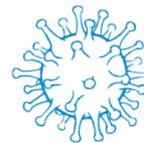
1. control the Covid-19 rate of reproduction I;
2. reduce the spread of infection and save lives; and
3. help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

The Test and Trace service includes four ‘tools’ to control the virus: test, trace, contain and enable.

Test and Trace service

The ‘contain tool’ includes a national Joint Biosecurity Centre that will work with Public Health England (PHE) and local authorities, including local Directors of Public Health, to identify and manage local outbreaks. Upper tier local authorities are required to develop and implement Local Outbreak Control Plans.

Local Directors of Public Health are responsible for producing Local Outbreak Control Plans, working through Covid-19 Health Protection Boards. They will be supported by System-wide partners and work in collaboration with Local Resilience Forum and a public-facing Board led by Council Members to communicate openly with the public.



The objectives of this STW System wide Covid-19 Health Protection Board

- Agree the system wide framework for Local Outbreak Control Plans;
- Provide multi-agency and multi-professional input into development of Local Outbreak Control Plans and elements of the plans including testing, treatment, PPE;
- Ensure Local Outbreak Control Plans are consistent with resources available from all agencies;
- Provide assurance to NHS Gold or Shadow ICS Board and Health & Wellbeing Board's that there are safe and effective plans in place about management of outbreaks; and
- Learn together from the management of outbreaks to further inform plans and practice
- Provide a route for escalation to the LRF TCG if necessary
- Oversee assurance of the timely and effective implementation of relevant immunisation programmes at the appropriate time

3. Membership

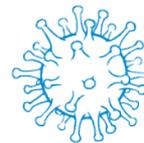
Members of the Board will be:

Member	Title	Organisation
Liz Noakes *	Director of Public Health	Telford & Wrekin Council
Rachel Robinson	Director of Public Health	Shropshire Council
Dr Mussarat Arfza	Consultant Health Protection	Public Health England
Zena Young	Executive Director of Quality	Shropshire, Telford & Wrekin CCGs
Sam Tilley	Director of Planning	Shropshire, Telford & Wrekin CCGs
Victoria Rankin	Executive Lead for People	STP/ Testing Cell Lead
Tara Ashley		Shropshire Community Trust
Angie Wallace		SaTH
Dr Moira Kaye		SaTH
Helen Onions	Consultant in Public Health	Telford & Wrekin Council
Dr Susan Lloyd	Consultant in Public Health	Shropshire Council
Nicky Minshall	SDM Public Protection	Telford & Wrekin Council
Karen Collier	Regulatory Services Operations Manager	Shropshire Council
Paul Kaldinda?		NHSE/I – Immunisation Lead

*Chair

Other individuals may be invited to any meeting as and when appropriate. Members may nominate a relevant substitute if they are unavailable to attend a meeting.

The composition and terms of reference of the Board will be reviewed by the Board no less frequently than once every 12 months and in particular after three months.



The Board will be chaired by the Director of Public Health Telford & Wrekin; if the Chair is not present at any of the meetings of the Board then the Director of Public Health Shropshire will chair the meeting. In the event that neither Director are present to chair the meeting, a chairperson will be elected from the remaining members.

3. Support

Robyn Hill will provide administrative support to the Board.

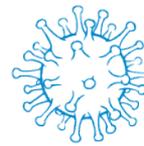
4. Frequency of Meetings

The Board shall meet monthly until December 2020 when the frequency of the meeting will be reviewed. Additional meetings and sub-meetings shall be scheduled when appropriate.

5. Accountability

The Board will be accountable to each Local Authority's Health & Wellbeing Boards and NHS STW LHRP structure & Shadow ICS Board.

An NHS Director from the System Health Protection Board will representative the NHS System on each Local Authority's Outbreak Engagement Board



Appendix 8: COVID 19 Shropshire Health Protection Cell

The COVID 19 **Shropshire Health Protection Cell** provides a single point of contact for PHE to report outbreaks.

The Outbreak will be logged with a minimum data set including:

- Date and time of referral
- Setting
- Number of confirmed and suspected cases
- Number of associated deaths
- Other pertinent information
- Referrals to system partners
- Progress updates
- Decisions on closure

Can convene an initial Incident Management Team (IMT) involving local partners and including the relevant specialist advice, this may be with PHE or local. A Standard Operating Procedure for the management of outbreaks has been agreed between Shropshire Council and Public Health England.

The full membership of each incident management team is defined in the Standard Operating Procedures.

The IMT will:

- Complete a full risk assessment.
- Define the cohort of contacts for tracing.
- Determine the actions required to minimise the spread of infection and to mitigate the wider consequences of the outbreak.
- Ensure that these are properly recorded.
- Determine a lead organisation and team to lead ongoing management of the outbreak and co-ordinate and ensure implementation of these actions.
- Monitor progress of management of the outbreak and determine if it can be closed to further action.
- Consider when the outbreak can be closed.
- Conduct a brief review following closure of all outbreaks to identify learning and improvements for future management.
- Ensure effective recording of all incidents including data collection and management.

Appendix 9



Shropshire COVID-19 Trigger Framework Note: This may change and is dependent on other rates within the West Midlands (cases per 100,000)					
Approximation to contain Framework	Trigger Points	Lead ownership	Intelligence	Action	Structure
Area of Intervention	Not defined – elsewhere indicates excess of 50 cases per 100k over 7 days	National	As below plus national input	As below and as negotiated/re-directed	Major incident
Area of Enhanced Support	<p>40 cases or more per 100k over 7 days across the Local Authority area</p> <p>Or</p> <p>50 cases or more per 100k over 7 days in a defined local area</p> <p>Or</p> <p>Case rate increase of 100%+ over last 7 days</p> <p>AND</p> <p>The case levels have been maintained for 4 days within a 7 day period</p>	Local with PHE input	<p>At amber and above, strategic would sit to review the following intelligence if available:</p> <ol style="list-style-type: none"> 1. Local testing rates 2. Track and Trace contactable through national scheme – less than 50% 3. Clustering in specific settings – family, parks, places of work, high footfall areas etc. 4. Clustering in specific geographies – streets or postcode area 5. Clustering in specific demographic groups 6. Public gatherings and events (recent or planned) 7. NHS activity – e.g. hospital admissions for covid-19 8. Levels of confidence in data 9. Intelligence regarding public and business behaviour within affected areas 10. Levels of community engagement 	<p>Drawn from below as relevant/appropriate</p> <ol style="list-style-type: none"> 1. Maintain a watching brief (no specific action) 2. Increasing surveillance and testing activity 3. Face-to-face engagement with key groups within communities 4. Face-to-face engagement over specific geographies 5. Upping communication – targeted or general including general public and businesses 6. Engaging other partners/networks to support with comms. Healthwatch/CCG/VCS/NHS/Business sector 7. Communication with those who are extremely clinically vulnerable and BAME populations 8. Restrictions on care home visiting 9. Local action to restrict social contact 10. Use of Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 to close specific premises, shut outdoor spaces or cancel events 11. Liaison with DHSC regarding potential 'local lockdown' and conditions to subsequently lift, and if required prepare for implementation 12. Provide an early notification to the Shropshire SCG and engage in SCG meetings as appropriate 	<p>Locally led LA response</p> <p>Incident Management Team/s (IMTs)</p> <p>Local PHE input</p>
Area of Concern	<p>13 cases or more per 100k over 7 days across the Local Authority area</p> <p>Or</p> <p>25 cases or more per 100k over 7 days in a defined local area</p> <p>Or</p> <p>Case rate increase of 50%+ over last 7 days</p> <p>AND</p> <p>The case levels have been maintained for 4 days within a 7 day period</p>	Local with PHE input			<p>Health Protection Boards/s</p> <p>Incident Management Team/s</p> <p>Local PHE input</p>
Area Stable	<p>Less than 13 cases or more per 100k over 7 days across the Local Authority area</p> <p>Or</p> <p>Less than 25 cases or more per 100k over 7 days in a defined local area</p> <p>AND</p> <p>The case levels have been maintained for 4 days within a 7 day period</p>	Local	Business as usual monitoring Specific setting related	Business as usual action led through strategic cell and Health Protection Board (HPB)	<p>Health Protection Board</p> <p>HPB Sub-Groups</p>

Appendix 10 Triggers – Enhanced intervention strategy

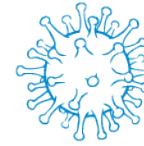


Potential intervention in areas showing higher prevalence/outbreak	
Increase Testing Uptake	Planned intervention
<p>Identified need:</p> <ul style="list-style-type: none"> • accessible sites for those without transport • access to local testing sites 	<ul style="list-style-type: none"> • Increase walk-in availability • Increased opportunistic testing in primary care • Translated resources • Communications and engagement – through CRT • Increase MTU drive-through testing • Local Testing Site (LTS) capacity set up • Drop and collect testing approach in highly localised way
<p>Contact Tracing</p> <p>Identified need:</p> <ul style="list-style-type: none"> • Public engagement and addressing confidentiality concerns 	<ul style="list-style-type: none"> • Use of posters addressing privacy concerns for contact tracing, including translated versions • Amplify engagement with communities through CRT – public, businesses including food production • Strong communications – from Outbreak Control Plan • Enhanced contact tracing and welfare calls, to follow up and additional information • Promotion of contact tracing, the process and the app
<p>Increase risk reduction compliance</p> <p>Identified need:</p> <ul style="list-style-type: none"> • Understanding of the guidelines ▪ Covid messaging fatigue ▪ Enforcement ▪ High potential communities e.g. university students ▪ Pubs – please see planned interventions table 	<ul style="list-style-type: none"> • Strong cut through local comms campaign • Direct engagement through elected members and community leaders and Direct education and awareness interventions with business • Strong enforcement direct and through partners • High potential communities

Cross-border engagement (incl. Wales)	
	<ul style="list-style-type: none"> • Share test results with public health colleagues • Share processes for escalating contact tracing • Share messaging/coms messaging to public and communities through DPH networks and Coms leads • Potential escalation to advise against non-essential travel out of affected areas of Shropshire. May extend to travel in to affected areas after high level agreement. • Potential impact of cross-border of visiting restrictions to care homes
Intervention to protect the most vulnerable	
<p>Identified need:</p> <ul style="list-style-type: none"> • Care homes (primarily staff) ▪ Clinical vulnerable individuals ▪ Special schools 	<ul style="list-style-type: none"> • Close elderly care homes to non-essential visitors, consider extension to inpatient sites • NHS support to care homes infection control and risk reduction • NHS communication with clinically vulnerable individuals to raise awareness • Extension of PPE provision to special school • Mortality risk reduction campaign e.g. flu vaccination • Shielding advice and recommendations to the most vulnerable • Welfare support for those in need to support isolation
Enforcement Monitoring	
	<ul style="list-style-type: none"> • Increased enforcement monitoring • Whistle Blowing Line • Mystery Shoppers Recruitment of COVID-19 Marshals
National support asks	
	<ul style="list-style-type: none"> ▪ NHS T&T mobilisation of additional MTU & LTS capacity ▪ Link with DWP/Department for Business, Energy and Industrial Strategy on potential options for additional support for self-isolation and industries disproportionately impacted by additional guidelines ▪ Joint Biosciences Centre/PHE to help think through how to map rise in cases and social interactions such as house parties or hidden weddings ▪ DHSC flexibility in local testing for asymptomatic and access to testing kits of drop and collect model

Appendix 11 Area of intervention – Example setting, Pubs. Outbreak Prevention and Management Plan

Planned intervention	Date	Date	Date	Date
<p>General Communications and Promotion Communications to a) pubs and b) public to remind them of how to</p> <ul style="list-style-type: none"> ▪ keep safe and tips ▪ Press releases ▪ social media campaigns ▪ printed materials such as posters with social distancing messaging ▪ Up promotion to coincide with e.g. warm weather, Bank Holidays, seasonal celebrations ▪ Translated information 				
<p>Ongoing engagement in targeted areas</p> <ul style="list-style-type: none"> • Risk assessments, COVID secure etc working with local organisations e.g. BID and Town Councils using CRT, Public Health and Public Protection Officers and b) CRT engagement with public. RA Templates are in the Reg Services website • Use pub Risk Assessment – controls for cleaning, staff behaviours, Covid secure. • Translated resources • Tents and pop up engagement sessions • Mystery Shoppers • Enhanced surveillance – likening and police • Targeted intelligence gathering 				



Management of outbreaks and complaints <ul style="list-style-type: none">• Clarity required for testing• Responding to complaints• Information provided to relevant premises that Pub staff are key workers and can apply through that route as priority• Regulatory services investigating complaint at a premise				
Public behaviours around social distancing <ul style="list-style-type: none">• Record keeping• Staff trying to implement social distancing• Police presence in Shrewsbury to support staff trying to enforce this with customers• Supporting pubs to keep record of clients – on-line preferable to written• Pub posters				
Escalated Enforcement <ul style="list-style-type: none">• Visits by Environmental Health Officers				
Enforcement <ul style="list-style-type: none">▪ closure of premises etc				

Appendix 12 Test and Trace Support request template

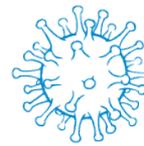


[LOCAL AUTHORITY]: Support Request [DATE]

This template is completed by Regional Directors of Public Health when requesting additional T&T support. The purpose of the template is to gather sufficient information to support the effective clinical and public health approval and prioritisation of local requests. – please complete in as much detail as possible.

<p>What is the need?</p>	<ul style="list-style-type: none"> • Outline the reason for requesting additional support (i.e. what is the problem you are facing in to, and what is your objective for this request)
<p>What is the request?</p>	<ul style="list-style-type: none"> • Outline the additional support you are requesting from NHS Test & Trace, being as specific as you can be about the level of resource required (e.g. approximate number of citizens in scope for targeted testing)
<p>What is the plan to communicate?</p>	<ul style="list-style-type: none"> • If applicable, what is the comms and marketing plan to promote these additional resources in your Local Authority (the answer may be there is none) • If asymptomatic testing is being requested, please confirm the specific messaging to citizens that will be used
<p>What is the plan to implement?</p>	<ul style="list-style-type: none"> • How do you plan to utilise the additional resources as part of your local containment strategy? • How will these resources be targeted to those in most need?
<p>What is the exit strategy?</p>	<ul style="list-style-type: none"> • What is the approach for returning to “business as usual” within your local authority, so that resources can be re-deployed to areas of greater need at a later point

As Regional Director of Public Health for [LOCAL AUTHORITY], I confirm that I support this request, and that the need cannot be met with Regional resources **X**



Appendix 13a

Outbreak in a pub – Case Study

In early August, we were anonymously notified that a Shropshire resident had visited a local pub the day prior to receiving results confirming them to be COVID-19 positive. A thorough contact tracing history was promptly completed, revealing a 5-day period between first symptoms, the test and eventual results, where the index case was not self-isolating.

Close contacts were identified at their workplace, home, a local taxi firm and in their personal life. Our Shropshire COVID cell contacted all close contacts and informed them of the developing situation and advised them to self-isolate for 14 days. All contacts were offered tests through the governments home testing facility or were directed to their local Mobile Testing Unit (MTU). Following the testing of all close contacts, one person was found to be COVID positive, the index cases' partner. Whilst potentially infective, either our index case or their partner visited 8 establishments across Shrewsbury and Birmingham, as well as two taxi journeys and a return train trip to Birmingham. We quickly identified the seriousness of this case and established an Incident Management Team (IMT) within 24 hours. The IMT was chaired by the Shropshire Director of Public Health and included the entire Shropshire COVID cell and Public Health England.

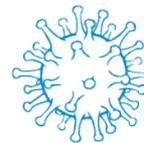
Prompt communication with our Public Health colleagues in Birmingham alerted them to the movements of our index case and they kindly followed up with the 3 establishments that were visited.

As part of our local follow up, all establishments were visited by member of the COVID cell, with full risk assessments completed. Fortunately, most of the establishments were COVID secure and therefore the risk of onward transmission was low. Our index cases' workplace had previously had an outbreak of COVID-19 and there were rumours circulating suggesting a further 6 positive cases at the location. We escalated our concerns to HSE and encouraged them to perform a workplace inspection.

Conclusion

It was clear that many of the lessons learnt from previous outbreak's contributed to the successful resolution of this case. We completed a thorough contact tracing history from both positive cases immediately following our notification. We identified all close contacts and businesses involved in the case and were able to communicate with them promptly.

An IMT including representatives from Public Health England was organised within 24 hours, where we were able to discuss a timeline of events. The inclusion of PHE allowed for the clarification of guidelines regarding the self-isolation of the taxi drivers. Following the IMT, we liaised with our colleagues in the Birmingham COVID cell, who were able to efficiently risk assess their exposed venues.

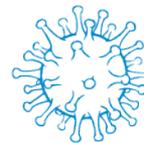


Our COVID cell carried out full risk assessments of each venue visited by our positive cases. We offered support with testing and reassurance that their COVID security was adequate. In addition, our communications team created posters and leaflets informing businesses about the importance of social distancing and where to obtain tests if required.

During our investigation however, we noted that one of the venues' COVID security was inadequate. The test and trace system was poor, with a particular emphasis on a lack of arrival and departure times of guests. This venue was also not strictly adhering to social distancing guidelines and failed to inform us of the positive case. We have subsequently reported these breaches to health protection for further investigation.

There was a lack of understanding from our index case of the importance of self-isolating until the results of their swab were known. We are unsure if this was due a lack of communication during the testing procedure. In addition, many of the close contacts had their swab results back via text message, which advised them they could stop self-isolating. This advice was against government policy, which states all close contacts must self-isolate for the full 14 days. We have raised this issue with testing and recommended a procedure for recording the indication of a test.

Overall, we managed this outbreak excellently. Communication was fast and effective throughout. The contact tracing of the index case was thorough and allowed us to be very proactive in our management.



Appendix 13b

Case study – Management of Outbreak in a residential setting

An outbreak occurred at a residential site in Shropshire and swift measures were taken by partners in conjunction with the community, to contain this.

Notification came through Test and Trace of linked cases in neighbouring Local Authority. An Incident Management Team (IMT) was established the same day, chaired by Shropshire's Director of Public Health (DPH). The IMT met daily and included partners across the NHS, Police and Public Health England (PHE).

A mobile testing unit staffed by the Council's Health Protection Cell, was operational the following day and provided testing and contact tracing for site residents, local businesses and residents of the local community. The unit was located within the town. The local laboratory service was able to respond quickly and send test results via email within 24 hours.

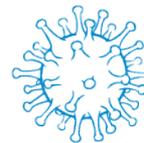
The residential site community were asked to remain on site, and daily welfare support commenced which provided food, utilities supplies, PPE, medicines and an information leaflet giving contact numbers for further support as needed.

Good communication was key to provide reassurance to the town community and wider public that the risk of virus transmission to them was low. This came through: the Welfare Team being visible, proactive and available; interviews on local radio with the DPH and local elected members; daily press releases which are cascaded to system partners; social media tweets; posters; and letters for non-symptomatic site residents to carry, to show they were able to be out in the community – shops etc. The Council Customer Services Team provided extra cover, including weekends to respond to any public concerns.

Availability of testing for non-symptomatic members of the town community was implemented to provide further reassurance. Two days were set aside for 'no appointment needed' drop-in testing. Two locations in the town were available. The outbreak attracted national media interest, and journalists were responded to in a timely and factual way.

Lessons learned

Evaluating the learning from an incident is a key part of not only knowing how to work more effectively next time, but also taking learning from what went well. Having a strong Incident Management Team (IMT) with multiple partners not only responded but engaged with the process was integral to the success of containing the outbreak. In terms of **Testing** a system was put in place very quickly and efficiently, and laboratory results were processed swiftly, within 24 hours. However the lack of a formal laboratory reporting system, created challenges which could be overcome through organisational shared data access agreement.



Practical solutions identified for the future included pop-up cover when testing to shield from the weather and access to hand washing facilities.

Excellent **Communication** from a neighbouring Local Authority meant the prediction of more cases at the residential setting could be anticipated and systems put in place immediately.

Communications were the lynch pin of the outbreak; the function kept internal and external stakeholders involved in the process. Going forward, a specific Outbreak Communications Toolkit is to be produced which will be based on this outbreak process.

A **welfare support** system to work with the residential site community and town community including businesses, was set up quickly and was responsive. An outbreak of this nature had not been responded to before, and much was self-learned at pace. The Welfare Support Team also helped in allaying any community friction. Future learning gained was to have a standard checklist of essentials for people isolating, Health Protection training for the Welfare Team and making sure good lines of communication are in place between the Welfare Team, businesses and the Health Protection Team.

Contact tracing went smoothly from a functional point of view. Contacted businesses were COVID assessed and sent guidance. There were some communication issues, which can now be learned from, going forward. Stronger communications with NHS Test and Trace was also identified as a future necessity.

An **Epidemiology cell** was set up; however, staff needed familiarity with the requirements. Going forward, a local epidemiology cell with appropriate skill set will be in place.

Excellent documentation produced by the Shropshire Safeguarding Community Partnership was invaluable in guiding decisions around **regulations** and this will be embedded in the Local Outbreak Control Plan document.



Appendix 14:

Keeping a record of Staff and Visitors – What do I need to do?

To help prevent the spread of Covid-19 the Department of Health and Social Care has asked businesses and organisations to keep a temporary record of visitors and staff at their premises. In the event of a local outbreak of the virus this data may be used to assist NHS Test and Trace. This could help contain clusters or outbreaks of Covid-19.

Premises that should keep a record include:

- Hospitality - including pubs, bars, restaurants and cafés
- Tourism and leisure - including hotels, museums, cinemas, zoos and theme parks
- Close contact services - including hairdressers, barbershops and tailors
- Facilities provided by local authorities - including town halls and civic centres for events, community centres, libraries and children's centres
- Places of worship, including use for events and other community activities

Government guidance for these sectors can be found [here](#).

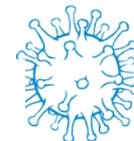
The new guidance requires businesses in these sectors to have a system in place to request and record contact details of all their customers, visitors and staff to help control the spread of the coronavirus.

- Where a group attends premises for dining in or when on site, the requirement to provide contact details applies to all those in the group and not only to one person
- This information must be stored for 21 days and, if requested, must be shared with NHS Test and Trace or local public health officials
- Hospitality businesses must prevent entry to any customers who fail to provide complete contact details, or if it's believed the contact details provided are inaccurate
- All reasonable measures must be taken to ensure their customers follow social distancing requirements and comply with the 'rule of six'

Whilst there are exemptions, including for 'household bubbles', in principle businesses must not take bookings for more than six people, must not allow groups of more than six people to be admitted to their premises and must not allow separate groups to mingle. They must ensure appropriate distance is maintained between tables of different groups.

From 24 September, businesses must display an official NHS QR code poster so that customers and visitors can 'check in' using this option as an alternative to providing their contact details.

[FAQs regarding the QR poster](#) have been made available, and local businesses can start their app preparation now by [creating a QR code for their venue](#).



Information to collect

The following information should be collected by the venue, where possible:

Staff

- The names of staff who work at the premises
- A contact phone number for each member of staff
- The dates and times that staff are at work

Customers and visitors

- The name of the customer or visitor. If there's more than one person you can record the name of the 'lead member' of the group and the number of people in the group
- A contact phone number for each customer or visitor, or for the lead member of a group of people
- Date of visit, arrival time and, where possible, departure time
- If a customer will interact with only one member of staff (eg a hairdresser), the name of the assigned staff member should be recorded alongside the name of the customer

You may already have an existing system to collect most of this information or be starting from scratch. We've also provided [a spreadsheet](#) which you may wish to use to record this information. This can be done electronically or on paper. If you do use paper please don't share pens. We're aware that online apps are available, but we're not able to recommend any particular one. Please ensure that if you're using apps you follow GDPR requirements.

Keeping the information

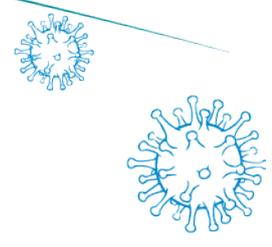
- The information needs to be available for 21 days from the point of contact
- You need to keep this information securely for that time in accordance with GDPR requirements. Find out more from [the ICO website](#)
- The information needs to be destroyed after 21 days, and shouldn't be used for any other purposes

We've provided [a template](#) which you may wish to use to keep your customers informed about how their data may be used.

It's not your responsibility to check that the information given is correct, and some attendees may choose not to volunteer this information. However, we would emphasise that by volunteering their details customers are supporting the prevention of further clusters and outbreaks of Covid-19 in their own community.

Always follow data protection rules including GDPR. Find out more from [the Gov.UK website](#).

For more information click [this link to the Council page](#).

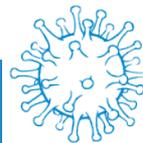


Appendix 15

Events – Local Authority powers under regulation

Under the **Health Protection (Coronavirus, Restrictions) (England) No.3 Regulations 2020** the Council has the power to prohibit certain events (or types of event) from taking place, e.g. where the Council is aware of a planned event at which the numbers of people expected to seek to use a space, or the nature of a particular event, would make it unsafe due to coronavirus transmission. The Council is expected, at a minimum, to:

- gather details about the location of the event
- have details concerning disease prevalence and transmission rates, and evidence relating to the risk attached
- risks associated with the event, including anticipated level of attendance and activities that are due to take place
- consider requirements about informing persons who may be planning to attend an event of any prohibitions, requirements or restrictions imposed



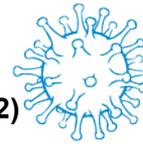
Application for Temporary Event Notice (TEN)

As the event organiser and/or applicant for the Temporary Event Notice, you must ensure you are sufficiently aware of the current legislation and government guidance relating to the coronavirus and take steps to ensure your event is fully compliant. If you do not effectively manage your event, you risk increasing the prevalence of the coronavirus in your communities, which may lead to the Council giving directions to close or restrict activities at individual premises, events and in public open spaces where there is evidence of a serious and imminent threat to public health.

If your event is not permitted by the legislation you **must not** proceed with your application or allow the event to go ahead. If your event is permitted, but you are unable to provide a suitable risk assessment, or demonstrate that you have taken all reasonable measures, including taking into account relevant government guidance, to limit the risk of the transmission of the coronavirus, we would **strongly advise that you do not** proceed with your application or go ahead with your event as you, and those who attend your event, may commit criminal offences. Please email your risk assessment to epuadmin@shropshire.gov.uk, providing ample time for public health to review and if necessary provide advice.

We specifically draw your attention to the risks associated with **live performances**, in particular music, and that these risks will be compounded where alcohol consumption is also involved at your event. We recognise that you may find the government guidance on this issue lacks clarity; however, we have serious concerns that live performances will attract larger gatherings of customers who will exhibit non-compliant COVID-secure behaviours, e.g. dancing, shouting and/or moving closer to each other to be heard, loud group singing, etc., which will be exceptionally challenging, if not impossible, to manage in a way that effectively prevents the transmission of the coronavirus. On this basis we **very strongly discourage** live performances at events as they are likely to increase the risk of coronavirus transmission and may lead to criminal breaches of the legislation by you and those who attend your event. If you have any concerns that you would be unable to prevent people dancing or your risk assessment leaves you with any doubts that you may not be able to effectively manage customer behaviour in a COVID-secure way, then we **strongly advise that you do not** proceed with your application or go ahead with your event.

You are advised to read **The Health Protection (Coronavirus, Restrictions) (No.2) (England) Regulations 2020** ('the Regulations'), which can be found on the GOV.UK website at <http://www.legislation.gov.uk/ukxi/2020/684/made>, and ensure you understand the implications for your event.



An amendment was made to ‘the Regulations’ on 13 September 2020 to restrict gatherings consisting of more than six people. **The Health Protection (Coronavirus, Restrictions) (No.2) (England) (Amendment) (No.4) Regulations 2020** can be found on the GOV.UK website at <https://www.legislation.gov.uk/ukxi/2020/986/introduction/made>. Further Government guidance for the amendment can be found on the GOV.UK website at <https://www.gov.uk/government/publications/coronavirus-covid-19-meeting-with-others-safely-social-distancing/coronavirus-covid-19-meeting-with-others-safely-social-distancing>, which we strongly advise that you familiarise yourself with and ensure you understand the implications prior to any event.

A summary of the main provisions that are likely to be most relevant to your event are set out below.

A “**gathering**” is when people are present together in the same place in order to engage in any form of social interaction with each other, or to undertake any other activity with each other.

Outdoor and Private Gatherings

Gatherings of six or more people that take place in private dwellings, including houseboats, are prohibited.

Gatherings of six or more people that take place:

- on a vessel (not being used for public transport), or
- in a public outdoor place (unless it is operated by a business, charitable, benevolent or philanthropic institution or a public body as a visitor attraction or is part of premises used for the operation of a business, charitable, benevolent or philanthropic institution or a public body).

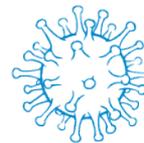
are only lawful if all of the following criteria apply:

- the gathering has been organised by a business, a charitable, benevolent or philanthropic institution, a public body, or a political body; and
- the person responsible for organising the gathering (“the gathering organiser”) has carried out a risk assessment which would satisfy the requirements of regulation 3 of the Management of Health and Safety at Work Regulations 1999, whether or not the gathering organiser is subject to those Regulations; and
- the gathering organiser has taken all reasonable measures to limit the risk of transmission of the coronavirus, taking into account the risk assessment, and for this purpose any relevant guidance issued by the government must be taken into account.

Indoor Gatherings

“Indoor raves” consisting of more than six persons are prohibited.

Gatherings of any number of people that take place indoors (but not in a private dwelling), e.g. in pubs, bars, restaurants, cinemas and theatres, and do not fall within the definition of an “indoor rave”, are permitted, providing they are “COVID-secure”. Further government guidance is available at <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19> to assist you to determine what this means.



Premises and businesses that must remain closed

There are a number of premises and businesses that must remain closed. Full details are available in Schedule 2 to the Regulations. Of particular relevance to your event is that the following businesses must remain closed:

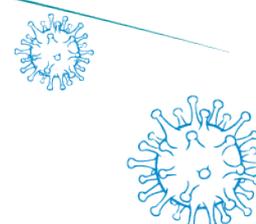
- Nightclubs
- Dance halls, discotheques, and any other venue which opens at night, has a dance floor or other space for dancing by members of the public, and provides music, whether live or recorded, for dancing.

However, these business can remain open if they **cease to provide music and dancing**.

Further Government guidance that you are strongly advised to familiarise yourself with includes (but is not limited to):

- Closing certain businesses and venues in England, including the additional guidance that can be accessed in the embedded links
<https://www.gov.uk/government/publications/further-businesses-and-premises-to-close/further-businesses-and-premises-to-close-guidance>
- Coronavirus outbreaks FAQs: what you can and can't do, particularly the section entitled "Gatherings, public spaces, and activities"
<https://www.gov.uk/government/publications/coronavirus-outbreak-faqs-what-you-can-and-cant-do/coronavirus-outbreak-faqs-what-you-can-and-cant-do>
- Working safely during coronavirus (COVID- 19) – Performing Arts (includes advice on providing outdoor and indoor regulated entertainment)
<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/performing-arts>

Should you wish to discuss any of the matters raised or require further advice, please do not hesitate to contact the Council's Licensing Team prior to the event taking place.

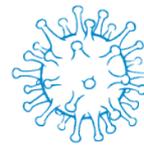


Appendix 17

West Mercia Police Schedule 3 intervention

In office hours where the local authority is considering implementing a direction on a location, public space or event, the Local Police Commander is the first point of contact for discussions. If the Local Police Commander is absent, then then any three members of the SMT can be contacted. (details have been provided)

Out of hours and where urgency is required, a Duty Superintendent rota can be accessed via the police control room on 101. The Local Authority Officer will need to state who they are, that they wish to discuss an urgent COVID direction with the duty Superintendent and the control room will facilitate contact with him or her. Contact can be made proactively, and not necessarily awaiting an outbreak or issue before moving to action. For example, if a bar or other premises was continually not complying with safeguarding customers and a direction was put in place, the Police would of course support the management of that venue moving forward.



Appendix 18: Standard Operating Procedure (SOP)

Standard Operating Procedure (SOP) 17.09.20

Responding to Cases and Outbreaks of COVID-19 in Schools and Educational Settings (including Early Years and Childcare)

1. Introduction

This standard operating procedure is your guide to understanding and managing a COVID outbreak in your educational setting.

2. What is a suspected case?

A suspected case is anyone in the setting with symptoms of coronavirus, which are a:

- **high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- **loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

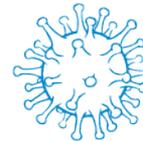
Most people with coronavirus have at least one of these symptoms.

Public Health England is clear that routinely taking the temperature of pupils is not recommended as this is an unreliable method for identifying coronavirus (COVID-19). There is no need to notify the Local Authority or DfE of the incident. The school can contact the Public Health Team to ask for further advice if needed on: 01743 251234 9am-5pm 7 days a week.

3. Management of a suspected case

Anyone who develops symptoms of COVID-19, or whose household member develops symptoms, should immediately self-isolate. They should not attend the setting and should follow the steps in section 3 - Management of a suspected case in the applicable COVID-19 PHE Resource Pack; Schools or Early Years and Childcare Settings.

If anyone becomes unwell with a new continuous cough, a high temperature or a loss of or change in their normal sense of taste or smell in the setting, they must be sent home as soon as possible following the what to do if someone falls ill while at the setting in section 3 - Management of a suspected case in the applicable COVID-19 PHE Resource Pack; Schools or Early Years and Childcare Settings.



Contacts and close contacts

Close contact means:

- direct close contacts - face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation, unprotected physical contact (skin to skin)
- proximity contacts - extended close contact (within 1 to 2 metres for more than 15 minutes) with an infected individual
- travelling in a small vehicle, like a car, with an infected individual

Contacts who need to self-isolate will be notified and advised accordingly by the NHS Test and Trace service. If you have not been notified, this means you do not need to self-isolate.

If you are concerned that you may have symptoms of coronavirus, or you live with someone who has symptoms of coronavirus, follow the [Stay at Home: guidance for households with possible or confirmed COVID-19](#).

Government Guidance for contacts of people with confirmed coronavirus infection, who do not live with the person, can be found by clicking [here](#).

There is no need to notify the Local Authority or Public Health England (PHE) of the incident. The school can contact the Public Health Team to ask for further advice if needed on: 01743 251234 9am-5pm 7 days a week.

4. What is a confirmed case?

A confirmed case is an individual who has received notification of a positive coronavirus test result from their testing provider.

5. Management of a confirmed case – **New important information**

If a child/staff member who attends/who works at the setting tests positive for COVID-19, they will be informed by [NHS Test and Trace](#)

Step 1

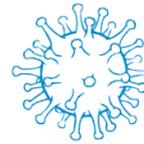
Contact **DfE's existing helpline on 0800 046 8687 and select option 1** for advice on the action to take in response to a positive case. If, following triage, further expert advice is required the adviser will escalate your call to the local Health Protection Team (HPT).

The line will be open Monday to Friday from 8am to 6pm, and 10am to 4pm on Saturdays and Sundays.

Please only select this option if you have a confirmed case of coronavirus (COVID-19) within your nursery, school or college

Step 2

In the meantime, please also notify Shropshire Council Public Health Team of any staff or child who has been in the setting and tested positive for COVID-19. Email Shropshirepublichealth@shropshire.gov.uk or by telephone 01743 251234 9am-5pm 7 days a week



Please refer to section 4 – Management of a confirmed case in the Management of a suspected case in the applicable COVID-19 PHE Resource Pack; Schools or Early Years and Childcare Settings.

Contacts and close contacts

Please refer to ‘Contacts and close contacts’ in number 3. above.

6. What is an outbreak?

An ‘outbreak’ is an incident where **two or more** persons have the same disease or **similar symptoms** and are **linked** in time, place and/or person association.

An ‘incident’ has a broader meaning and refers to events or situations which warrant investigation to determine if corrective action or specific management is needed. In some instances, only one case of an infectious disease may prompt the need for incident management and public health measures.

Within a school/educational setting this scenario is defined when there are two (or more) people with either COVID-19 symptoms and/or who are confirmed COVID-19 cases, and who have both been in the school (on the school site) within the last 14 days. These two people could be a combination of children and/or school staff. These two people could be part of the same group (bubbles) or separate groups (bubbles) across the school. This scenario is defined as an “outbreak”.

7. Management of a suspected or confirmed outbreak

If a school has two or more confirmed cases, or there is a high reported absence which is suspected to be COVID-19 related the DfE and Shropshire Council Public Health Team should be contacted on the numbers below:

Step 1

Contact **DfE’s existing helpline on 0800 046 8687 and select option 1** for advice on the action to take in response to a positive case. If, following triage, further expert advice is required the adviser will escalate your call to the local Health Protection Team (HPT).

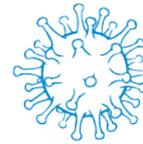
The line will be open Monday to Friday from 8am to 6pm, and 10am to 4pm on Saturdays and Sundays.

Please only select this option if you have a confirmed case of coronavirus (COVID-19) within your nursery, school or college

The new advice service has been set up to advise the following education settings: early years settings including nurseries; schools including primary schools, infant or junior schools, middle schools, secondary schools, boarding schools, special schools; and further education providers.

Step 2

In the meantime, please also notify Shropshire Council Public Health Team of any staff or child who has been in the setting and tested positive for COVID-19. Email Shropshirepublichealth@shropshire.gov.uk or by telephone 01743 251234 9am-5pm 7 days a week



Please refer to section 4 – Management of a confirmed case in the Management of a suspected case in the applicable COVID-19 PHE Resource Pack; Schools or Early Years and Childcare Settings.

If there are more confirmed cases linked to the setting the local Health Protection Team will investigate and will advise the setting on any other actions that may be required.

Please refer to section 5 – **Arrangements for management of a possible outbreak** in the COVID-19 PHE resource pack in the applicable COVID-19 PHE Resource Pack; Schools or Early Years and Childcare Settings.

The remainder of this document addresses the management of a confirmed outbreak.

8. Strategic Co-ordination

Once DfE and the Local Authority have been informed of an outbreak DfE will lead the response by contacting the setting and organising a virtual meeting. This meeting will include gathering a chronology of the outbreak and looking at the risk to others. Please see appendix 1 for the Outbreak Management Agenda and Appendix 2 contains the Outbreak checklist.

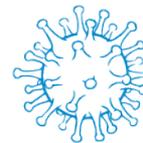
Shropshire Council's Health Protection Cell will support the management and co-ordination of local COVID-19 outbreaks. This Cell will consist of partners from the Local Authority Public Health Team, Education or Early Years colleagues as well as wider Education or Early Years partners.

This will include contact tracing. Contact means a person who has been in close contact with someone who has tested positive for coronavirus and who may or may not live with them. DfE will work closely with the Local Authority and either may work with the setting. This will be done in line with [NHS Test and Trace methods](#).

As part of this process, the setting will review its own current risk assessment to check if anything needs doing differently before pupils and staff return. This will be done with support from the local Health Protection team and is a part of the outbreak risk assessment process of PHE.

9. Infection prevention and control

Guidance will be taken from Shropshire CCG Infection Prevention and Control Team, who will provide this service locally, and Government Guidance [implementing protective measures in education and childhood settings](#) and [infection prevention and control](#).



10. Testing

In the majority of cases, ShropCom will provide a Covid-19 testing team with the ability to respond within 24 hours. This will be supplemented by national capacity if necessary, from infection control teams, school nursing and other community NHS teams.

11. High risk (Clinically extremely vulnerable) groups - children and staff

[Shielding advice](#) for all adults and children was paused on August 1st. This means that even the small number of pupils who will remain on the shielded patient list can also return to school, as can those who have family members who are shielding.

Read the [current advice on shielding](#)

Clinically extremely vulnerable children should attend education settings in line with the wider [guidance on reopening of schools](#) and [guidance for full opening: special schools and other specialist settings](#)

Some pupils no longer required to shield but who generally remain under the care of a specialist health professional may need to discuss their care with their health professional before returning to school (usually at their next planned clinical appointment). You can find more advice from the Royal College of Paediatrics and Child Health at [COVID-19 - 'shielding' guidance for children and young people](#)

Where a pupil is unable to attend school because they are complying with clinical and/or public health advice, we expect schools to be able to immediately offer them access to remote education. Schools should monitor engagement with this activity (as set out in the section below).

Where children are not able to attend school as parents are following clinical and/or public health advice, absence will not be penalised.

12. Parents/carers (letter)

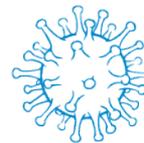
The contact tracer will provide a standard letter to the setting containing the advice for contacts and their families; the setting will be asked to send the letter to the identified contacts.

13. Cleaning

Any cleaning of the premises should be done in line with Government guidance [cleaning in non-healthcare settings](#).

14. PPE

[In a situation where there is no outbreak Implementing protective measures in education and childcare settings Government guidance](#) states that the majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others.



However, PPE should be worn by staff caring a child who has become unwell with coronavirus symptoms while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

Each setting will have emergency packs of PPE containing a mask, gloves, apron and other appropriate PPE. The emergency PPE is for use in the event of a child or member of staff developing COVID-19 symptoms while on the setting premises.

15. Communications

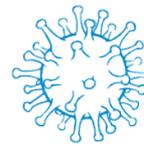
It is important that Schools and Educational, and Early Years and Childcare representatives of these settings take advice before communicating with parents/staff or media during an outbreak. Any communications relating to an outbreak will be managed through liaison between PHE, the Local Authority and the Sustainability and Transformation Partnership (STP).

Schools must not publish any communication about a potential outbreak without prior consultation with the Shropshire Public Health team

Shropshirepublichealth@shropshire.gov.uk or by telephone 01743 251234

16. Data management

The collection of data during an outbreak is essential in order to manage that outbreak. Data will be collected by the setting, as advised in the School and Early Years and Childcare Resource Packs. Data will also be collected by PHE and Shropshire Council Public Health Team. Local data management procedures will be in place in line with legal requirements under GDPR.

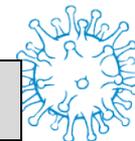


Appendix 1

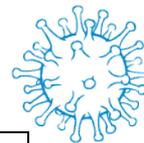
Template Agenda for COVID-19 incident/outbreak meeting

Date, time and venue

1. Introductions & apologies
2. Minutes – review of actions from previous meeting (s)
3. Purpose of the meeting
 - a. At first meeting agree chair and Terms of Reference
4. Summary of situation- situation updates (for subsequent meetings)
 - a. Epidemiological
 - a. Number of cases according to case-definitions and description by person, place and time
 - b. Clinical management & outcome
 - b. Suspected cases - staff and children in the setting
5. Microbiology
6. Infection Prevention and control
 - a. Case isolation/cohorting facilities
 - b. Environmental cleaning
7. Current Risk assessment
 - a. Implication for finding further case(s) as per case definition
 - b. Implications for current control measures
 - c. Potential for review of control measures
8. Contacts identification/management
 - a. Staff and children in the setting
9. Communications
 - a. Internal – staff
 - b. External: NHSE, DfE, Media statement
10. Agreed actions
11. Any other business & date of the next meeting

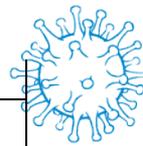


Appendix 2 COVID-19 Outbreak School/Nursery/Education settings	
Callers Name/ position:	
Checklist completed by: If completed by Non-PHE staff, please email form to: - WM.2019CoV@phe.gov.uk do not include personal identifiable information	
HPZ Ref:	
Date:	
Setting: Nursery/ School - Primary/ Secondary/ SEN or FE College	
Local Authority/Private/Academy	
If special school, nature of special needs.	
Name, Address and Postcode	
Layout of school/nursery	
Pupils confirmed or suspected out of total attending setting	
Staff confirmed or suspected out of total employed	
Onset date of symptoms in case(s)	
Symptoms: Fever, Cough, loss of taste/smell, other	
Test date	
Was the case on the premises when symptoms started/were they isolated?	
Last day case attended the setting	
Potential Cohorts affected: e.g. <ul style="list-style-type: none">• bubble/year group• breakfast or after-school clubs (extra-curricular activity)• school transport• Does the case attend more than one setting?	
Number of contacts identified <ul style="list-style-type: none">•Pupils•Staff See last page for contact definition	
If case is a staff member: their role and groups/bubbles they interact with; do they move between sites if multiple sites.	
Number of pupils/staff who are considered vulnerable. Would they have had contact with the case.	
Means of transport to and from setting, who does the case travel with?	
Any siblings of the case attending the school?	
Any cases hospitalised or died? record details	
Is the setting in an area of local lockdown with local restriction measures? areas of national government intervention	
Communication with staff and students thus far	
Any media interest or concerns from pupils, parents or staff	

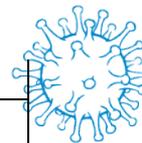


ADVISED: Tick against advice given

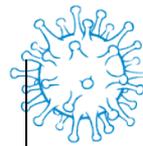
Outbreak Control:	
Exclude symptomatic/confirmed case(s) for 10 days from onset of symptoms/ advise their household contacts isolate for 14 days	
Testing: for symptomatic pupils: advise to book test via NHS website or call 119 if they have no internet access. Testing for symptomatic staff: advise to book test via on line portal for essential workers	
Establish the date - 48 hours before the earliest onset of symptoms or positive test for the confirmed or suspected case(s)	
For confirmed cases school to collate total numbers and names of all potential contacts meeting contact definition: Send details to PHE in a password protected spreadsheet	
Check if staff work elsewhere (e.g. supply staff)	
Were there any visitors/ contractors or cleaning staff at the school that may have had contact with case(s)? Are records kept of all visitors to the setting?	
Sections highlighted are required control measures	Please refer to Guidance for full opening: schools for more details and links to further guidance.
Hand & Respiratory Hygiene	
Are there appropriate facilities for handwashing – hand sanitisers, liquid soap & paper towels/tissues & Pedal operated bins? Hand wash and 'Catch it. Bin it. Kill it' posters displayed. For teaching children use e-Bug coronavirus (COVID-19) website	
Are younger children and children with complex needs supervised, helped with hand hygiene?	
Classrooms	
Are classrooms clutter free? Soft furnishings, soft toys and toys that are hard to clean should not be in use.	



No sharing of stationary-pens & pencils.	
Resources such as games shared within the bubble; should be cleaned regularly. Equipment shared between bubbles to be cleaned frequently and always between bubbles or rotated to allow them to be left unused and out of reach for a period of 48 hours (72 hours for plastics)	
Staff in secondary schools to maintain distance from their pupils, staying at the front of the class, and away from their colleagues where possible. Ideally, adults should maintain 2m distance from each other, and from children. (distancing maybe difficult for staff working with younger children and children with complex needs)	
Social distancing measures	
Are staggered drop off and pickup times as well as at break and lunch times in place.	
Is the setting able to maintain consistent groups (bubbles), that do not mix with other groups? Large gatherings to be avoided (assemblies)	
Pupils are encouraged and reminded to socially distance e.g. desks set apart and seating pupils side by side and facing forwards, rather than face to face or side on.	
Movement around the school site kept to a minimum, avoiding creating busy corridors, entrances and exits.	
Use outdoor spaces where possible for education, exercise and breaks.	
Face coverings	
Does the school have a process in place to inform staff/parents & pupils in the event of new local lockdowns or restrictions being imposed that, face coverings should be worn by adults and pupils (in years 7 and above) in areas outside classrooms when moving around communal areas, where social distancing is difficult to maintain. Face coverings in education	
School to be aware that some individuals are exempt from wearing face coverings	
Children and young people aged 11 and over to wear a face covering when travelling on dedicated and public transport	
Children/ staff must be clear on how to put on, remove, store and dispose of face coverings .	



Toilet facilities	
Increase cleaning frequency of staff and pupil's toilet facilities, touch points and Nappy changing areas required, disinfect with a bleach-based solution e.g. Milton (1,000ppm available chlorine)	
PPE	
Have staff been trained in the donning and doffing of PPE. Are staff clear about what PPE should be worn based on a risk assessment? PPE guidance for non-aerosol procedures	
For Children with complex medical needs: Is there any respiratory procedures e.g. suction performed on site? PPE for AGP procedures Have staff been FFP3/FFP2 fit tested. Is there a designated room for procedure? AGP in school's guidance	
Is there adequate supplies of PPE, gloves, aprons, masks and eye protection?	
Food/Drinks	
Drinking utensils are for individual use only	
Special precautions and supervision in filling water bottles to ensure taps are not contaminated	
Discourage use of water fountains for drinking water.	
Crockery and cutlery to be dishwasher washed and stored in cupboards	
Keep all food in cupboards or in a lidded wipeable container, do not use shared fruit bowls etc	
Caring for a symptomatic child	
If a child develops COVID-19 symptoms whilst at school and is awaiting collection isolate the child in a ventilated room with staff supervision or move them to an area which is at least 2 metres away from other people.	
PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).	
Cleaning & disinfection	
Cleaning schedules to be in place to ensure enhanced cleaning of: frequently touched surfaces, rooms and shared areas used by different groups	
Advice on cleaning after a suspected/confirmed case has left setting: Clean surfaces with a household detergent followed by disinfection (1000 ppm available chlorine or a disinfectant that works against	



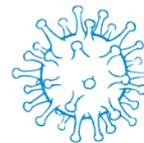
enveloped viruses). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants	
Single use disposable cloths and mop heads to be used, if not available cloths and mop heads to be laundered after use	
Spray into a cloth not onto surfaces, avoid creating splashes and spray when cleaning	
When items cannot be cleaned using detergents or laundered, for example, upholstered furniture, steam cleaning should be used	
Handling of Waste	
Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths, mop heads. PPE used, and tissues used by case etc.): to be double bagged and tied. Stored in a locked area for 72hrs away from children before disposal into domestic waste.	
If case's test result is negative, the waste can be disposed of before 72hr period	
COMMUNICATIONS: section to be completed by PHE staff	
Has the local Authority been informed?	
Have PHE letters been emailed to school if required?	
Have the school been advised if self-isolation of contacts is required.	
Has the Resource pack for schools been emailed to the school	
Is a IMT required for the situation	
Add case details to HP Zone	

Contact definitions:

Direct close contacts: Face to face contact with a case for any length of time, within 1m, including being coughed on, a face to face conversation, unprotected physical contact (skin to skin). This includes exposure within 1 metre for 1 minute or longer.

Proximity contacts: Extended close contact (within 2m for more than 15 minutes) with a case **people who spend significant time in the same household as a person who has tested positive for COVID-19**

a person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19



Appendix 19:

Standard Operating Procedure (SOP)

Responding to Cases and Outbreaks of COVID-19 in Children's Homes

1. Introduction

A range of Standard Operating Procedures (SOPs) will be developed to guide management of outbreaks. These will set out the functions required and the organisations responsible. The intention is to ensure that the management of outbreaks is comprehensive and consistent across Shropshire.

Following these SOPs should never be an alternative to good judgement. Where circumstances dictate 'doing the right thing' must take precedence.

2. What is a suspected case?

A suspected case is anyone in the household* with symptoms of coronavirus, which are a:

- **high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- **loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Most people with coronavirus have at least one of these symptoms.

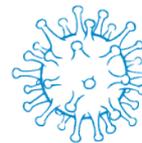
*Children's homes are usually considered as 'households' for the purposes of the household self-isolation guidance. N.B. Staff are not considered as household members of the Children's home setting.

There is no need to notify the Local Authority or Public Health England (PHE) of the incident.

3. Management of a suspected case

Any staff member, child from the household group or a child staying in the Home voluntarily (for example on a short break) who develops symptoms of COVID-19, should immediately self-isolate and follow the household self-isolation guidance, and apply for a test as soon as possible. - **No later than 5 days**, as testing is not possible after this time.

Children staying in Care Homes voluntarily (for example on a short break) should be sent home as soon as possible, following the steps in the local COVID-19 PHE resource pack for children's homes sections what to do



Staff members who become unwell with symptoms of coronavirus must be sent home as soon as possible, following the steps in the [local COVID-19 PHE resource pack for children's homes what to do if someone falls ill at work](#). There is no need to notify the Local Authority or Public Health England (PHE) of the incident.

Contacts and close contacts

A 'contact' is a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic up to 10 days from onset of symptoms (this is when they are infectious to others). The NHS Test and Trace service will get in touch with anyone who is a contact of someone who has tested positive for COVID-19 by text message, email or phone.

Contacts who need to self-isolate will be notified and advised accordingly by the NHS Test and Trace service. If you have not been notified, this means you do not need to self-isolate.

If you are concerned that you may have symptoms of coronavirus, or you live with someone who has symptoms of coronavirus, follow the [Stay at Home: guidance for households with possible or confirmed COVID-19](#).

Government Guidance for contacts of people with confirmed coronavirus infection, who do not live with the person, can be found by clicking [here](#).

There is no need to notify the Local Authority or Public Health England (PHE) of the incident. The setting can contact the Public Health Team to ask for further advice if needed on: 01743 251234 9am-5pm 7 days a week.

4. What is a confirmed case?

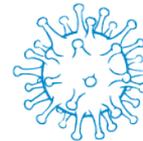
A Confirmed case is an individual who has received notification of a positive coronavirus test result from their testing provider.

5. Management of a confirmed case

If a child from the household group or staff member tests positive for COVID-19, they will be informed by [NHS Test and Trace](#).

Notification of the positive test will be sent to Public Health England, and the Local Authority's Public Health Team or the West Midlands Public Health England Health Protection Team will contact the Children's Home to discuss next steps

In the meantime, please notify Shropshire Council Public Health Team of any staff member or child who has tested positive for COVID-19. Email Shropshirepublichealth@shropshire.gov.uk or by telephone 01743 251234 9am-5pm 7 days a week



Please refer to COVID-19 PHE resource pack for Children's Homes section - What to do if there is a confirmed case in the setting

6. What is an outbreak?

An 'outbreak' is an incident where **two or more** persons have the same disease or **similar symptoms** and are **linked** in time, place and/or person association. An 'incident' has a broader meaning, and refers to events or situations which warrant investigation to determine if corrective action or specific management is needed. In some instances, only one case of an infectious disease may prompt the need for incident management and public health measures.

7. Management of a suspected or confirmed outbreak

Any suspected outbreaks in a Children's Home should be reported to PHE as soon as possible, using the details below:

- Health Protection Team in Public Health England using the online reporting system available here:
<https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2I> or by telephone to 0344 225 3560 (option 0, then option 2)
Out of hours: 01384 679031 Or online at
<https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2I>
- At the same time notify Shropshire Council Public Health Team via email Shropshirepublichealth@shropshire.gov.uk or by telephone 01743 251234 9am-5pm 7 days a week

Children's homes all have action plans as to what to do in the event of an outbreak. Please refer to your own documents/plans in place separately for detail.

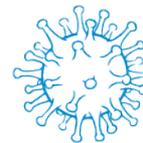
Please also refer to COVID-19 PHE resource pack for Children's Homes section Arrangements for management of a possible outbreak

If there are more confirmed cases linked to the Children's Home the local Health Protection Team will investigate and will advise the home on any other actions that may be required.

8. Strategic Co-ordination

Once PHE and the Local Authority have been informed; PHE will lead the response by contacting the Children's Home and organising a virtual meeting. This meeting will include gathering a chronology of the outbreak and looking at the risk to others. Please see Appendix 1 for an Outbreak Management Agenda template.

Public Health England West Midlands and Shropshire Council's Health Protection Cell will support the management and co-ordination of local COVID-19 outbreaks



through and Outbreak Management Team. The Outbreak Management Team membership will include partners from: West Midlands Public Health England, the Local Authority Public Health Team, the Children's Home Manager, Residential Managers Group and the Assistant Director of Children's Social Care & Safeguarding.

Management of the outbreak will include contact tracing. A Contact is a person who has been in close contact with someone who has tested positive for coronavirus and who may or may not live with them. PHE will work closely with the Local Authority, and either may work with the Children's Home setting. This will be done in line with [NHS Test and Trace](#) procedures.

The following people will be engaged to support the contact tracing process the Children's Social Worker, the Independent Review Officer for Children.

It is recognised that children from the household group sometimes go missing, thus tracing the contacts from that time may present a challenge.

As part of the outbreak process, the Children's Home will review its own current risk assessment to check if anything needs doing differently to help reduce the risk of infection. This will be done with support from the local Health Protection team and is a part of the outbreak risk assessment process of PHE.

9. Infection prevention and control

Guidance will be taken from Shropshire CCG Infection Prevention and Control Team, who will provide this service locally, and [Coronavirus \(COVID-19\): guidance on isolation for residential educational settings](#)

10. Testing

In the majority of cases, ShropCom will provide a Covid-19 testing team with the ability to respond within 24 hours. This will be supplemented by national capacity if necessary, from infection control teams, school nursing and other community NHS teams.

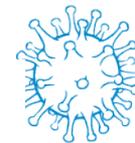
11. High risk (Clinically extremely vulnerable) groups - children and staff

[Shielding advice](#) for all adults and children was paused on August 1st. This means that even the small number of pupils who will remain on the shielded patient list can also return to school, as can those who have family members who are shielding.

Read the [current advice on shielding](#)

Clinically extremely vulnerable children should attend education settings in line with the wider [guidance on reopening of schools](#) and [guidance for full opening: special schools and other specialist settings](#)

Some children are no longer required to shield but who generally remain under the care of a specialist health professional may need to discuss their care with their health professional before returning to school (usually at their next planned clinical



appointment). You can find more advice from the Royal College of Paediatrics and Child Health at [COVID-19 - 'shielding' guidance for children and young people](#). The [guidance](#) also includes information about clinically vulnerable groups of people. This guidance has been updated, so please check for latest information.

12. Letters

The contact tracer will provide a standard letter for the Children's Home containing the advice for contacts. Recipients of the letter will also include the child's family the circulation will be dependent on the child's individual risk assessment.

The setting will be asked to send the letter to the identified contacts.

13. Cleaning

Any cleaning of the premises should be done in line with Government guidance [cleaning in non-healthcare settings](#).

14. PPE

[In a situation where there is no outbreak Implementing protective measures in education and childcare settings Government guidance](#) states that the majority of staff in education, childcare and children's social care settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others.

However, PPE should be worn by staff caring a child who has become unwell with coronavirus symptoms while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

Face coverings

[Implementing protective measures in education and childcare settings Government guidance](#) states that wearing a face covering or face mask in schools or other education settings is not recommended.

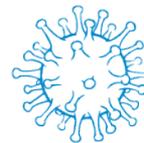
[Each residential setting will have emergency packs of PPE containing a mask, gloves apron and other appropriate PPE. The emergency PPE is for use in the event of a child or member of staff developing COVID-19 symptoms while on in the household group.](#)

15. Communications

Any communications relating to an outbreak will be managed through liaison between PHE, the Local Authority and the Sustainability and Transformation Partnership (STP). **Communications should not be issued by the Children's Home.**

16. Data management

Local data management procedures will be in place.

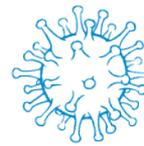


Appendix 1

Template Agenda for COVID-19 incident/ outbreak meeting

Date, time and venue

12. Introductions & apologies
13. Minutes – review of actions from previous meeting (s)
14. Purpose of the meeting
 - a. At first meeting agree chair and Terms of Reference
15. Summary of situation- situation updates (for subsequent meetings)
 - a. Epidemiological
 - a. Number of cases according to case-definitions and description by person, place and time
 - b. Clinical management & outcome
 - b. Suspected cases- staff and children etc.
16. Microbiology
17. Infection Prevention and control
 - c. Case isolation/cohorting facilities
 - d. Environmental cleaning
18. Current Risk assessment
 - a. Implication for finding further case(s) as per case definition
 - b. Implications for current control measures
 - c. Potential for review of control measures
19. Contacts identification/management
 - a. Staff and children etc.
20. Communications
 - a. Internal – staff and the setting
 - b. External: NHSE, PHE, Media statement
21. Agreed actions
22. Any other business & date of the next meeting



Appendix 20: Standard Operating Procedure (SOP)

Responding to Cases and Outbreaks of COVID-19 in workplace settings

Introduction

A range of Standard Operating Procedures (SOPs) will be developed to guide management of outbreaks. These will set out the functions required and the organisations responsible. The intention is to ensure that the management of outbreaks is comprehensive and consistent across Shropshire.

Following these SOPs should never be an alternative to good judgement. Where circumstances dictate 'doing the right thing' must take precedence.

What is a suspected case?

A suspected case is anyone in the setting with symptoms of coronavirus, which are a:

- **high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- **loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Most people with coronavirus have at least one of these symptoms.

Management of a suspected case

Anyone who develops symptoms of COVID-19, or whose household member develops symptoms, should immediately self-isolate following the [stay at home guidance](#). Appendix 1 provides a visual guide to self-isolation.

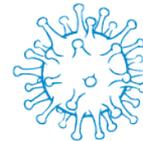
Advise the employee to arrange for testing straightaway (**No later than 5 days** as testing is not possible after this time):

- **On-line:** <https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/get-a-test-to-check-if-you-have-coronavirus/> 119 if no internet access. N.B members of their household can apply for a test under this portal also.

Any employee who becomes unwell with a new continuous cough, a high temperature or a loss of or change in their normal sense of taste or smell at the workplace, must be sent home as soon as possible.

They should immediately self-isolate following the [stay at home guidance](#).

Appendix 1 provides a visual guide to self-isolation. This and other downloadable posters can be found at this link: <https://www.shropshire.gov.uk/coronavirus/resources-and-grant-funding-opportunities-for-local-communities/posters-for-use-in-local-communities/>



Advise the employee to arrange for testing as soon as possible (**within 5 days**):

- **On-line:** <https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/get-a-test-to-check-if-you-have-coronavirus/> Tel: 119 if no internet access. N.B members of their household can apply for a test under this portal also.

A single suspected case does not need reporting to Public Health England, but please contact Shropshire Council who can provide further guidance and advice.

Email: shropshirepublichealth@shropshire.gov.uk
or by telephone 01743 251234. 9am-5pm 7 days a week

What is a confirmed case?

A confirmed case is an individual who has received notification of a positive coronavirus test result from their testing provider.

Management of a confirmed case

If an employee tests positive for COVID-19, they will be informed by [NHS Test and Trace](#)

Notification of the positive test will be sent to Public Health England, and the Local Authority's Public Health Team or the West Midlands Public Health England Health Protection Team will contact the workplace to discuss next steps

In the meantime, please notify Shropshire Council Public Health Team of anyone who has been in the workplace setting and tested positive for COVID-19. Email Shropshirepublichealth@shropshire.gov.uk or by telephone 01743 251234 9am-5pm 7 days a week

You may need to submit a RIDDOR report: COVID-19 is a notifiable disease and there is a statutory duty under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) that employers must notify the enforcing authority about cases of, or deaths from, COVID-19 which are associated only with occupational exposure; that is, as a result of a person's work
You can report confirmed cases of COVID-19 to the HSE [here](#).

This reporting is in addition to notifying PHE and Shropshire Council, as detailed above.

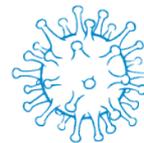
What is an outbreak?

An 'outbreak' is an incident where **two or more** persons have the same disease or **similar symptoms** and are **linked** in time, place and/or person association.

An 'incident' has a broader meaning and refers to events or situations which warrant investigation to determine if corrective action or specific management is needed. In some instances, only one case of an infectious disease may prompt the need for incident management and public health measures.

Management of a suspected or confirmed outbreak

Any suspected outbreaks in a workplace should be reported to PHE as soon as possible, using the details below:



Health Protection Team in Public Health England using the online reporting system available here: <https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2I>
Or by telephone to 0344 225 3560 (option 0, then option 2)

Out of hours: 01384 679031 Or online at
<https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2I>

At the same time notify Shropshire Council Public Health Team via email
Shropshirepublichealth@shropshire.gov.uk or by telephone 01743 251234 9am-5pm
7 days a week

If there are more confirmed cases linked to the workplace the local Health Protection Team will investigate and will advise the workplace on any other actions that may be required.

The remainder of this document addresses the management of a confirmed outbreak.

Strategic Co-ordination

Once PHE and the Local Authority have been informed of an outbreak PHE will lead the response by contacting the workplace and organising a virtual meeting. This meeting will include gathering a chronology of the outbreak and looking at the risk to others. Please see appendix 2 for the Outbreak Management Agenda.

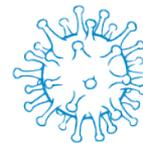
Shropshire Council's Health Protection Cell will support the management and co-ordination of local COVID-19 outbreaks. This Cell will consist of partners from the; Local Authority Public Health Team, Local Authority Head of Economic growth, Local Authority Regulatory Services Operations Manager, the Business owner or manager and any other identified partners.

This will include contact tracing. Contact means a person who has been in close contact with someone who has tested positive for coronavirus and who may or may not live with them. PHE will work closely with the Local Authority and either may work with the workplace setting. This will be done in line with [NHS Test and Trace methods](#).

As part of this process, the workplace will review its own current risk assessment to check if anything needs doing differently before employees, visitors and customers return. This will be done with support from the local Health Protection team and is a part of the outbreak risk assessment process of PHE.

Infection prevention and control

Guidance will be taken from Shropshire CCG Infection Prevention and Control Team, who will provide this service locally, and [Government Guidance](#)



Testing

In the majority of cases, ShropCom will provide a Covid-19 testing team with the ability to respond within 24 hours. This will be supplemented by national capacity if necessary, from infection control teams, school nursing and other community NHS teams.

High risk (Clinically extremely vulnerable) groups

Shielding has currently been paused. People who were previously shielding can go to work as long as the workplace is [Covid-secure](#), but should [carry on working from home wherever possible](#).

[HSE working safely during coronavirus guidance](#) advises that in terms of supporting clinically extremely vulnerable workers returning to work

- You should talk to clinically extremely vulnerable workers about their working arrangements and take every possible step to enable your workers to work from home.
- When shielding is paused, where it is not possible for workers to work from home, you must regularly review your risk assessment, and do everything 'reasonably practicable' to protect those workers from harm.
- It is important to explain what will be done to protect them, in making the workplace safe and COVID-secure.

By consulting and involving clinically extremely vulnerable people in the steps you are taking to manage the risk of coronavirus in your workplace you can hear their ideas and make sure changes will work, for example doing tasks where stringent [social distancing guidelines](#) can be followed.

This also applies to workers living with someone who is clinically extremely vulnerable.

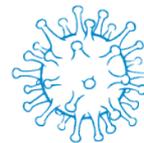
You can find more advice on [shielding and protecting vulnerable people](#) on GOV.UK.

Letter

The contact tracer may provide a standard letter to the workplace containing the advice for contacts and their families; the workplace lead will be asked to send the letter to the identified contacts.

Cleaning

Any cleaning of the premises should be done in line with Government guidance [cleaning in non-healthcare settings](#).



PPE

Where you are already using PPE in your work activity to protect against non-COVID-19 risks, you should continue to do so.

Workplaces should not encourage the precautionary use of extra PPE to protect against COVID-19 outside clinical settings or when responding to a suspected or confirmed case of COVID-19.

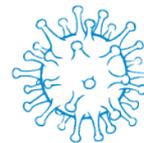
Unless you are in a situation where the risk of COVID-19 transmission is very high, your risk assessment should reflect the fact that the role of PPE in providing additional protection is extremely limited. However, if your risk assessment does show that PPE is required, then you must provide this PPE free of charge to workers who need it. Any PPE provided must fit properly.

Communications

It is important that businesses and workplace settings take advice before communicating with the media during an outbreak. **Any communications relating to an outbreak will be managed through liaison between PHE, the Local Authority and the Sustainability and Transformation Partnership (STP).**

Data management

The collection of data during an outbreak is essential in order to manage that outbreak. Data will be collected by PHE and Shropshire Council Public Health Team. Local data management procedures will be in place in line with legal requirements under GDPR.

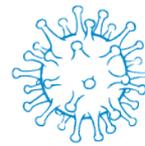


Appendix 1

Template Agenda for COVID-19 incident/ outbreak meeting

Date, time and venue

23. Introductions & apologies
24. Minutes – review of actions from previous meeting (s)
25. Purpose of the meeting
 - a. At first meeting agree chair and Terms of Reference
26. Summary of situation- situation updates (for subsequent meetings)
 - a. Epidemiological
 - a. Number of cases according to case-definitions and description by person, place and time
 - b. Clinical management & outcome
 - b. Suspected cases- staff
27. Microbiology
28. Infection Prevention and control
 - e. Case isolation/cohorting facilities
 - f. Environmental cleaning
29. Current Risk assessment
 - a. Implication for finding further case(s) as per case definition
 - b. Implications for current control measures
 - c. Potential for review of control measures
30. Contacts identification/management
 - a. Staff
31. Communications
 - a. Internal – staff
 - b. External: NHSE, PHE, Media statement
32. Agreed actions
33. Any other business & date of the next meeting



Appendix 21

Standard Operating Procedure (SOP)

Proactive approach to Event Safety

Introduction

A range of Standard Operating Procedures (SOPs) will be developed to guide management of outbreaks. These will set out the functions required and the organisations responsible. The intention is to ensure that the management of outbreaks is comprehensive and consistent across Shropshire.

Following these SOPs should never be an alternative to good judgement. Where circumstances dictate 'doing the right thing' must take precedence.

Event Safety during Covid-19 Pandemic

Whilst public events can enhance community life in Shropshire, without proper management in place the potential for risks to public safety and adverse environmental effects posed by the numbers of people attending such events are well recognised. The Covid-19 pandemic presents additional public health risks at large gatherings of people.

Management of sporadic and uncontrolled Gatherings and Events

Intel regarding potential infection risks arising from sporadic and uncontrolled gatherings and events should be reported through the Emergency Planning Unit to the Tactical Co-ordinating Group (TCG) for consideration.

Shropshire and Telford has a combined TCG which is a multi-agency Emergency Planning Group.

TCG can co-ordinate a multi-agency response to high-risk events and gatherings to deter and prevent behaviour which breaches The Health Protection (Coronavirus, Restrictions) (No.2) (England) Regulations 2020.

Under the Health Protection (Coronavirus, Restrictions) (England) No.3 Regulations 2020 the Council has the power to prohibit certain events (or types of event) from taking place, e.g. where the Council is aware of a planned event at which the numbers of people expected to seek to use a space, or the nature of a particular event, would make it unsafe due to coronavirus transmission.

Management of Planned Events

Event organisers are currently invited to submit an event notification and an Event Plan to the Emergency Planning Officer at Shropshire Council who will distribute it to the Safety Advisory group for their considerations.

The Terms of Reference of the Safety Advisory Group have been updated to include the following policy objective "to ensure those operating or running events follow Covid-19 Secure guidelines including the completion of a risk assessment, taking additional steps to ensure the safety of the public and prevent large gatherings or mass events from taking place".



A single point for all enquiries relating to events has been established which is email: epudadmin@shropshire.gov.uk .

Initial advice regarding COVID-secure guidelines and legislation will be given by Regulatory Services (who, along with the HSE, have health and safety enforcement responsibilities including covid-19 secure workplaces, outbreak and Safety Advisory Group experience) and with Health Protection Cell (for details concerning disease prevalence and transmission rates, and evidence relating to the risk attached to the event and activities) to see if they meet COVID Government guidelines and legal requirements.

Those operating or running events need to be flexible to respond to emerging local transmission rates of Covid-19 which may require control measures to be strengthened or changed or ultimately for the event to be cancelled, all at short notice. This could present a significant financial risk to event organisers which they need to be aware of. It may not be possible for certain events to go ahead due to the COVID-19 infection risks and the event may need to be cancelled voluntarily or a Direction issued to prohibit the event.

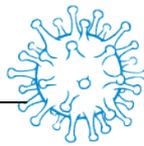
Ensuring events in Shropshire are Covid-19 secure and prevent large gatherings or mass events is a priority.

Outstanding and unresolved concerns will be escalated to the established Safety Advisory Group (SAG) who advise event organisers on the larger and more complex events. The SAG draws on specialists such as Licensing and Highways and also partner organisations such as the Police, Fire, Ambulance. The Safety Advisory Group provides best practice guidance but is not an enforcing body, and therefore an event organiser cannot be required to engage.

Public Health will advise on the prohibition of certain events (or types of events) from taking place where there is a serious and imminent threat to public health relating to coronavirus and or that directions are required to provide a public health response to the incidence or spread of infection in the area. Such matters will be escalated for a final decision to Directors.

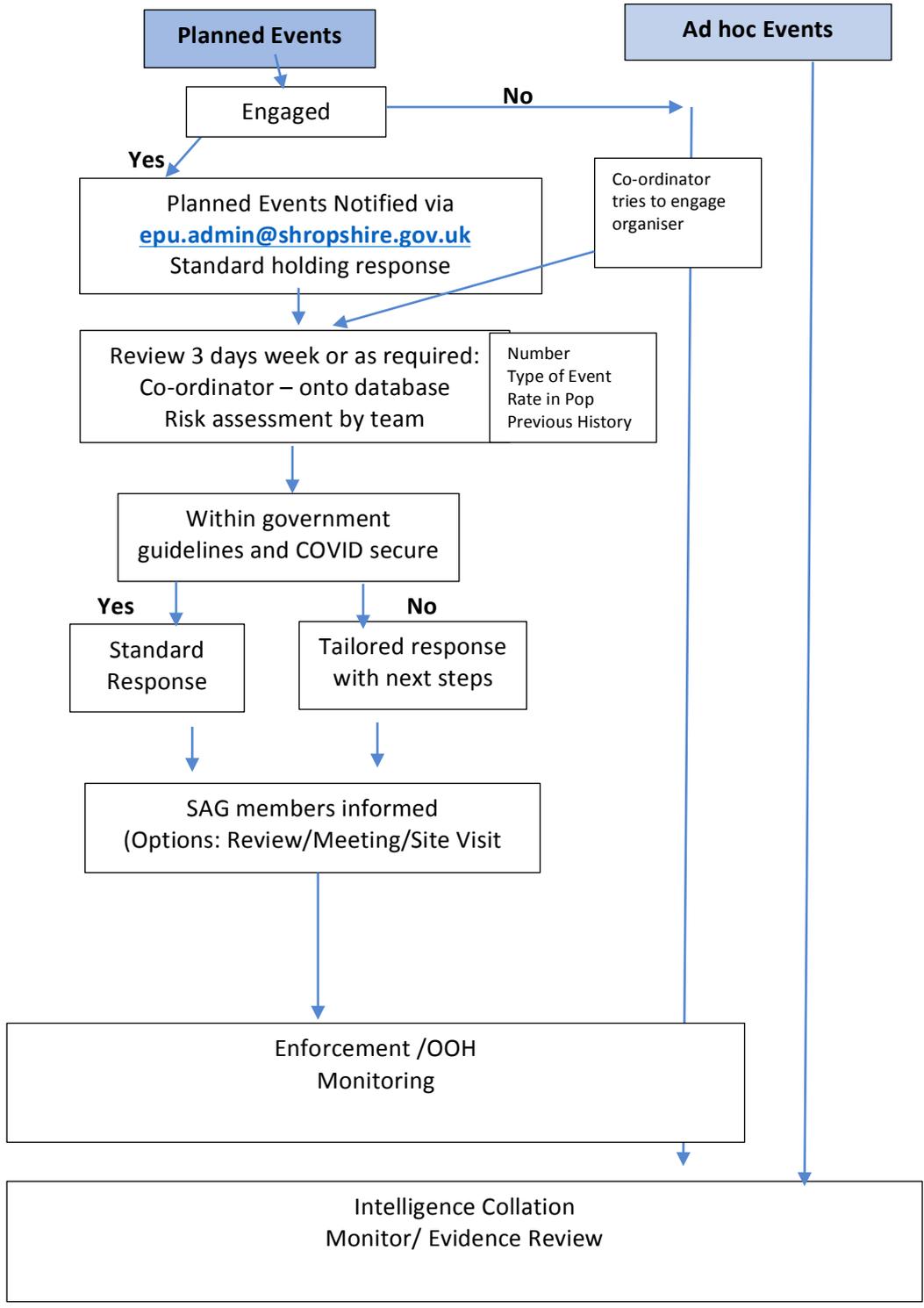
Monitoring and Intelligence

A programme of events monitoring will be carried out based on risk and intelligence. The list of events will be monitored regularly so that action is taken to respond to any local outbreaks or increases in transmission rates.

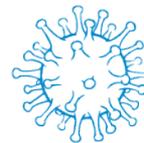


EVENTS FLOW CHART

Legalisation



Health and Safety at Work etc Act 1974
 Health Protection (Coronavirus, Restrictions) (England) No.3 Regulations 2020



Appendix 22:

Standard Operating Procedure (SOP) Responding to Cases and Outbreaks of COVID-19 in Care Homes

Introduction

A range of Standard Operating Procedures (SOPs) will be developed to guide management of outbreaks. These will set out the functions required and the organisations responsible. The intention is to ensure that the management of outbreaks is comprehensive and consistent across Shropshire.

Following these SOPs should never be an alternative to good judgement. Where circumstances dictate 'doing the right thing' must take precedence.

What is a suspected case?

A suspected case is anyone in the setting with symptoms of coronavirus, which are:

- **high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- **loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Most people with coronavirus have at least one of these symptoms.

Residents should be tested as soon as they are symptomatic. Whilst the testing advice for key workers is to test from days 1-5 of symptom onset, care home residents' immune response may differ from younger, normally healthier individuals. The care home guidance recognises this and allows for a 14-day illness.

Symptomatic residents may be tested between 1-14 days of onset of COVID-19 symptoms.

[Government guidance](#) defines how to work safely in care homes. The care home must inform the local GP who will arrange an initial test and confirm the case. When two or more cases are confirmed this is an outbreak (see section 6).

Management of a suspected case

Anyone who develops symptoms of COVID-19, or whose household member develops symptoms, should immediately self-isolate. Residents should be isolated in their own rooms and cared for by staff protected by PPE. **If residents have been in touch with a suspected case and have not adhered to government guidance or if there has been a breach of a positive member of staff PPE these residents will need to be isolated.**



Staff must be advised to:

Remove themselves from work at once, and self-isolate with their household in line with <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

Apply for a test straightaway (within 5 days) <https://www.gov.uk/get-coronavirus-test> or through the internal STWpeople system. (Staff member contacts their line manager who confirms eligibility and gains consent to refer to Single Point of Referral (SPR) Service. This is done directly as agreed with SCHAT or via people@stwttogether.co.uk.)

SPR contact the Key Worker and manage the testing process.

Please notify the Local Authority if a positive result is received so additional support can be provided if required. Shropshire Council Public Health Team via email Shropshirepublichealth@shropshire.gov.uk or by telephone 01743 251234 9am-5pm 7 days a week

What is a confirmed case?

A confirmed case is an individual who has received notification of a positive coronavirus test result from their testing provider.

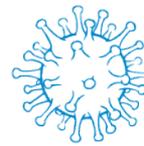
Management of a confirmed case

If a staff member who attends/who works at a care home tests positive for COVID-19, they will be informed by [NHS Test and Trace](#) or via Shropshire Council Health Protection Cell

Staff or residents may have a positive result. Staff notification will be through the process linked to the testing pillar. It may be to the home or to the staff member. All test results will be received by Public Health England. Resident notification will be through the process linked to the testing pillar or through the GP. Please also contact Shropshire Council Public Health Team via email Shropshirepublichealth@shropshire.gov.uk or by telephone 01743 251234 9am-5pm 7 days a week, so additional support can be provided if required

Notification of the positive test of a resident or a member of staff will be sent to Public Health England, and the Local Authority's Public Health Team or the West Midlands Public Health England Health Protection Team who will contact the care home to discuss next steps.

Public Health England or the Local Authority's Public Health Team will inform Infection Prevention Control (IPC).



What is an outbreak?

An 'outbreak' is an incident where **two or more** persons have the same disease or **similar symptoms** and are **linked** in time, place and/or person association.

An 'incident' has a broader meaning and refers to events or situations which warrant investigation to determine if corrective action or specific management is needed. In some instances, only one case of an infectious disease may prompt the need for incident management and public health measures.

Management of a suspected or confirmed outbreak

Any suspected outbreaks in a care home should be reported to PHE as soon as possible, using the details below:

Health Protection Team in Public Health England using the online reporting system available here: <https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2I>
Or by telephone to 0344 225 3560 (option 0, then option 2)

Out of hours: 01384 679031 Or online at

<https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2I>

At the same time notify Shropshire Council Public Health Team via email Shropshirepublichealth@shropshire.gov.uk or by telephone 01743 251234 9am-5pm 7 days a week

If there are more confirmed cases linked to the care home Public Health England / the local Health Protection Team will investigate and bring in the IPC. These teams will advise the care home on any other actions that may be required.

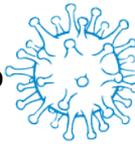
The remainder of this document addresses the management of a confirmed outbreak.

Strategic Co-ordination

Once PHE and the Local Authority have been informed of an outbreak PHE will lead the response by contacting the care home and undertaking a risk assessment. This assessment will include gathering a chronology of the outbreak and looking at the risk to others. The risk assessment is available in the WM PHE care home tool kit for care homes (Appendix 1)

Shropshire Council's Health Protection Team with partners will support the management and co-ordination of local COVID-19 outbreaks. This Team will consist of partners from the Adult Social Care Team, Local Authority Public Health Team, STW CCG IPC team and testing partners.

This will include contact tracing. Contact means a person who has been in close contact with someone who has tested positive for coronavirus and who may or may not live with them. PHE will work closely with the Local Authority and either may work with the residential setting. This will be done in line with [NHS Test and Trace methods](#).



As part of this process, the care home will review its own current risk assessment to check if anything needs doing differently in conjunction with IPC. This will be done with support from the local Health Protection team and is a part of the outbreak risk assessment process of PHE.

The care home where there has been an outbreak will receive telephone support for 14 days after the outbreak from PHE WM and IPC to control of infection. This care will then step to 14 days support from Shropshire Local Authority Public Health. If no further outbreak occurs this will step down to Adult Social Care welfare calls.

Infection prevention and control

Guidance will be taken from Shropshire & Telford & Wrekin CCGs Infection Prevention and Control Team, who will provide this service locally, and Government Guidance [infection prevention and control](#).

CCG IPC team provide telephone and email advice and support to care homes identified via PHE and through soft intelligence links with local authority.

CCG IPC team have developed a care home contact form which includes embedded documents and web links to national guidance & training resources which is sent to the care homes following telephone contact.

CCG IPC team have devised Localised PPE recommendations for care homes and domiciliary care aligned to individual care homes.

Signpost to <https://www.gov.uk/guidance/ppe-portal-how-to-order-emergency-personal-protective-equipment> or Local emergency PPE helpline: PPEstore@shropshire.gov.uk

Testing

Shropshire Community Health Trust

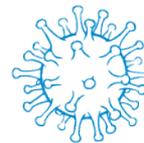
Roaming testing team will attend the care home to undertake testing as required. Currently two roaming teams in operation across Shropshire Telford and Wrekin (STW) with the ability to increase to meet demand. Tests are processed locally and reported via pillar1.

Shropshire Community Health Trust

Attending all care homes to train staff to undertake swabbing based on a prioritised list provided by Shropshire Council.

Swabbing kits can be requested via the care home testing portal for courier delivery/collection. <https://www.gov.uk/apply-coronavirus-test-care-home>

During an outbreak retesting of all staff and residents should take place with repeat testing for all negatives between day 4-7 and then at 28 days after the last suspected/confirmed case. Weekly testing for staff should continue.



***Routine testing for staff is now available every 7 days and residents every 28 days through the whole home testing portal. <https://www.gov.uk/apply-coronavirus-test-care-home>
Care Homes need to register to receive the tests.***

High risk (Clinically extremely vulnerable) groups - staff

Shielding has currently been paused. People who were previously shielding can go to work as long as the workplace is [Covid-secure](#), but should [carry on working from home wherever possible](#).

[HSE working safely during coronavirus guidance](#) advises that in terms of supporting clinically extremely vulnerable workers returning to work

- You should talk to clinically extremely vulnerable workers about their working arrangements and take every possible step to enable your workers to work from home.
- When shielding is paused, where it is not possible for workers to work from home, you must regularly review your risk assessment, and do everything 'reasonably practicable' to protect those workers from harm.
- It is important to explain what will be done to protect them, in making the workplace safe and COVID-secure.

By consulting and involving clinically extremely vulnerable people in the steps you are taking to manage the risk of coronavirus in your workplace you can hear their ideas and make sure changes will work, for example doing tasks where stringent [social distancing guidelines](#) can be followed.

This also applies to workers living with someone who is clinically extremely vulnerable.

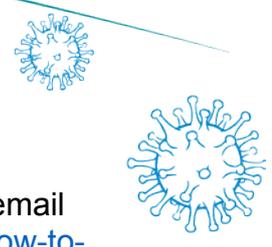
You can find more advice on [shielding and protecting vulnerable people](#) on GOV.UK.

Cleaning

Any cleaning of the premises should be done in line with Government guidance [cleaning in non-healthcare settings](#). And [infection prevention and control](#).

PPE

Use of PPE will be in line with national guidance. The level of PPE required is dependent on the national alert level. This is defined through the Joint Biosecurity Cell, national government. In a sustained transmission phase it is required that staff wear PPE at all times when dealing with residents. [COVID-19: how to work safely in care homes](#)



PPE will be purchased via normal purchase routes for each home. Where emergency PPE is required this can be ordered from the PPE emergency email PPEstore@shropshire.gov.uk or <https://www.gov.uk/guidance/ppe-portal-how-to-order-emergency-personal-protective-equipment>

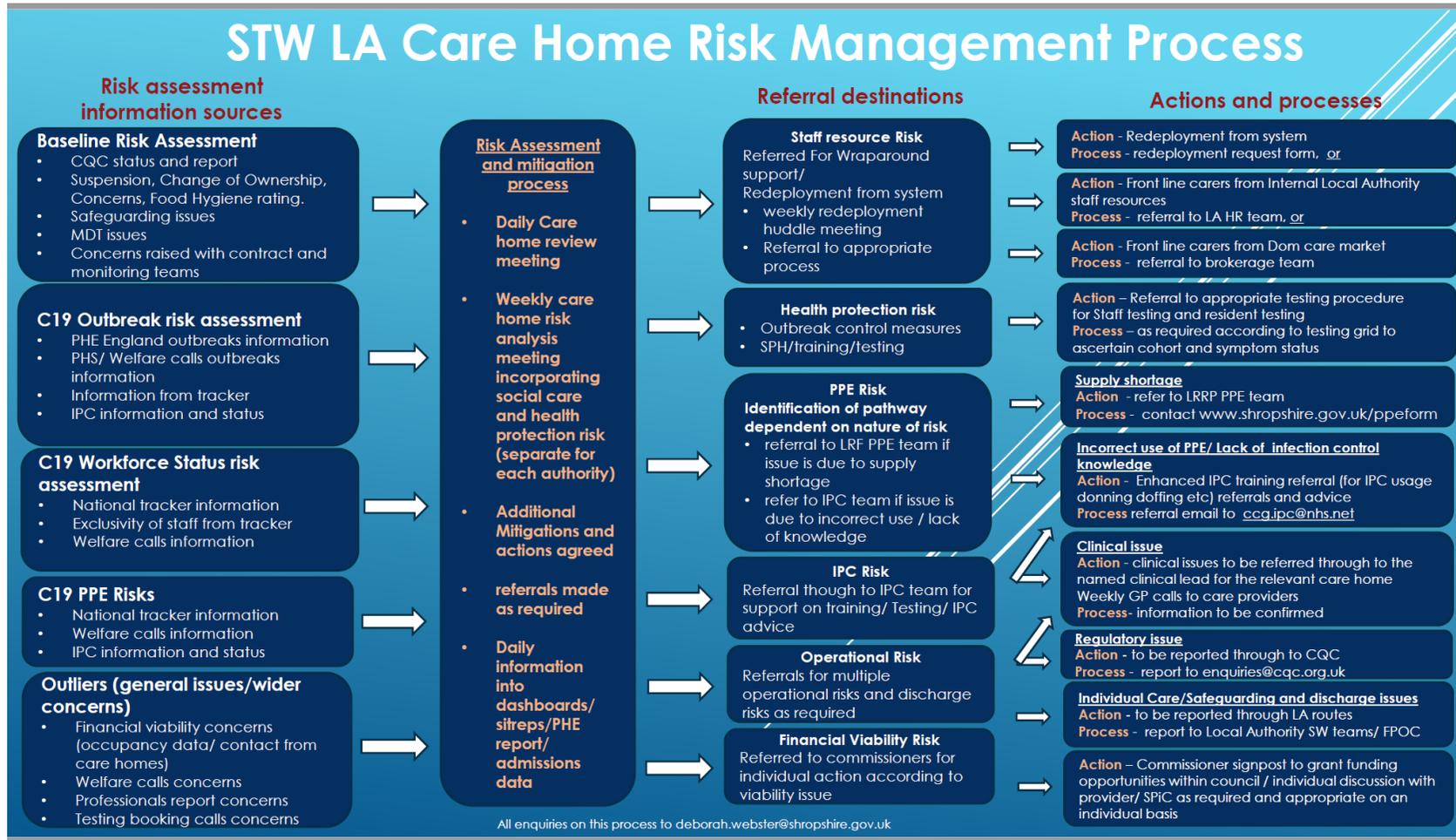
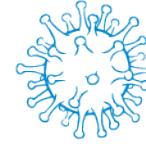
Communications

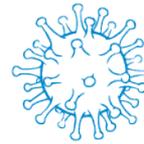
It is important that Care Homes take advice before communicating with the media during an outbreak. **Any communications relating to an outbreak will be managed through liaison between PHE, the Local Authority and the Sustainability and Transformation Partnership (STP).**

Data management

The collection of data during an outbreak is essential in order to manage that outbreak. Data will be collected by care homes using the National Tracker. This is updated daily. Data will also be collected by PHE and Shropshire Council Public Health Team. Local data management procedures will be in place in line with legal requirements under GDPR

Appendix A
STW Care home risk management process





Appendix 23:

Standard Operating Procedure (SOP) Responding to Cases and Outbreaks of COVID-19 in Transitory and Short Term Accommodation Settings*

Introduction

A range of Standard Operating Procedures (SOPs) will be developed to guide management of outbreaks. These will set out the functions required and the organisations responsible. The intention is to ensure that the management of outbreaks is comprehensive and consistent across Shropshire.

Following these SOPs should never be an alternative to good judgement. Where circumstances dictate 'doing the right thing' must take precedence.

This SOP is Shropshire Council expectations, even if settings have their own Risk Assessments.

*The applicable settings are:

- Shared temporary housing provided under homeless legislation
- B&B accommodation provided under homeless legislation
- Domestic Abuse shared accommodation and refuge placements
- Supported Accommodation Placements (including but not exclusive of that provided for Young People, Mental Health, Substance / Alcohol Misuse)
- Sheltered Accommodation where there are shared communal areas
- Houses of Multiple Occupancy and Shared Houses

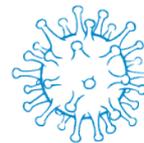
What is a suspected case?

A suspected case is anyone in the household** with symptoms of coronavirus, which are a:

- **high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- **loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Most people with coronavirus have at least one of these symptoms.

**Refuges (shared houses), refuges (self-contained units), dispersed accommodation, move-on accommodation, sanctuary schemes and other forms of emergency safe accommodation, are usually considered households for the purposes of the household self-isolation policy.



Individual accommodations may be made up of one or more households for the purpose of the [Government guidance for Safe Accommodation](#).

Management of a suspected case

If a client and/or their children show symptoms, they should self-isolate in line with the [guidance for households](#) and apply for a test as soon as possible. (**No later than 5 days**, as testing is not possible after this time). Staff can continue to enter and leave the rest of the site as required. However, continuity of staff should be maintained as far possible and staff should follow infection control procedures. [Government guidance for Safe Accommodation](#) provides self-isolation guidance for different accommodation arrangements.

Staff members who become unwell with symptoms of coronavirus must be sent home as soon as possible and apply for a test **within 5 days**.

Appendix 2 provides a visual guide to self-isolation. This and other downloadable posters can be found at this link:

<https://www.shropshire.gov.uk/coronavirus/useful-coronavirus-resources/>

Also refer to sections self-isolation in different settings and what to do if someone falls ill at work in the local **COVID-19 PHE resource pack for Transitory and Short Term Accommodation Settings**.

There is no need to notify the Local Authority or Public Health England (PHE) of the incident.

What is a confirmed case?

A Confirmed case is an individual who has received notification of a positive coronavirus test result from their testing provider.

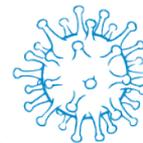
Management of a confirmed case

If a client or their children from the household group or staff member tests positive for COVID-19, they will be informed by [NHS Test and Trace](#).

Notification of the positive test will be sent to Public Health England, and the Local Authority's Public Health Team or the West Midlands Public Health England Health Protection Team will contact the setting to discuss next steps

In the meantime, please notify Shropshire Council Public Health Team of any staff member or child who has tested positive for COVID-19. Email Shropshirepublichealth@shropshire.gov.uk or by telephone 01743 251234 9am-5pm 7 days a week

Please refer to the **COVID-19 PHE resource pack for Transitory and Short Term Accommodation Settings** section - What to do if there is a confirmed case at the setting.



What is an outbreak?

An 'outbreak' is an incident where **two or more** persons have the same disease or **similar symptoms** and are **linked** in time, place and/or person association. An 'incident' has a broader meaning, and refers to events or situations which warrant investigation to determine if corrective action or specific management is needed. In some instances, only one case of an infectious disease may prompt the need for incident management and public health measures.

Management of a suspected or confirmed outbreak

Any suspected outbreaks in the setting should be reported to PHE as soon as possible, using the details below:

- Health Protection Team in Public Health England using the online reporting system available here: <https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2l> or by telephone to 0344 225 3560 (option 0, then option 2)
Out of hours: 01384 679031 Or online at <https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2l>
- At the same time notify Shropshire Council Public Health Team via email Shropshirepublichealth@shropshire.gov.uk or by telephone 01743 251234 9am-5pm 7 days a week

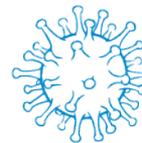
Please also refer to the **COVID-19 PHE resource pack for Transitory and Short Term Accommodation Settings** section **Arrangements for management of a possible outbreak**

If there are more confirmed cases linked to the setting, the local Health Protection Team will investigate and will advise the home on any other actions that may be required.

Strategic Co-ordination

Once PHE and the Local Authority have been informed; PHE will lead the response by contacting the setting and organising a virtual meeting. This meeting will include gathering a chronology of the outbreak and looking at the risk to others. Please see Appendix 1 for an Outbreak Management Agenda template.

Public Health England West Midlands and Shropshire Council's Health Protection Cell will support the management and co-ordination of local COVID-19 outbreaks through and Outbreak Management Team. The Outbreak Management Team membership will include partners from: West Midlands Public Health England, Local Authority Public Health Team, Local Authority Temporary Accommodation Manager, Local Authority Service Manager for Housing and Manager of the accommodation setting.



Management of the outbreak will include contact tracing. A Contact is a person who has been in close contact with someone who has tested positive for coronavirus and who may or may not live with them. PHE will work closely with the Local Authority, and either may work with the setting. This will be done in line with [NHS Test and Trace](#) procedures.

It is recognised that people from the household group sometimes go missing, thus tracing the contacts from that time may present a challenge.

As part of the outbreak process, the setting will review its own current risk assessment to check if anything needs doing differently to help reduce the risk of infection. This will be done with support from the local Health Protection team and is a part of the outbreak risk assessment process of PHE.

Infection prevention and control

Guidance will be taken from Shropshire CCG Infection Prevention and Control Team, who will provide this service locally, and [Government guidance for Safe Accommodation](#).

Testing

In the majority of cases, ShropCom will provide a Covid-19 testing team with the ability to respond within 24 hours. This will be supplemented by national capacity if necessary, from infection control teams, school nursing and other community NHS teams.

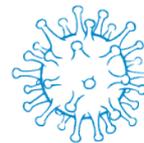
High risk (Clinically extremely vulnerable) groups - staff

Shielding has currently been paused. People who were previously shielding can go to work as long as the workplace is [Covid-secure](#), but should [carry on working from home wherever possible](#).

[HSE working safely during coronavirus guidance](#) advises that in terms of supporting clinically extremely vulnerable workers returning to work

- You should talk to clinically extremely vulnerable workers about their working arrangements and take every possible step to enable your workers to work from home.
- When shielding is paused, where it is not possible for workers to work from home, you must regularly review your risk assessment, and do everything 'reasonably practicable' to protect those workers from harm.
- It is important to explain what will be done to protect them, in making the workplace safe and COVID-secure.

By consulting and involving clinically extremely vulnerable people in the steps you are taking to manage the risk of coronavirus in your workplace you can hear their ideas and make sure changes will work, for example doing tasks where stringent [social distancing guidelines](#) can be followed.



This also applies to workers living with someone who is clinically extremely vulnerable.

You can find more advice on [shielding and protecting vulnerable people](#) on GOV.UK.

Letters

The contact tracer will provide a standard letter if required, and the setting will be asked to send the letter to the identified contacts

Cleaning

Staff should follow the Government Guidance in [guidance on cleaning and disposal of waste](#) and [cleaning in non-healthcare settings](#). This guidance has been updated.

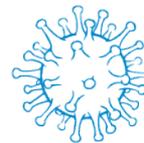
PPE

Each accommodation setting will have emergency packs of PPE containing a mask, gloves apron and other appropriate PPE. The emergency PPE is for use in the event of a resident/their child/ren or member of staff developing COVID-19 symptoms whilst in the setting.

Communications

Any communications relating to an outbreak will be managed through liaison between PHE, the Local Authority and the Sustainability and Transformation Partnership (STP). **Communications should not be issued by the provider or setting.**

Data management Local data management procedures will be in place.

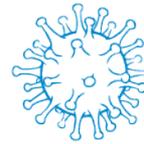


Appendix 1

Template Agenda for COVID-19 incident/outbreak meeting

Date, time and venue

- 34. Introductions & apologies
- 35. Minutes – review of actions from previous meeting (s)
- 36. Purpose of the meeting
 - a. At first meeting agree chair and Terms of Reference
- 37. Summary of situation- situation updates (for subsequent meetings)
 - a. Epidemiological
 - a. Number of cases according to case-definitions and description by person, place and time
 - b. Clinical management & outcome
 - b. Suspected cases - staff and children in the setting
- 38. Microbiology
- 39. Infection Prevention and control
 - g. Case isolation/cohorting facilities
 - h. Environmental cleaning
- 40. Current Risk assessment
 - a. Implication for finding further case(s) as per case definition
 - b. Implications for current control measures
 - c. Potential for review of control measures
- 41. Contacts identification/management
 - a. Staff and children in the setting
- 42. Communications
 - a. Internal – staff
 - b. External: NHSE, PHE, Media statement
- 43. Agreed actions
- 44. Any other business & date of the next meeting



Appendix 24:

Standard Operating Procedure (SOP) Responding to Cases and Outbreaks of COVID-19 in Pharmacy, Optometry and Dentistry primary care settings

**Management of COVID-19 case in Pharmacy, Optometry and Dentistry primary care settings
(Version 1 - July 2020)**

Aim:

To ensure a consistent approach to management of cases/outbreaks of COVID-19 in pharmacy optometry and dental primary care settings, including notification of relevant bodies and the role of the setting/practice in identifying and advising contacts where necessary.

Context:

NHS Test and Trace

The NHS Test and Trace service aims to trace the spread of the virus and isolate new infections. Anyone who develops symptoms of COVID-19 must self-isolate (along with other members of their household) and is asked to order a test to find out if they have COVID-19. If they test positive, they will be contacted by NHS Test and Trace and asked to share information promptly about their recent contacts so that other people who may need to self-isolate can be alerted. If a healthcare worker is confirmed to be a positive case, it is important that they declare that they are a healthcare worker when contacted by NHS Test and Trace.

NHS Test and Trace in relation to healthcare settings

NHS Test and Trace operates a 3-tier system. Where it is known that the case is a healthcare worker (HCW), those cases will be dealt with by Tier 1 which includes Public Health England's (PHE) local Health Protection Team (HPT). The HPT will inform the setting and support the healthcare team to identify and provide advice to the healthcare-related contacts of the positive case (as detailed below). Other contacts of the positive case, for example household or social contacts, will be managed separately via Tiers 2 and 3.

Notification

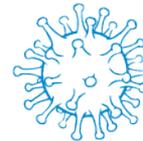
COVID-19 is a notifiable disease. Healthcare providers should notify PHE of any confirmed cases. NHS primary care providers should also inform their local NHS England and NHS Improvement (NHS EI) commissioning team of any likely interruptions to service delivery. PHE will share information about local cases with the Local Authority Director of Public Health.

Definitions:

Case: a confirmed case is laboratory positive case of COVID-19 with or without symptoms

Contact*: a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic up to 10 days from onset of symptoms (this is when they are infectious to others). For example, a contact would include individuals who:

- Are household contacts
- Have been within a metre of a positive case for a minute or longer



- Have been within 2 metres of a positive case for 15 minutes or longer
- Have travelled in a small car with a positive case

Please note - contacts of a confirmed case need to self-isolate for 14 days from their last contact with the case.

Outbreak: Two or more confirmed cases linked in time, place and person.

**Please note:*

- if the appropriate PPE has been worn properly during an encounter with a case, the staff who came into contact with the case would not need to self-isolate for 14 days. If there is any question about a breach of PPE, then the exposure would need to be risk assessed.

- healthcare workers who have undergone COVID-19 antibody testing and received a positive result must still comply with any instructions to self-isolate as it is not yet known whether a positive antibody test demonstrates immunity.

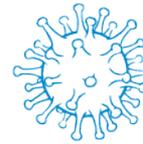
Process:

1. Staff member develops symptoms of COVID-19

- The symptomatic staff member should follow the stay at home guidance <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>
- They should not attend work and should notify their place of work immediately
- If they are at work, they should put on a surgical face mask immediately, inform their line manager (or appropriate person) and return home.
- The staff member should be tested for COVID-19. Testing is most sensitive within 3 days of symptoms developing. Tests can be requested by calling 119 or via this website: <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>
- If staff absence is likely to impact on service delivery, the pharmacy/practice manager or other appropriate person must notify NHS EI (by completion of the **Notification of COVID-19 service disruption and/or outbreak in Primary Care form** via the following link) <https://forms.office.com/Pages/ResponsePage.aspx?id=kp4VA8ZyI0umSq9Q55CtvxHcP71skKxDgA-0H2yj0aVURDBDMzE0NE5aRFhSQ0MwSFhaQ0RQSDhaMS4u>
If steps can be taken to mitigate this (eg part time staff increasing their hours temporarily to ensure no interruption to service delivery), there is no requirement to inform NHS EI that staff have developed symptoms of COVID-19.
- If the affected person tests negative, they can return to work when they are medically fit to do so. For return to work guidance, see Appendix 1 – Return to work flowcharts: <https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>. **This only applies to individuals who were tested due to having COVID-19 symptoms. It does not apply to individuals who have been tested because they were identified as a contact of a positive case; these individuals still need to complete their 14 days of self-isolation, even if they test negative within that period. Please note that most people who are identified as contacts of a positive case will not be tested, unless they become symptomatic. PHE may however request additional testing in certain situations.**
- If the affected person tests positive, please follow the process detailed in step 2 below for a staff member diagnosed with COVID-19.

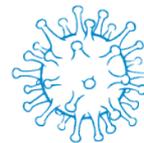
2. Staff member diagnosed with COVID-19

- The staff member who is a positive case must follow the 'Stay at Home' guidance and immediately self-isolate at home for at least 10 days from when symptoms started (or 10 days from when the test was taken if asymptomatic). Their household must self-



isolate for 14 days. <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

- b. For return to work guidance, see Appendix 1 – Return to work flowcharts: <https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>
- c. **The pharmacy/practice manager or other appropriate person must notify Public Health England (PHE) of any positive cases they become aware of in staff or patients/members of the public who have visited their healthcare setting.**
See Appendix 2 for contact details for PHE.
 - i. The Health Protection Team (HPT) from PHE will contact the pharmacy/practice to gather further information. They will provide advice about identifying contacts of the positive case and discuss infection prevention and control measures in place.
 - ii. The HPT will ask the pharmacy/practice to identify any contact* in the workplace setting between the positive case and other individuals from 48 hours before onset of symptoms (or 48 hours prior to the test if they are asymptomatic). This includes contact with other members of staff and contact with members of the public/patients. An assessment will be made of the infection prevention and control measures in place including appropriate use of PPE and social distancing measures for patients and staff to include any contact staff members might have with each other outside the immediate work setting e.g. lift sharing etc. An assessment of the length of contact will also need to be made.
 - iii. The pharmacy/practice will need to consider whether appropriate PPE was worn during those periods of contact and if so, whether there were any breaches in PPE. If there is any question about a breach of PPE, then the exposure will need to be risk assessed with the support of the HPT to determine whether those individuals need to be classed as 'contacts'.
 - iv. The pharmacy/practice manager or other appropriate person will then be asked to contact any individuals (staff and members of public/patients) who have been identified as 'contacts' and advise them accordingly as per the guidance for non-household contacts: <https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>
These contacts must be advised of the need to self-isolate for 14 days from the point of contact with the positive case and instructed that they do not need to be tested unless they become symptomatic. If they become symptomatic, tests can be requested by calling 119 or via this website: <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>
 - v. The pharmacy/practice will be asked to report back to the HPT about the number of contacts identified and whether they have any symptoms.
- d. There is no requirement to inform NHS EI of a single positive case if there will be no impact on service provision. If the running of the service is likely to be affected, NHS EI must be informed by completion of the **Notification of COVID-19 service disruption and/or outbreak in Primary Care form**.
- e. If the pharmacy/practice becomes aware of 2 (or more) positive cases in staff or members of the public who have attended their healthcare setting, NHS EI must be notified by completion of the **Notification of COVID-19 service disruption and/or outbreak in Primary Care form**. NHS EI will then contact the provider to support them with the completion of an additional form.

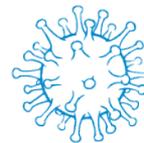


- f. Please note that PHE must be informed of **all** positive cases in a healthcare setting but NHS EI do not need to be informed of a **single** positive case unless it is likely to impact on the running of the service. NHS EI must however be notified of **2 or more positive cases**.

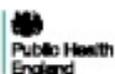
*Please note that the pharmacy/practice will only be asked to contact individuals who have been identified as contacts of the positive case in relation to the healthcare setting; all other contacts (eg household, social) will be managed via Tiers 2 and 3 of NHS Test and Trace.

3. Staff member identified as a contact of a positive case outside of the healthcare (workplace) setting

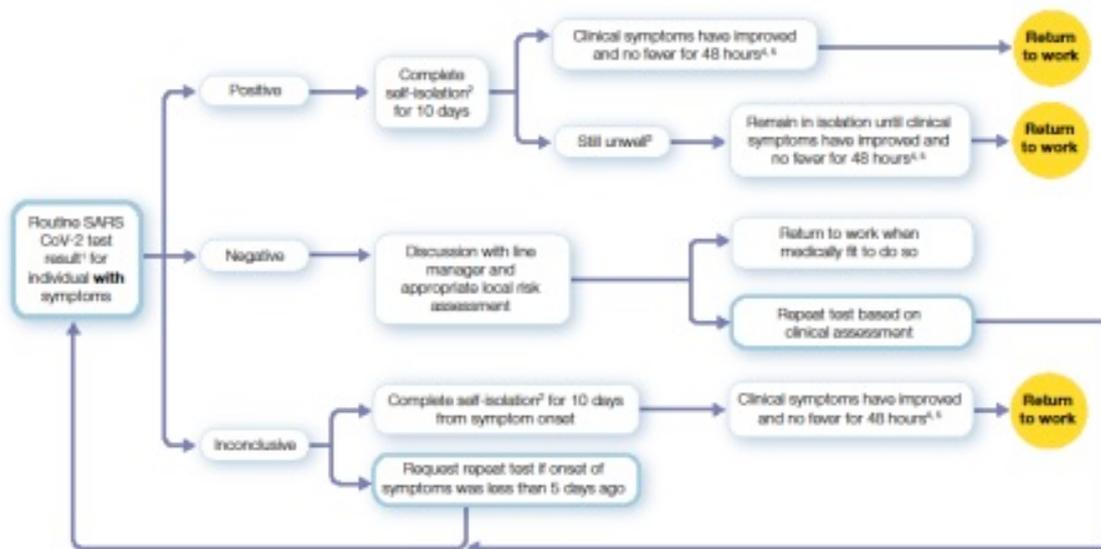
- a. If a staff member is contacted by NHS Test and Trace and identified as a contact of a positive case **outside of the healthcare (workplace) setting**, they should inform their employer immediately and must self-isolate if advised to do so and follow the stay at home guidance: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>
- b. There is no requirement to inform NHS EI of staff who have been identified as contacts of positive cases (outside the healthcare setting) and told to self-isolate if there will be no impact on service provision. If the running of the service is likely to be affected, NHS EI must be informed by completion of the **Notification of COVID-19 service disruption and/or outbreak in Primary Care form**.



Appendix 1 Return to work flowcharts



Symptomatic worker: flowchart describing return to work following a SARS-CoV-2 test

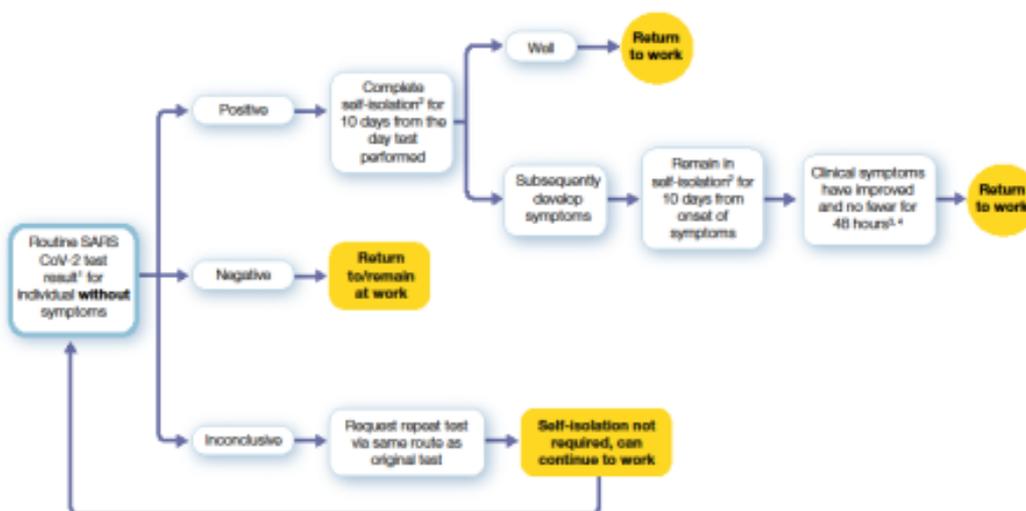


- 1 If the testing was done because the individual was identified as a contact via the test and trace system refer to [Test and trace guidance](#)
- 2 Refer to [Stay at Home Guidance](#)
- 3 Consider contacting the [NHS online coronavirus service](#), or in a medical emergency dial 999
- 4 Without medication
- 5 If a cough or a loss of or change in normal sense of smell (anosmia) or taste is the only persistent symptom, workers can return to work if they are medically fit to return as these symptoms are known to persist for several weeks in some cases

Version 3.3 30 July 2020



Asymptomatic worker: flowchart describing return to work following a SARS-CoV-2 test

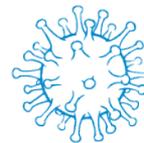


- 1 This flow chart is not relevant to workers identified as a contact via the test and trace system (refer to [Test and trace guidance](#))
- 2 Refer to [Stay at Home Guidance](#)
- 3 Without medication
- 4 If a cough or a loss of or change in normal sense of smell (anosmia) or taste is the only persistent symptom, workers can return to work if they are medically fit to return as these symptoms are known to persist for several weeks in some cases

Version 2.3 30 July 2020

<https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>

Appendix 2 Contact details for PHE and NHS EI



West Midlands

Public Health England

Telephone: 0344 225 3560 – Option 0 then Option 2

Out of hours (via West Midlands Ambulance Service First Response): 01384 679031

Email*: wm.2019cov@phe.gov.uk

**All urgent enquiries should be telephoned.*

NHS EI

Pharmacy email: england.pharmacy-westmidlands@nhs.net

Optometry email: ENGLAND.Optometrycontractswm@nhs.net

Dental email: england.dental-westmidlands@nhs.net

East Midlands

Public Health England

Telephone: 0344 2254 524, press the option the Health Protection Team

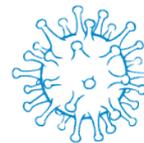
NHS EI

Pharmacy email: england.eastmidspharmacy@nhs.net

Optometry email: england.eastmidsoptometry@nhs.net

Dental email: england.em-pcdental@nhs.net

Appendix 24a: NHS Test and Trace - Frequently Asked Questions – pharmacy, optometry and dental settings



NHS Test and Trace

Frequently Asked Questions – pharmacy, optometry and dental settings (version 1 July 2020)

What is NHS Test and Trace?

The NHS Test and Trace service aims to trace the spread of the virus and isolate new infections. Anyone who develops symptoms of COVID-19 must self-isolate (along with other members of their household) and follow the ‘Stay at home’ guidance:

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

The individual who has symptoms is asked to order a test to find out if they have COVID-19. Their household contacts need to self-isolate but do not need to be tested unless they too become symptomatic. If the symptomatic individual tests positive, they will be contacted by NHS Test and Trace and asked to share information promptly about their recent contacts so that other people who may need to self-isolate can be alerted. If a healthcare worker is confirmed to be a positive case, it is important that they declare that they are a healthcare worker when contacted by NHS Test and Trace.

Anybody who is contacted by the NHS Test and Trace service due to being a contact of somebody with COVID-19, must self-isolate if advised to do so.

How do I order a test for COVID-19?

Anyone who has symptoms of COVID-19 should self-isolate and order a test. Testing is most sensitive within 3 days of symptoms developing. Tests can be requested by calling 119 or via this website:

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

How is a ‘contact’ defined?

The section in this guidance (see web link below), entitled ‘What do we mean by a contact?’ clearly lays out who will be deemed to be a contact of a case. Being within a metre of a positive case for a minute or longer would make them a contact or being within 2 metres for 15 minutes or longer. A simple example would be staff sitting together to have lunch or staff giving each other a lift to work.

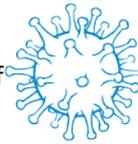
<https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>

Does this all apply for healthcare workers just as it does for members of the public?

This guidance provides advice on the management of staff and patients in health and social care settings:

<https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings#resident-exposures-in-care-settings>

If the appropriate PPE has been worn properly whilst in contact with a patient who then turns out to be COVID-19 positive, the staff who came into contact with the positive case whilst wearing appropriate PPE would **not** be deemed to be contacts who needed to self-isolate for 14 days. If there is any question about a breach of PPE or the level of PPE used, then the exposure would need to be risk assessed.



If a staff member tests positive for COVID-19, other staff members will have to self-isolate for 14 days if they are deemed to be 'contacts'. This could obviously have a big impact on a dental practice if a number of staff are deemed to be 'contacts' of the case. **It is therefore really important that the staff ensure they are socially distant from each other at all times when not wearing PPE** so that they are not deemed to be contacts.

I have had an antibody test and received a positive result. Do I still need to self-isolate if I am identified as a contact of a positive case?

Yes. Healthcare workers who have undergone COVID-19 antibody testing and received a positive result must still comply with any instructions to self-isolate as it is not yet known whether a positive antibody test demonstrates immunity.

What should I do if a member of staff develops symptoms of COVID-19?

If the staff member is at work he/she should be advised to put on a surgical face mask immediately and return home and self-isolate. <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

The staff member should be advised to seek a COVID-19 test ASAP. Tests can be requested by calling 119 or via this website: <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>

The pharmacy/practice manager or other appropriate person must notify Public Health England (PHE) of any positive cases they become aware of in staff or patients/members of the public who have visited their healthcare setting.

If staff absence is likely to impact on service delivery, the pharmacy/practice manager or other appropriate person must notify NHS EI by completion of the Notification of COVID-19 service disruption and/or outbreak in Primary Care form via the following link:

<https://forms.office.com/Pages/ResponsePage.aspx?id=kp4VA8Zyl0umSq9Q55CtvxHcP71skKxDgA-0H2yj0aVURDBDMzE0NE5aRFhSQ0MwSFhaQ0RQSDhaMS4u>

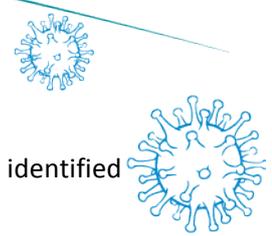
There is no requirement to inform NHS EI of a single positive case if there will be no impact on service provision.

How are the contacts of a case in a healthcare setting identified?

When an individual tests positive for COVID-19, they are asked to provide details of their recent contacts to NHS Test and Trace. If they report that they have been in a healthcare setting, eg a pharmacy or optometry/dental practice, either as a patient or a member of staff, the local PHE health protection team (HPT) will contact the healthcare setting to gather further information. *Please note that if the healthcare setting is made aware of a positive case in a member of staff/patient, they should proactively notify PHE.*

The HPT will ask the pharmacy/practice owner (or appropriate person) to identify any contact in the workplace setting between the positive case and other individuals from 48 hours before onset of symptoms (or 48 hours prior to the test if they are asymptomatic). This includes contact with other members of staff and contact with members of the public/patients. An assessment will be made of the infection prevention and control measures in place including appropriate use of PPE and social distancing measures for patients and staff to include any contact staff members might have with each other outside the immediate work setting eg lift sharing etc. An assessment of the length of contact will also need to be made. If PPE has been worn during the periods of contact, any possible breaches in PPE will need to be risk assessed to determine whether those individuals need to be classed as 'contacts'. The pharmacy/practice manager or other appropriate person will then be asked to get in touch with all identified contacts (staff and members of public/patients) and advise them accordingly about the need to self-isolate, as per the guidance for non-household contacts:

<https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>



The pharmacy/practice will be asked to report back to the HPT about the number of contacts identified and whether they have any symptoms.

How do I contact Public Health England if I need to notify them that a member of staff has tested positive for COVID-19?

PHE West Midlands

Telephone: 0344 225 3560 – Option 0 then Option 2

Out of hours (via West Midlands Ambulance Service First Response): 01384 679031

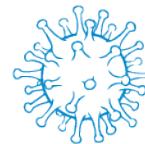
Email*: wm.2019cov@phe.gov.uk

**All urgent enquiries should be telephoned.*

PHE East Midlands

Telephone: 0344 2254 524, press the option the Health Protection Team

Appendix 25 – Hospital Outbreak Procedures



IIMARCH Template for reporting hospital outbreaks for Covid-19

Template to be completed for all providers of NHS commissioned services including acute, mental health, learning disability and autism, community, primary care and health & justice providers. The PHE definition of an outbreak is when there are 2 or more cases in 1 area (e.g. ward, bay, care home etc) at a period of time.

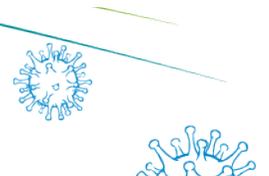
IIMARCH template to be immediately completed on identification of any new Covid-19 outbreak and updated on a daily basis until outbreak closed on request of Regional ICC with submission to at midday. IIMARCH templates to be submitted to Regional ICC at england.mids-incident@nhs.net

Organisation:		Organisation Lead (Director of Infection Prevention and Control or equivalent)	Name:
Site:			E-mail:
Service / ward area:		Public Health Lead	Telephone:
Date outbreak identified:			Name:
Date of next outbreak meeting:		System IPC Lead	E-mail:
Date and time of submission:			Telephone:
Name of person completing the form:		Contact person for questions from IIMARCH submission:	
Has this outbreak resulted in the suspension of an essential service within your organisation, or closure of patient admissions to a service? (Yes/No)			

Element	Key questions and considerations	Action / Response
---------	----------------------------------	-------------------



Element	Key questions and considerations	Action / Response
Information	<p>What, where, when, how, how many, so what, what might? Timeline and history (if applicable), key facts (including outline description of any facility affected)</p>	<p>Please include: Type of ward/area/unit and number of patients/beds Is this a covid19 positive or negative ward?</p> <p>How was the outbreak identified?</p> <p>Consider where transmission could have occurred for staff – social distancing/IPC breaches/non-clinical areas/</p> <p>Include timeline for patients/staff</p> <ul style="list-style-type: none"> • Date patient admitted, • Date of symptoms • Date swabbed • Date results • Date of staff symptoms • Date last worked • Date swabbed <p>Please include any related COVID19 deaths</p> <p>Has there been a previous outbreak in this area – if so when (brief overview)</p> <p>If this is only staff cases how are they linked? Have they worked together, do they lift share, are they living together</p>
	<p>1) Initial outbreak information (1.1 to 1.11 for completion when reporting a COVID-19 outbreak for the first time)</p>	
	<p>1.1 Has the organisation completed all the locally required actions in the outbreak flowchart (at end of this document)?</p>	



Element	Key questions and considerations	Action / Response
	1.2 Number of patients affected and tested COVID-19 positive?	Include numbers of <ul style="list-style-type: none"> • <2 days community onset • 3-7 days: Indeterminate • 8-14 days: Probable • >14 days: Definite How many were symptomatic
	1.3 Number of patients swabbed/blood tested awaiting result?	Interested in antigen testing not antibody testing Need info on when that took place to understand if any delay
	1.4 Number of staff affected and tested COVID-19 positive?	
	1.5 Number of staff swabbed/blood tested awaiting result?	Interested in antigen testing not antibody testing Need info on when that took place to understand if any delay
	1.6 Number of staff self isolating as a result of this outbreak (% of total organisation staff number)?	How many staff are self isolating because of illness/symptoms How many staff are self isolating because they have been contact of the case?
	1.7 Number of staff showing symptoms?	Were any of these staff ill/symptomatic at work?
	Capacity/Impact on:	
	1.8 Number of areas affected (e.g. ward, bay, care home, clinic rooms, beds etc)?	<i>Please confirm if this is a ward or a bay</i> <i>There are three bays closed on ward X</i> <i>Ward Y is closed 1 bay is closed</i> <i>Three clinic rooms are closed</i>
	1.9 Number of wards/areas closed to new admissions?	<i>Please confirm if this is a ward/unit or a bay that is closed.</i>



Element	Key questions and considerations	Action / Response							
	1.10 Number of empty beds that cannot currently be utilised?	<i>Because of this outbreak, if you have beds that have been agreed not to be used because of social distancing these do not need to be included.</i>							
	1.11 Number of bed days lost?								
	2) Outbreak daily update (2.1 to 2.5 for completion only if you have previously given notification of a COVID-19 outbreak)								
	Please delete week as appropriate for daily submission → → →	+24hrs / day 1	+48hrs / day 2	+72hrs / day 3	+96hrs / day 4	+120hrs / day 5	+144hrs / day 6	+168hrs / day 7	
	<i>Only include the numbers for the 24 hour period here, please do not include the cumulative total.</i>	+192hrs /day 8	+216hrs / day 9	+240hrs / day 10	+264hrs / day 11	+288hrs /day 12	+312hrs / day 13	+336hrs / day 14	
	2.1 Number of patients affected and tested COVID-19 positive in the last 24 hours?								
	2.2 Number of patients swabbed/blood tested awaiting result in the last 24 hours?								
	2.3 Number of staff affected and tested COVID-19 positive in the last 24 hours?								
	2.4 Number of staff swabbed/blood tested awaiting result in the last 24 hours?								
	2.5 Number of staff self isolating today as a result of this outbreak (% of total organisation staff number)?								



Element	Key questions and considerations	Action / Response
INTENT	<p>Why are we here, what are we trying to achieve? Strategic aim and objectives, joint working strategy</p> <p>What are your immediate interventions attempting to achieve with regard to the outbreak, in order of priority?</p>	<p>if you have a clear cause of the outbreak please share it?</p> <p>Include immediate interventions and what they are attempting to achieve with regard to the outbreak.</p> <p>i.e. PPE breaches identified – additional training for staff in place to be completed by x</p> <p>staff transmission suspected – testing for staff being commenced and completed by positive patients have been moved into the positive covid19 pathway</p>
METHOD	<p>How are we going to do it? Command, control and co-ordination arrangements, tactical and operational policy and plans, contingency plans</p> <p>Please include operational governance process including detail of outbreak control meetings and frequency</p>	<p>Who is leading on the outbreak? How is the incident being managed? Is an IMT being called – when? Have you invited NHSEI and PHE and LA Director of Public Health?</p> <p>What mitigations are you putting in place? Are patients being isolated or cohorted?</p> <p>Are you swabbing staff – if so when or if not please indicate why? Have you identified any capacity issues with completing this in a timely manner.</p> <p>Are staff being shared between wards? Have any bank/agency staff been working on the area?</p> <p>What is your patient swabbing regime, when are swabs being taken?</p> <p>Have RCAs for patients with positive screens post day 8 been started? If not, what is the plan to complete these?</p>



Element	Key questions and considerations	Action / Response
ADMINISTRATION	<p>What is required for effective, efficient and safe implementation? Identification of commanders, tasking, timing, decision logs, equipment, PPE, welfare, logistics</p> <p>Please include a clear timeline for actions and interdependences including resources, capacity and confidence to deliver and mobilise actions</p>	<p>This section should be informed by your risk assessment of the outbreak.</p> <p>What do you need to do immediately? Enhanced cleaning/increase PPE/Training?</p> <p>What PPE is being worn/used? Is this changing in light of outbreak/transmission?</p> <p>Are staff able to access all facilities needed – if you isolate the ward and advise restricted movements do staff have access to facilities for sustenance and adequate toilet facilities.</p>

Element	Key questions and considerations	Action / Response
RISK ASSESSMENT	<p>What are the relevant risks, and what measures are required to mitigate them?</p> <p>Risk assessments (dynamic and analytical) should be shared to establish a joint understanding of risk.</p> <p>Risks should be reduced to the lowest reasonably practicable level by taking preventative measures, in order of priority. Consider the hierarchy of controls and clear process for escalation.</p>	<p>This needs to explain the outbreak happened in detail and links to intent section. It needs to cover:</p> <p>Source of transmission (Staff to staff, patient to patient, patient to staff' staff to patient)</p> <ul style="list-style-type: none"> • PPE breach • Inappropriate PPE • Lack of social distancing between staff • Lack of space in the unit • Lack of patient testing • Lack of cohorting • Negative patient placed in positive setting • Shared transport • Had all of the patients been on a different ward previously? • Positive patient moved before they were asymptomatic? <p>Need info on risk to wider service delivery</p> <p>Risk assessment of staff still in work Staff capacity Risk assessment for all staff remaining but particularly BAME excess risk for staff</p> <p>If the place had a previous outbreak it needs to be clear what is being done now that was not done before</p>



Element	Key questions and considerations	Action / Response
COMMUNICATIONS	<p>How are we going to initiate and maintain communications with all partners and interested parties?</p> <p>Comms strategy including understanding of inter-agency communications, information assessment, media handling and joint media strategy and frequency of updates</p>	<p>Who is charge of comms</p> <p>Who has been informed of outbreak (specifics)</p> <ul style="list-style-type: none"> • CCG • LA • PHE • NHSEI • Other (state) <p>Has a serious incident been declared/reported?</p> <p>Has the coroner been informed of patient deaths?</p> <p>Has it been reported under RIDDOR where applicable?</p> <p>Have you co-produced a holding statement with NHSEI</p>
HUMANITARIAN ISSUES	<p>What humanitarian assistance and human rights issues arise or may arise from this event and the response to it?</p> <p>Requirement for humanitarian assistance, information sharing and disclosure, potential impacts on individuals' human rights</p>	<p>are there any concerns with DOLS etc?</p>

When using IIMARCH, it is helpful to consider the following:

- Brevity is important - if it is not relevant, leave it out
- Communicate using unambiguous language free from jargon and in terms people will understand
- Check that others understand and explain if necessary
- Consider whether an agreed information assessment tool or framework has been used



Hospital Onset COVID-19 Outbreaks - Actions to be taken by Trusts

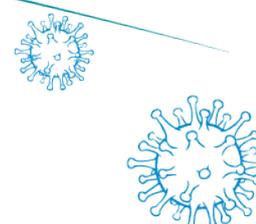
- Local leadership made aware.
- Use existing infection prevention control guidance.
- Ensure that PHE have been alerted via the local Health Protection Team (HPT).
- Ensure leadership provided by Director of Infection Prevention and Control (DiPC).
- Establish outbreak control team in line with guidance.
- Consider: operational impact/mitigating measures/mutual aid.
- Agree mitigation/escalation/battle rhythm.
- Agree communications and media approach.
- Agree reporting arrangements including SitRep.
- Contact CCG and/or STP/ICS and contact Regional ICC, provide SitRep (IIMARCH), and agree any further actions to be taken.
- Ensure data set includes:

<ul style="list-style-type: none"> • Date of outbreak • Ward(s)/department • Numbers/background/index cases 	<ul style="list-style-type: none"> • Staff absence levels • IPC local measures • Testing (PCR and antibody) 	<ul style="list-style-type: none"> • Impact on Trust and activity.
--	--	---
- Ensure staff absence reported via (SitRep).
- Agree any additional testing (PCR and antibody) required.
- Review compliance with IPC guidance.

Primary Care Onset COVID-19 Outbreaks - Actions to be taken by Providers

- Use existing infection prevention control guidance and operate in line with it.
- Initiate business continuity, including buddying arrangements.
- Inform commissioner and agree:

<ul style="list-style-type: none"> • Operational impact/mitigation • Staff absence (SitRep) • Compliance with IPC guidance 	<ul style="list-style-type: none"> • Report to CCG or NHSE/1 Regional Incident Coordination Centre • Process for reinstating services when safe.
---	--
- Update Directory of Services and provide patient facing communications on how to access services (websites, voicemail, posters).



Template Agenda for COVID-19 incident/outbreak meeting

<Date, time and venue>

45. Introductions & apologies

46. Minutes – review of actions from previous meeting(s)

47. Purpose of the meeting

- a. At first meeting agree Chair and Terms of Reference

48. Summary of situation- situation updates (for subsequent meetings)

- a. Epidemiological
 - a. Number of cases according to case-definitions and description by person, place and time
 - b. Clinical management & outcome
- b. Patient movements on admission
- c. Suspected cases- patients and linked staff
- d. Patient pathway- from admission to discharge

49. Microbiology: testing regime in general, testing carried out, potential future testing needs,

50. Infection Prevention and Control

- i. Case isolation/cohorting facilities
- j. Environmental cleaning

51. Current Risk assessment -any evidence of hospital transmission

- a. Implication for finding further case(s) as per case definition
- b. Implications for current control measures
- c. Potential for review of control measures

52. Contacts identification/management

- a. Staff
- b. Patients

53. Discharge Plans for cases- returning to own or residential facilities and ability to self-isolate safely.

54. Communications

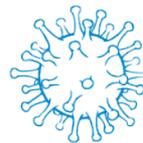
- a. Internal – staff, inpatients, students, volunteers, visitors
- b. Discharged patients – contacts of confirmed case
- c. External: NHSE, PHE, Media statement

55. Agreed actions

56. Any other business

Date of the next meeting

NHSEI/PHE Outbreak Cell



Interfacility Transfers: Good Practice Guidance

Transferring patients between care settings to meet patient medical or nursing need during Covid-19 might be required in patients, either as part of step-down or rehabilitation arrangements or change in clinical need.

This may include the need for a specialist procedure or treatment for example, cardiac angioplasty or renal dialysis.

Where possible, patients should be deemed clinically fit for discharge or transfer to other clinical settings.

As far as possible, transfer should be avoided if the patient is:

- Pyrexial or acutely unwell
- Currently on a ward where there is an ongoing Covid outbreak

If transfer is essential, **the ambulance service/patient transport service and receiving hospital must be advised in advance of the infectious status of the patient.**

The Covid risk of a patient is based on:

- The length of time they have already been an inpatient
- Their testing schedule and outcomes
- Their symptomatology
-

The Covid status of a patient should be known prior to their transfer (see below for transfer of patients in an emergency)

IPC measures should continue for COVID-19 patients until 14 days have elapsed since their first positive SARS-CoV-2 test. This is due to uncertainties about the duration of infectiousness for patients with more severe illness or immunosuppression which may increase the time of viral shedding.

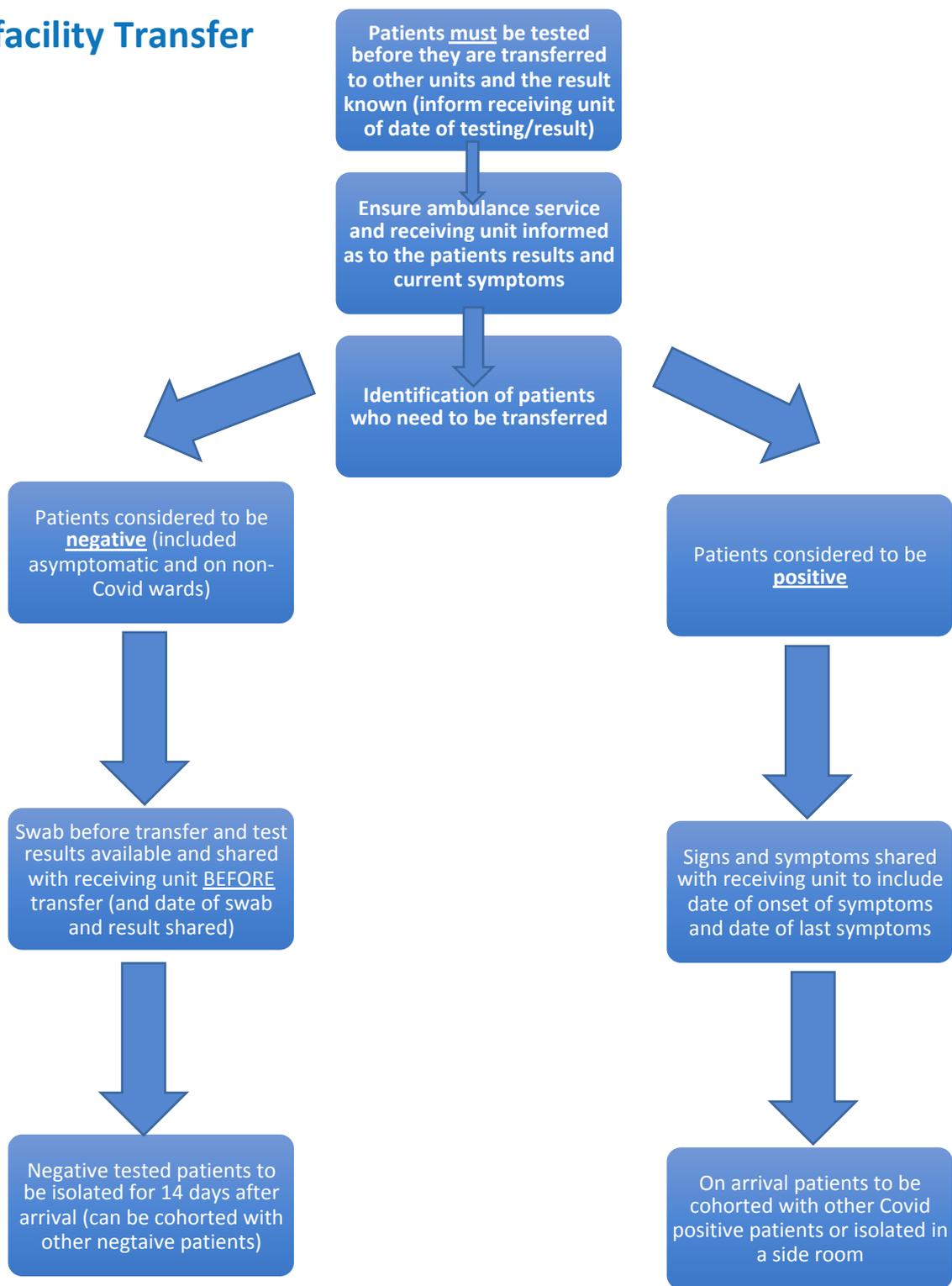
The following flow diagram is a visual aid for the process to be followed for safe interfacility transfer.

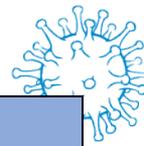
Transferring patients in an emergency scenario

If a patient has an emergency clinical need for transfer the patient's current infectious status and a risk assessment of the patient's **current infectious status** should be shared with the ambulance service and the receiving unit.



Interfacility Transfer





Concise COVID19 RCA tool

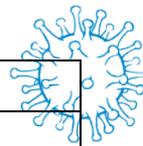
Report Information			
Report completed by (job title):		Organisation completing the report:	
Date of completion:			

Demographics			
Organisation where specimen was taken		Ward/area/unit	
Date of Specimen		Date of result	

Patient Demographics			
Patient identifier (NHS/hospital number)		Patient outcome:	
Date of birth		Gender	
Ethnicity:		Date of Discharge/Death:	
Date of Admission		COVID19 recorded on death certificate:	
		Place of discharge:	
Reason for admission			
Past Medical History			

Screening/testing			
Screened on admission		Result:	
Date of subsequent specimen		Date and outcome of result	
Date of subsequent specimen		Date and outcome of result	

COVID19 Infection			
Symptomatic		Date started	
Temperature		Anosmia	



Cough		Shortness of Breath	
Other:			
Risk factors			
Age >50		Cardiovascular disease	
Chronic Lung Disease		Immunosuppressed	
Pregnant		Ischemic Heart Disease	
Male		Hypertension	
BAME		Diabetes	

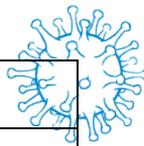
Category of infection:	
Probable 8 – 14 days	
Definite Hospital acquired 14 days +	
Is this part of an outbreak?	

Chronology – patient journey (dates, location within hospital, any AGPs or interventions. Include current location of patient - isolated, cohorted etc)			
Number of staff contacts		Number of patient contacts	

Isolation			
Isolated or Cohort		Treatment	
Date			
Patient Contacts			

Audits				
Cleaning Audit	Date:		Score:	
Hand Hygiene Audit:	Date:		Score:	
Social Distancing Audit	Date:		Score:	
Personal Protective Equipment Audit	Date:		Score:	
Compliance issues identified during audits:				

Contributing Organisational Issues	
Availability of Supplies	



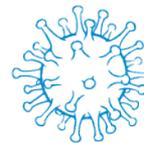
Bed Capacity			
Staffing Levels/Availability			
Patient screening history incomplete			
Social Distancing			
Patient has been moved from another hospital			
Patient has been moved from another part of the hospital or ward			
Compliance with mandatory training (all staff involved in care)			
Compliance issues identified			
Have there been any previous cases in the month prior to this case?		Was the previous case investigated and actions completed?	

Good practice points identified

Lessons Learnt and Action Plan (with timescales)

Dates of notification				
Infection Prevention and Control Committee	Date:			
PHE	Date:			
NHSEI	Date:			
CCG	Date:			
Other:	Date:			

Please return a copy of this RCA to england.cv-outbreakipc@nhs.net



Appendix 26 – Memorandum of Understanding (MOU)

MOU - PHE-LA Joint Management of COVID-19 Outbreaks in the West Midlands v 4

(Acknowledgement: based on a model developed in the East of England for care home outbreaks)

Date developed 14/05/20

Review date 29/05/2020 (S,T&W)

Overview

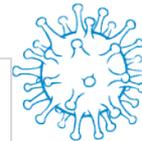
This Memorandum of Understanding (MOU) provides a suggested framework and details of the arrangement for working across PHE Midlands, public health structures in Telford and Wrekin and Shropshire Local Authorities, Shropshire, Telford and Wrekin Clinical Commissioning Groups (STW CCG) and other relevant organisations, including Shrewsbury & Telford Hospitals NHS Trust and Shropshire Community Trust (ShropComm), for dealing with COVID-19 outbreaks in across a variety of settings. It recognises the different capacities across the region and the need to develop the arrangements jointly across each area. This MOU will support the effective delivery of local COVID outbreak control plans by defining the specific roles and responsibilities of individual arrangements in responding to outbreaks.

PHE will work collaboratively with LAs both proactively and reactively to ensure two way communication about outbreaks, local intelligence, enquiries and wider issues/opportunities.

This MOU will be kept under review, in line with national guidance and changes in the capacity across the system. It is an outline document intended to be flexible and adaptable for local operation. Different local systems in the WM have different support and outbreak management arrangements, including differing LA Public Health team roles and capacity, so this MOU is intentionally flexible to allow for that.

The suggested overarching joint approach to managing complex cases and outbreaks will be as follows:

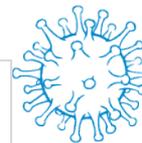
- PHE and LA are to be notified of any suspected outbreak directly by the organisation or by partner organisations notifying on behalf of the organisation via the online reporting tool: <https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2I> and to ShropshirePublicHealth@shropshire.gov.uk or COVIDSPOC@telford.gov.uk
- PHE working through the Council will arrange swabbing and testing for symptomatic individuals when first advised of an outbreak, (within a particular setting, or cohort), in the first instance through the local testing programme (Pillar 1) shropcom.singlepointofreferral@nhs.uk;
- PHE will undertake an initial risk assessment, share the risk assessment and give advice to the setting and the local system on management of the outbreak (an outbreak is defined as 2 or more suspected cases in the same setting, within a 14-day period). If relevant the local system should be informed of a single positive case, e.g. in a school, other complex setting or vulnerable individual.



- PHE will work in conjunction with LA through a Multidisciplinary Team (MDT), Incident Management Team (IMT) and/or data sharing arrangements as appropriate, to share information and actions regarding the situation.
- The LA will work with the IPC leads to follow-up and support the setting to continue to operate (or not), where possible and appropriate, whilst managing the outbreak, including support with infection prevention and control;
- PHE will continue to give advice on complex situations on request from local systems, including advice on closing and opening settings.
- Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.
- The arrangements will be kept under continuous review with the anticipation of the Council taking on additional responsibilities for some of the complex settings through agreement.

Rationale for the joint MOU

1. To have a joint collaborative and co-ordinated approach to:
 - supporting WM settings including care homes, extra care housing and supported housing, workplaces, schools, nurseries, homeless hostels, faith settings etc. in managing COVID19 outbreaks
 - finding and supporting complex individual contacts that the national centre has been unable to locate.
2. The aim of this joint approach is to reduce transmission, protect the vulnerable and prevent increased demand on healthcare services.
3. To streamline the follow up of WM all settings by the LA, CCG and PHE Health Protection Team (HPT) as listed above.
4. To provide consistent advice to settings.
5. To have a single point of contact in PHE and each LA to facilitate communication and follow up.
6. To provide a joint response for outbreak management, providing infection control advice and support for operational issues.
7. To develop and maintain a surveillance and monitoring database for outbreaks for COVID19, aligning with existing databases held by partners (LA and CCGs).
8. To share outbreak information between PHE, LA and CCGs to facilitate appropriate measures.



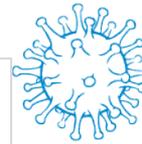
Governance and Key Guiding Principles

PHE will fulfil its statutory duty as outlined below by receiving the notification of outbreaks, directly or through testing data/local intelligence, undertaking the risk assessment and providing public health advice in accordance with national guidance or local MOUs. The LA will fulfil its statutory duty regarding assurance and to lead the development of Local Outbreak Plans, and to jointly with PHE, through local health protection team to lead the work on managing outbreaks in complex settings and situations.

PHE and LA will work together to ensure timely and effective communication processes between themselves and for communication with specific settings.

As per this joint MOU and in line with the statutory roles outlined below, LAs or PHE will conduct follow up of these settings as a shared responsibility with CCGs and fulfil their statutory duty for safeguarding and protecting the health of their population:

1. PHE has responsibility for protecting the health of the population and providing an integrated approach to protecting public health through close working with the NHS, LAs, emergency services, and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases.
2. The health and social care system together with Local Government has a shared responsibility for the management of outbreaks of COVID-19 in the WM.
3. Infection control support for each setting will be provided in line with local arrangements. (See appendix 1 for a summary of agreed local arrangements)
4. Under the Care Act 2014, Local Authorities have responsibilities to safeguard adults in its area. LAs responsibilities for adult social care include the provision of support and personal care (as opposed to treatment) to meet needs arising from illness, disability or old age. There are similar responsibilities in relation to children and young people.
5. Under the Health and Social Care Act 2012, Directors of Public Health in upper tier and unitary local authorities have a duty to prepare for and lead the local authority (LA) public health response to incidents that present a threat to the public's health.
6. Under the Health and Social Care Act 2012, CCGs have responsibility to provide services to reasonably meet health needs and power to provide services for prevention, diagnosis and treatment of illness.
7. Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE, under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020. PHE will also work with LAs on communications to specific settings (e.g. care homes, schools, workplaces) to ensure that notification of outbreaks occurs in a timely fashion.
8. Under mutual aid arrangements and Government directive, this collaborative arrangement creates a shared responsibility between the LAs and PHE in dealing with COVID-19 outbreaks.
9. In practice the LAs and PHE HPT will work closely together to deliver the duty to collaborate as part of a single public health system to deliver effective control and management of COVID-19 outbreaks.



PHE HPT Role

1. Risk assessment of Complex Cases and Situations

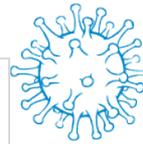
- 1.1 On initial notification, the HPT within PHE will do the risk assessment, and collaborate with the LA HPT to share the risk assessment.
- 1.2 The HPT will give infection control advice (verbal and email) to the individual or organisation to minimise spread of infection.
- 1.3 The HPT will inform the LA by daily summary by email (to agreed SPOC email) and by phone if urgent action is required. The email will include details of the case, setting, situation, and a copy of the risk assessment and action already taken, also anything that was a cause for concern in the initial discussion
- 1.4 LA to update PHE on the status of each outbreak at 14 days, unless an earlier alert is deemed necessary in complex situations, via the following email address wm.2019CoV@phe.gov.uk
- 1.5 In complex situations a joint discussion on control measures will take place between LA/CCG lead and PHE. An example indicating poor outbreak control would include sudden high attack rate, increase in deaths or other operational issues.

2 Swabbing/testing of new outbreaks

- 2.1 Swabbing will be coordinated by PHE or LA in complex situations via MDT or IMT, in line with current arrangements e.g. A one-off swabbing of symptomatic residents and staff in a care home will be arranged by the HPT when the outbreak is first reported by the setting.
- 2.2 The results will be provided by the organisation taking the sample. (See appendix 1 for further details).
- 2.3 Further testing will be supported based on national decisions relating to the complex situation or cases and asymptomatic transmission risk. This will be arranged in conjunction with local teams via an MDT approach as necessary, including agreement about who will be tested and the approach for testing.

3.Regional Coordination and Support

- 3.1 PHE will:
 - provide regional co-ordination e.g. sharing of best practice, solutions to complex problems etc.,
 - provide regional advice and guidance where there are gaps in national guidance,
 - flag gaps / discrepancies in guidance to the national teams and support local teams while awaiting further guidance.



4 Operational Reporting to Local Systems

- 4.1 A daily summary table listing of situations in each Local Authority area, as recorded by PHE's Health Protection database will be provided to DsPH or their SPOC to aid operational management. This will include a summary overview and a second level details of outbreak/situations.
- 4.2 Reconciliation to take place by local teams using local intelligence and monitoring systems to ensure accuracy and assurance. Any issues to be raised with the PHE HPT and actions agreed.

5 Operational Enquiries

- 5.1 Enquiries received by HPT relating to operational issues, such as listed below, will be forwarded to local systems' SPOC email and if urgent via phone contacts listed below.
- i) Sourcing PPE
 - ii) Operational issues relating to staff capacity and other support to business
 - iii) Removal of dead bodies
 - iv) Care provision
 - v) Whistleblowing regarding poor workplace practices
- 5.2 Enquiries received by the local authority that requires a policy understanding from PHE, will be forwarded to **wm.2019CoV@phe.gov.uk**

Local System Role

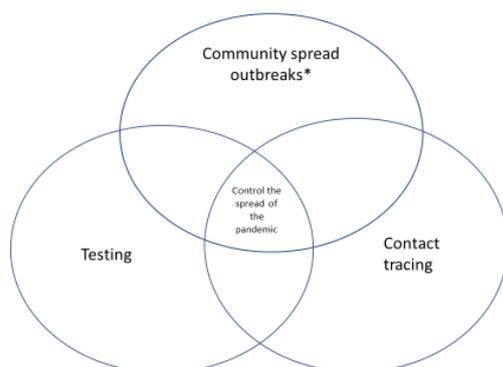
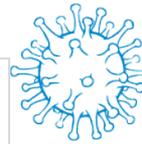
Shropshire COVID health protection cell

Outbreaks in Shropshire are managed by the Shropshire COVID health protection cell in line with local outbreak management plans.

Shropshire Council will work jointly with Public Health England to manage outbreaks and contact trace linked to settings:

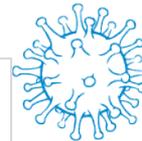
1. Care homes
2. Prisons
3. Schools and educational institutions
4. Workplace
5. Faith settings
6. Hotels, conferences and events
7. Returning travellers
8. Homeless hostels and other homes of vulnerable residents

Daily settings SitRep will be received for Shropshire residents from NHS Test and Trace tiers 3 & 2 via shropshirepublichealth@shopshire.gov.uk



* Outbreaks may be in a variety of settings: care homes, hospitals, prisons, workplaces, schools, places of worship etc

1. To work jointly with the local system to contain outbreak.
2. To ensure Shropshire outbreak plans are up to date and accessible.
3. Ensure locally commissioned arrangements are in place and are communicated to all key stakeholders in a timely manner.
4. To contribute to the PHE led outbreak management team where a team is required.
5. To liaise with partners in the local system to ensure appropriate supplies of health protection equipment are in place.
6. To provide follow up health protection advice and support to settings based on PHE initial assessment and advice.
7. To work with partners to:
 - a. Facilitate appropriate COVID testing and reporting through the ShropComm. route. If this is not possible to facilitate through the national routes as per the testing grid (COVID cell Teams).
 - b. Ensure that appropriate IPC advice is available to the setting in line with Appendix 1.
8. To follow up on data provided by Tiers 3 & 2, PHE and contact trace individuals linked to complex settings (listed previously) who have been in touch with cases.
9. To provide advice to contacts of cases in line with government guidance including self-isolation, health protection and testing.
10. To ensure that outbreak data is recorded in HP zone, when available. If HP zone is not available data to be collected on Shropshire COVID cell data form (COVID cell Teams site) (**note:** individual incidents to be recorded on the Shropshire COVID cell incident form (COVID cell Teams site)).
11. To maintain communications with key partners during outbreak



12. To work with partners relevant to each setting to follow up and collate assessment data for decision making purposes.
To manage local communications via Shropshire Council comms and STW STP.
Contact: communications@Shropshire.gov.uk

Telford & Wrekin Health Protection Hub

Outbreaks in Telford & Wrekin are managed by the Telford & Wrekin Health Protection Hub (HPH) in line with local outbreak management plans. Telford & Wrekin will ensure that the HPH is adequately resourced so that tasks can be undertaken efficiently in enable to support the functions required in Appendix 1

Telford & Wrekin will work jointly with Public Health England to manage outbreaks and linked to settings:

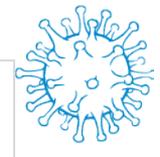
- Care homes
- Prisons
- Schools and educational institutions
- Workplace
- Faith settings
- Hotels, conferences and events
- Returning travellers
- Homeless hostels and other homes of vulnerable residents

To follow up on data provided by NHS Test and Trace Tiers 3 & 2, PHE and contact trace individuals linked to complex settings (listed above) who have been in touch with cases.

All cases and contacts will reported by PHE to COVIDSPOC@telford.gov.uk

When investigating these complex cases Telford & Wrekin HPH will:

1. Have local outbreak control plans and investigation aide memoires in place across all settings that are accessible to the HPH members.
2. Will advise PHE of local outbreaks that Telford & Wrekin have knowledge of outside of the testing regime and will gather initial information. These details will be emailed to PHE: wm.2019CoV@phe.gov.uk
3. Will contribute to the PHE led outbreak management team where a team is required
4. To provide follow up health protection advice and support to settings based on PHE initial assessment and advice
5. When contacting the setting will ensure infection control advice provided is implemented and understood. HPH will work with other stakeholders as required
6. Ensure that the communication channels for communicating with all stakeholders are in place and understood
7. Facilitate appropriate COVID testing and reporting through the ShropComm route if this hasn't been arranged by PHE. If this is not possible, to facilitate through the national routes as per the testing grid (COVID cell Teams)
8. Will provide proactive support for enclosed settings facing possible crises by identifying any enclosed settings which have high levels of risk or need (e.g. high numbers of symptomatic patients or staff shortages that risk resident safety), alongside local services. Including sourcing emergency PPE provision for settings where required
9. To give consistent approach and setting guidance.

- 
- 
- 
10. Ensure that the communication channels for communicating with all stakeholders are in place and understood
 11. Control measures should be documented with clear timescales for implementation and responsibility data is recorded in HP zone, when available. If HP zone is not available data to be collected on Telford & Wrekin HPH Covid Outbreak Questionnaire
 12. Ensure locally commissioned arrangements are in place and are communicated to all key stakeholders in a timely manner.
 13. LA HP cell be jointly responsible for communicating the cessation of the outbreak to the stakeholders and the general public if appropriate, in collaboration with the PHE.
 14. To be responsible for and manage Telford & Wrekin communication via media@telford.gov.uk

Contact details

Contact details for PHE are wm.2019CoV@phe.gov.uk

Contact details for Shropshire Council

Shropshirepublichealth@shropshire.gov.uk or 0345 678 9028 and out of hours 01743251234
Communications: communications@shropshire.gov.uk or 01743 250499 (note: communications will usually go out via STP comms – Maria will facilitate)

Leads:

Rachel Robinson DPH Rachel.Robinson@shropshire.gov.uk
Susan Lloyd CPH Susan.Lloyd@shropshire.gov.uk

Contact details for Telford & Wrekin Council

Phone (in and OOHs): Emergency Planning Duty Manager 07580 531257
Generic SPOC email is COVIDSPOC@telford.gov.uk all comms – in and out of hours

Leads:

Liz Noakes DPH Liz.Noakes@telford.gov.uk
Helen Onions CPH Helen.Onions@telford.gov.uk
Nicky Minshall Nicky.Minshall@telford.gov.uk

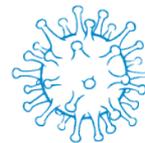
Shropshire, Telford & Wrekin local COVID-19 testing (pillar 1)

Shropshire Community NHS Trust
Residents with symptoms: shropcom.singlepointofreferral@nhs.uk
Staff testing people@stwtogether.co.uk.

Please refer to testing grid for all testing routes available: N.B see appendix 34

Shropshire, Telford & Wrekin CCGs Infection Prevention Control Team

Please email, ccg.ipc@nhs.net



Version Control

Version & Date	Amendments	Authors
V1.0, 14/05/20	Initial Draft	West Midlands Centre
V2.0 28/05/20	Shropshire, Telford & Wrekin Local System	Shropshire Public Health Team
V2.0 29/05/20	Shropshire, Telford & Wrekin Local System	Telford & Wrekin Public Health and Public Protection
V2.0 31/05/20	Infection control	STW CCG IPC
V2.1 2/06/20	Shropshire, Telford & Wrekin Local System	Shropshire Public Health Team
V3		
V4 16/06/20	Revised Draft post PHE feedback	Kate TW

Appendix 1 – Roles by setting – 28th May 2020 (will change as time progresses and local skills develop)

	Setting							
	Care Home (or other CQC registered care provider)	Other residential setting (ie children's home)	School	Workplace	Prison	Homeless / hostel	Faith Setting	Hospital
Receive notification	PHE, CQC	PHE, LA	PHE, LA	PHE, LA	PHE	PHE, LA	PHE	PHE, SATH
Gather information and undertake risk assessment	PHE	PHE, LA	PHE, LA	PHE, LA	PHE	PHE, LA	PHE	SATH / ShropComm
Arrange testing (see testing grid)	LA: ShropComm				PHE	LA/ ShropComm	LA/ ShropComm	SATH / ShropComm
Provide initial advice and recommend control measures	PHE	PHE, LA			PHE	PHE, LA	PHE, LA	SATH / ShropComm
Provision of results	ShropComm		ShropComm	Pillar 2	PHE	ShropComm/ Pillar 2	Pillar 2	SATH / ShropComm
IPC follow up	PHE, LA, CCG IPC	PHE, LA, CCG IPC	PHE, LA	PHE, LA	PHE, Shropcom	PHE, LA	PHE, LA	IPC Teams at: SaTH RJAH ShropComm
Access to PPE	Emergency PPE STWPPE@shropshire.gov.uk							
Chair IMT if required	PHE or LA				PHE	PHE or LA		SATH/ ShropComm
Key partners	PHE, ASC, PH, SPIC, SaTH, comms		PHE, LA schools team, PH, school, comms , CYP safeguarding team, Shrop Comm SN	PHE, business, PH, comms	PHE	PHE, hostel, LA housing, PH, comms Adult safeguarding team	PHE, faith community, PH, comms	SATH/ ShropComm PHE
Follow up	PHE, PH, ASC		PHE, LA	PHE, LA	PHE	PHE, LA	PHE, LA	PHE
Comms	PH, ASC, SPIC		PHE, LA	PHE, LA	PHE	PHE,LA	PHE, LA	PHE. SATH, STP

Appendix 2

Shropshire, Telford and Wrekin proactive and reactive support for settings (15/06/20)

	Schools Proactive	Schools ongoing	Vulnerable settings (HMOs) and vulnerable individuals
T&W	Edited PHE Letter to schools, Risk assessment undertaken, PPE packs sent (supported by H&S), SN offer re handwashing lessons or teaching pack available on a schools' sharepoint site for teachers to use. Schools provided with UV lights & glitter bug gel. Considering ptl role for HVs tbc	Health Protection Hub: multidisciplinary team to provide bespoke support: Liz Noakes, Helen Onions, Nicky Minshall, EHOs, PH Nurses, Schools HR, School nurse (HP Cell 2/7)	Good links with those licensing eg drug and alcohol recovery houses
Shrop	Letter to schools from DCS DPH, regular comms. highlighting guidance, Risk assessments undertaken (PH&H&S) – completed by schools online. HPT contact details for schools, PPE packs sent, Localised schools resources pack distributed to schools, Draft schools SOP and flow diagram.	Health Protection Hub: multidisciplinary team to provide bespoke support: Rachel Robinson, EHOs, PH Nurses, HR, School nurse. Phone support and email support (HP Cell – 9-5 - 7 days per week) Daily, weekday SitRep report to LA school services	Public Health leading the operation of the Council Community Reassurance Team including Housing team. Good links with Drug and Alcohol team for the support of vulnerable adults Good mental health support including bereavement support
	Workplaces Proactive	Workplaces ongoing	
T&W	Messaging to all workplaces Mapping of high risk premises	Health Protection Hub: multidisciplinary team to provide bespoke support: Liz Noakes, Helen Onions, Nicky Minshall, EHOs, PH Nurses, Schools HR, School nurse (HP Cell 2/7)	
Shrop	Letter to workplaces (modified school letter) EHOs undertaking risk assessment of local businesses Working closely with Towns Recovery Teams and Business Recovery Team Draft workplaces SOP being written	Health Protection Hub: multidisciplinary team to provide bespoke support: Rachel Robinson, EHOs, PH Nurses, HR, School nurse. Phone support and email support (HP Cell – 9-5 - 7 days per week)	
<p>Outbreak testing and ongoing CH testing delivered by Shrop Comm. – anticipate sufficient capacity to support ongoing requirements for routine outbreak testing or enhanced. Pillar 2 testing – Regional Testing Centre + MTUs</p>			

Appendix 27

Standard Operating Procedure PHE-LA Joint Management of COVID-19 Outbreaks in the West Midlands

(Acknowledgement: based on a model developed in the East of England for care home outbreaks)

Version 4: 30th June 2020 and will be kept under continual review

1. Overview

This provides a framework for working across PHE WM, public health structures in Local Authorities (LAs), Clinical Commissioning Groups (CCGs) and other relevant organisations for dealing with COVID-19 outbreaks in a variety of settings. It has been developed by Public Health England (PHE) WM and the Association of Directors of Public Health (ADsPH) WM as the basis for working together during the Test, Trace, Contain, Enable (TTCE) phase of the response to COVID-19.

It recognises both PHE's mandate to protect the public's health, and the specialist health protection service that PHE offers locally and regionally, and the LA duty to protect the health of the people it serves with DsPH providing the local public health leadership role for the management of outbreaks in their area

We recognise that there will be different capacities and capabilities across the region and that we will need to develop and implement the arrangements jointly across each area to make best endeavours using all the resources available both to PHE and the LA and local system partners.

This SOP will support the effective delivery of local COVID-19 outbreak control plans by defining the specific roles and responsibilities of individual arrangements in responding to outbreaks.

This SOP will be kept under review, in line with national guidance and changes in the capacity across the system. It is intended to be flexible and adaptable for local operation. Different local systems in WM have different support and outbreak management arrangements, including differing LA Public Health team roles, so this SOP is intentionally flexible to allow for that.

The suggested overarching joint approach to managing complex cases and outbreaks will be as follows:

- PHE will arrange swabbing and testing for symptomatic individuals when first advised of an outbreak (within a particular setting, or particular cohort), linked in with regional/local arrangements for testing.

- PHE will undertake the initial risk assessment, share the risk assessment with the LA and give advice to the setting and the local system on management of the outbreak. If relevant the local system will be informed of a single positive case eg in an education setting, other complex setting (emergency accommodation) or of a vulnerable individual.
- The local system, led by the DPH, will follow-up and support the setting to continue to operate (or not) whilst managing the outbreak, including support with infection prevention and control.
- Local systems will have responsibility for providing settings with infection prevention and control advice. PHE health protection teams (HPT) will support and advise the LA as necessary.
- PHE will work collaboratively with LAs both proactively and reactively to ensure two way communication about outbreaks, local intelligence, enquiries and wider issues/opportunities.
- PHE will continue to give advice on complex situations on request from local systems, including advice on closing and opening settings.
- Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.
- Local authorities will lead on media and communications, with support from PHE as appropriate.
- PHE and DsPH will also work closely together to monitor surveillance data and other intelligence to identify and investigate as appropriate, local exceedances in cases that may indicate community transmission of COVID

2a. Rationale for the joint SOP

9. To have a joint collaborative and co-ordinated approach to:
 - supporting WM settings including care homes, extra care housing and supported housing, workplaces, schools, nurseries, emergency accommodation, faith settings etc. in managing COVID-19 outbreaks
 - finding and supporting complex individual contacts that the national contact tracing system has been unable to advise fully, or where there are concerns raised regarding compliance with advice.
10. The aim of this joint approach is to reduce transmission, protect the vulnerable and prevent increased demand on healthcare services.
11. To streamline the follow up of WM care settings by the LA, CCG and PHE Health Protection Teams.
12. To provide consistent advice to settings.
13. To have a single point of contact in PHE and each LA to facilitate communication and follow up.
14. To provide a joint response for outbreak management, providing infection control advice and support for operational issues.
15. To develop and maintain a surveillance and monitoring system for outbreaks for COVID-19, aligning with existing databases held by partners (LA and CCGs)
16. To share outbreak information between PHE, LA and CCGs to facilitate appropriate measures.

2b. Governance and Key Guiding Principles

- i. PHE will fulfil its statutory duty as outlined below by receiving the notification of outbreaks (directly, or through testing data/local intelligence), undertaking the risk assessment and providing public health advice in accordance with national guidance or local SOPs such as the agreements that were developed for dealing with care home outbreaks. The LA will fulfil its statutory duty regarding assurance and lead the development of Local Outbreak Control Plans working through COVID-19 Health Protection Boards and in collaboration with emergency planning forums and a public-facing, member-led board. The LA will work jointly with PHE, through local health protection teams, to lead the work on managing outbreaks in complex settings and situations. This PHE-LA SOP will sit as an integral part of the Local Outbreak Control Plans to reflect the collaborative approach adopted by PHE and the LAs.
- ii. PHE and the LA will work together to ensure timely and effective communication processes between themselves and when communicating with specific settings.
- iii. As per this joint SOP and in line with the statutory roles outlined below, LAs or PHE will conduct follow up of these settings as a shared responsibility with CCGs and fulfil their statutory duty for safeguarding and protecting the health of their population:
- iv. PHE has responsibility for protecting the health of the population and providing an integrated approach to protecting public health and addressing health inequalities through close working with the NHS, LAs, emergency services, voluntary and community sector, and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases.
- v. The health and social care system, together with local government, has a shared responsibility for the management of outbreaks of COVID-19 in the WM.
- vi. Infection prevention control support and advice for each setting will be provided in line with local arrangements. (See appendix 1 for a summary of agreed local arrangements)
- vii. Under the Care Act 2014, Local Authorities have responsibilities to safeguard adults in its area. LA responsibilities for adult social care include the provision of support and personal care (as opposed to treatment) to meet needs arising from illness, disability or old age. The Children Act 2004 places duties on a range of organisations, including Local Authorities, to safeguard and promote the welfare of children.
- viii. Under the Health and Social Care Act 2012, Directors of Public Health in upper tier and unitary local authorities have a duty to prepare for and lead the LA public health response to incidents that present a threat to the public's health.
- ix. Under the Health and Social Care Act 2012, CCGs have responsibility to provide services to reasonably meet health needs and power to provide services for prevention, diagnosis and treatment of illness.
- x. Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE, under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020. PHE will also work with LAs on communication to specific settings (e.g. care homes, schools, workplaces) to ensure that notification of outbreaks occurs in a timely fashion.
- xi. Under mutual aid arrangements, this collaborative arrangement creates a shared responsibility between the LAs and PHE in dealing with COVID-19 outbreaks.

- xii. In practice the LAs and PHE HPT will work closely together to deliver the duty to collaborate as part of a single public health system to deliver effective control and management of COVID-19 outbreaks.

3. PHE Health Protection Team Role

A. Risk assessment of Complex Cases and Situations

- i. Complex cases and situations include the following examples:
 - situations where liaison with an educational setting or employer may be required
 - complex and high-risk settings such as care homes, healthcare services, prisons, accommodation for asylum seekers or the homeless
 - cases/contacts who are unable to comply with control measures
 - situations which require further investigation locally
- ii. On initial notification, the HPT will complete a risk assessment, involving local partners as appropriate.
- iii. The HPT will give infection prevention control advice (verbal and email) to the individual or organisation to minimise spread of infection.
- iv. The HPT will inform the local authority by daily summary e-mail (to agreed SPOC email) and by phone if urgent action required. The email will include the details of the setting, situation, a copy of the risk assessment and action already taken, also anything that was a cause for concern in the initial risk assessment (using the red flag system)
- v. The LA will update PHE on the status of each outbreak at 14 days, unless an earlier alert is deemed necessary in complex situations, via the following email address wm.2019CoV@phe.gov.uk
- vi. In complex situations a joint discussion on control measures will take place between LA/CCG lead and PHE. An example indicating poor outbreak control in a care home would include sudden high attack rate, increase in deaths or other operational issues. In other settings, for example, a school, poor outbreak control might be reflected by multiple cases in different 'bubbles'.

B. Swabbing/testing of new outbreaks (notified via all routes)

- i. Swabbing will be coordinated by PHE in line with current arrangements e.g. A one-off swabbing of symptomatic residents and staff in a care home will be arranged by the HPT when the outbreak is first reported by the setting (or referred from the NHS Test and Trace system).
- ii. The results will be provided by the organisation taking the sample. (See appendix 1 for further details)
- iii. Further testing will be considered based on national decisions relating to the complex situation or cases and asymptomatic transmission risk. This will be arranged in conjunction with local teams via an IMT as necessary, including agreement about who will be tested and the approach for testing.

C. Regional co-ordination and support

- i. PHE will:
 - provide regional co-ordination eg sharing of best practice, solutions to complex problems etc
 - provide regional advice and guidance where there are gaps in national guidance
 - flag gaps / discrepancies in guidance to the national teams and support local teams while awaiting further guidance
- ii. PHE, the regional convenor for TTCE, ADsPH WM and the regional lead for the new Joint Biosecurity Centre will provide regional oversight of the TTCE response, facilitating the sharing of best practice, good practice in data sharing, consistent upward reporting, and additional support to local systems as appropriate.

4. Operational Reporting to Local Systems

- i. A daily summary table listing of situations in the West Midlands, as recorded by PHE's Health Protection database will be provided to DsPH and their SPOC to aid operational management.
- ii. A daily line list of confirmed cases notified to the HPT each day will be shared with the DPH for the area and their nominated colleague(s).
- iii. Reconciliation to take place by local teams using local intelligence and monitoring systems to ensure accuracy and assurance. Any issues to be raised with the PHE HPT and actions agreed.

5. Operational Enquiries

- i. Enquiries received by the HPT relating to operational issues, such as listed below, will be forwarded to local systems' SPOC.
 - Sourcing PPE
 - Operational issues relating to staff capacity and other support to the organisation
 - Removal of dead bodies
 - Care provision
 - Whistleblowing regarding poor workplace practices
 - Housing and social support (e.g. provision of food)
- ii. Enquiries received by the LA that require a policy understanding from PHE, will be forwarded to wm.2019CoV@phe.gov.uk

Local System Role

Contact details

Contact details for PHE are wm.2019CoV@phe.gov.uk

Contact details for LA

Version Control

Version & Date	Amendments	Authors
V1.0, 14/05/20	Initial Draft	West Midlands Centre
V2.0, 25/05/20	Comments on initial draft and suggested local response	West Midlands Centre/LA
V3.0 18/06/20	Further comments from Regional Director	PHE Midlands (West Midlands)
V4.0 30/06/2020	Included reference to regional convenor role and JBC	PHE Midlands (West Midlands)
V4.0 30/06/20202	Non	Liz Gaulton on behalf of DsPH

Appendix 1 – Roles by setting



	Setting									
	Care and residential homes (including LD)	Schools, College and Universities	Children’s settings, Child care and nurseries	Workplace – not open to public	Workplace – open to public	Prison	Vulnerable people – Homeless, hostels	Faith Settings	Hospital and health care	Other, including Faith, Public Transport, Community settings
Receive notification										
Gather information and undertake risk assessment										
Arrange testing										
Provide advice and recommend control measures										
Provision of results										
IPC follow up										
Access to PPE										
Chair IMT if required										

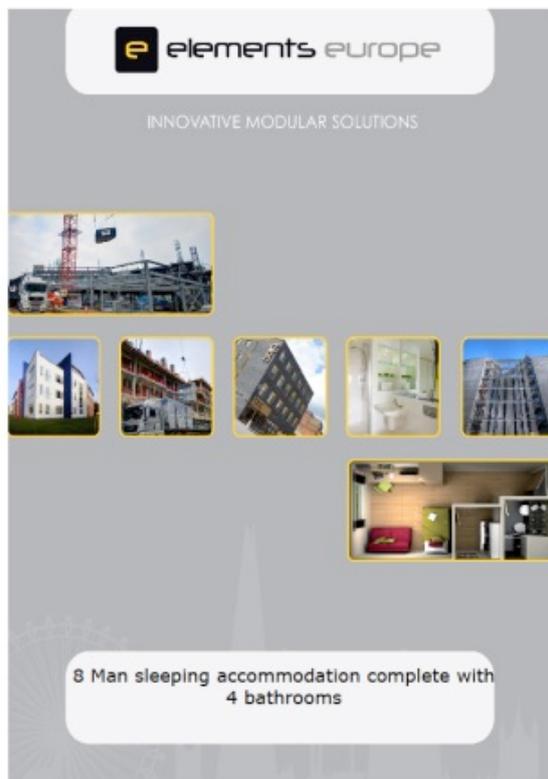
Appendix 28 - Local lockdown accommodations

Summary:

4 person portacabins will be considered as emergency accommodation if needed as part of the Covid response to outbreaks, and to enable self-isolation. These could provide an option for single people or couples, possibly small families and alongside hotels as needed. The cabins can be placed on site within 1 working day, dependant on transportation being available and would generally be placed on a hardstanding area, such as a car park. Electrical and water connections would be in place.

The use of this type of temporary accommodation would be implemented with full consent of the community or person/s needing it.

Brochure illustrating accommodation type:



Appendix 29 - Helpful telephone numbers sheet

CORONAVIRUS – WE’RE HERE TO HELP

Useful contacts: We want to ensure you get the right support and advice to help you through these times.

Coronavirus helpline for non-health related enquiries – 0345 678 9028

8am to 6pm weekdays, 9am to 1pm Saturday

Email customerfirst@shropshire.gov.uk

Child welfare and safety – 0345 678 9021

For concerns about a child’s safety or welfare, or for family support

Adult welfare and safety – 0345 678 9044

For concerns about a vulnerable adult’s safety or welfare, or advice about adult social care

Council tax and benefits – 0345 678 9002

Email: council.tax@shropshire.gov.uk

Email: benefits@shropshire.gov.uk

Housing support, Including homelessness and prevention – 0345 678 9005

Email housing.options@shropshire.gov.uk

Schools and education (including free schools meals) – 0345 678 9008

Email customerfirst@shropshire.gov.uk

Waste and recycling, including assisted collections – 0345 678 9007

Email customerfirst@shropshire.gov.uk

Business support and advice

For business rates enquiries – email business.rates@shropshire.gov.uk

For business-related enquiries –

email COVID19businessenquiries@shropshire.gov.uk

For information about help and support for businesses please visit

www.investinshropshire.co.uk

To report a business which should be closed or isn’t complying with social distancing requirements – 0345 678 9067 (option 3).

Email advicecompliance@shropshire.gov.uk

For advice and information about all service areas, please visit www.shropshire.gov.uk/coronavirus

For any health-related queries and issues please use the NHS 111 online service.

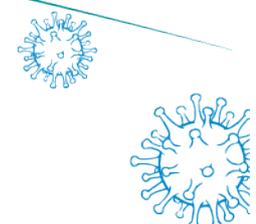
Visit our Newsroom website – www.shropshirenewsroom.com where you can sign up to receive email alerts.

 Follow us on Twitter (@shropcouncil)

 Facebook (shropshirecouncil)

 Instagram (@shropshirecouncil)





Appendix 30

DRAFT Community Response Strategy – Covid-19, updated September 2020

1. Purpose of the Strategy

- 1.1 The purpose of this document is to describe the Shropshire Council Community Response Strategy to support our population through the Coronavirus pandemic.
- 1.2 It includes in Appendix A, a summary of the government guidance as interpreted by Shropshire Council, and links to the most up to date guidance and information regarding key decisions that Shropshire Council has taken in response to it.
- 1.3 It outlines how the Community Response Group, led by Shropshire Council, is supporting vulnerable people through this pandemic.
- 1.4 The aim is to support people in Shropshire by connecting up the good work happening; the aim is not to replicate the abundance of volunteering and community work that is growing organically within communities themselves.
- 1.5 The aim is also to understand where our vulnerable communities and people are, where they might receive support, and to identify and fill any emerging gaps.
- 1.6 A partnership and multidisciplinary approach is required, working with our partners in the voluntary and community sector, Town and Parish Councils, Elected Members, Health and others to support people. As well, a partnership approach across Telford and Wrekin Local Authority areas will be taken wherever possible.

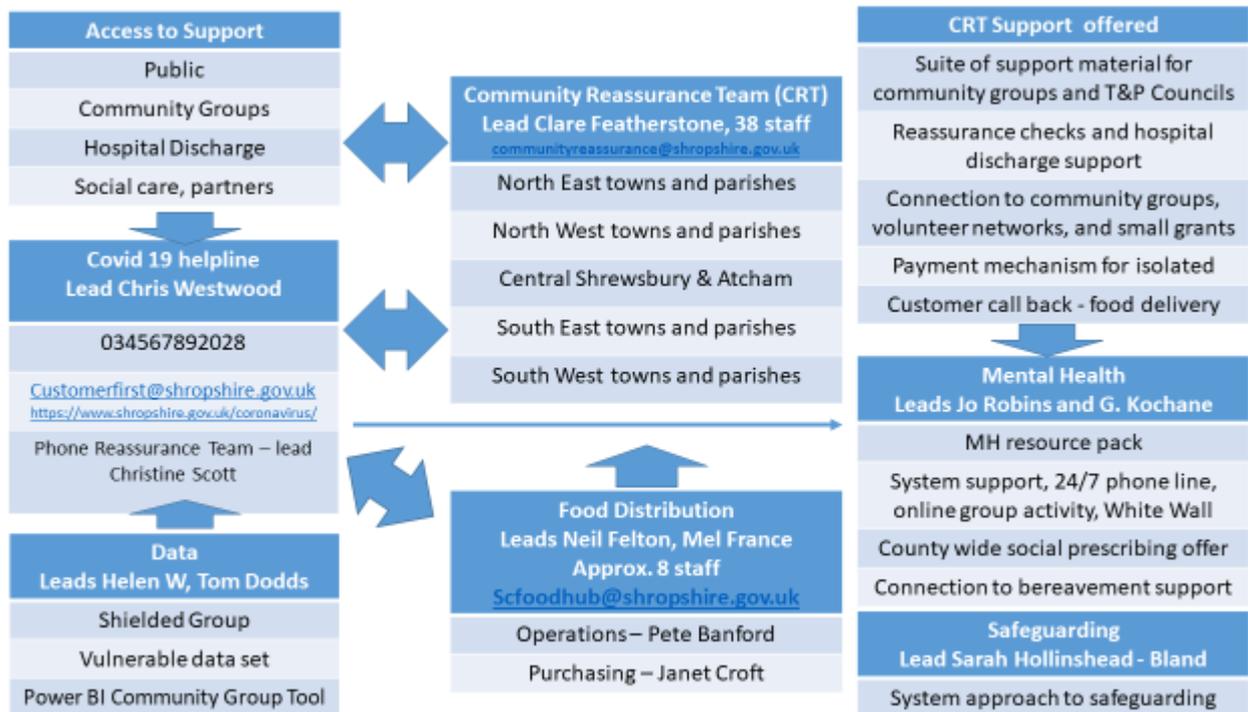
2. Executive Summary – Connecting people to the support they need

2.1 To respond to the Covid-19 Crisis, Shropshire Council and partners will take a multi-disciplinary approach to support communities. Following are the key workstreams that will deliver specific actions to both galvanise the community offer and ensure that the most vulnerable are supported:

- Gather data to help us identify and support vulnerable people in Shropshire
- Develop Community Reassurance teams to ensure that people are connected to the vast array of community support
- Ensure that people have the food and supplies that they need
- Support the Mental Health of our workforce and our population
- Ensure that all people continue to be safeguarded during this uncertain time
- Provide grants to Community Groups, the VCSE and to tackle Food Poverty

2.2 Diagram 1 below describes how the work streams are delivering support; it also describes how the work streams are connected and require a certain amount of interoperability to deliver. The Shropshire Council Customer Services Centre is the main gateway to support, however people also access the support directly from social services, via the internet and email, and through the Community Reassurance Team.



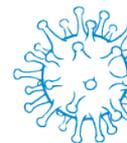


3. Introduction

3.1 As part of Shropshire Council's response to the Covid-19 epidemic, emergency planning was introduced, including a Community Response Partnership Group. The Partnership Group has overview of several initiatives including:

- Community Reassurance Teams
- Emergency Food Hub
- Data development
- Communication
- Community resource pack
- Community Grants Scheme
- Telephone reassurance team
- Children and Young people, including schools and education
- Registrar services
- Covid-19 response VCSA group

3.2 The purpose of this work is to ensure that people across Shropshire are supported in the way that they need to be through this crisis. The work recognises that Shropshire has many thriving voluntary sector community groups, hubs and services, that are both commissioned and that have organically grown within communities. Additionally, as a local authority our elected members work tirelessly within their communities to ensure that people are supported and have what they need. To contact an elected member, please use the following link: <https://shropshire.gov.uk/committee-services/mgMemberIndex.aspx?bcr=1>



4. Vulnerable Groups and people with specific needs

4.1 A full list of people who may be considered vulnerable can be found in Appendix B, however in brief, the following groups have been identified as vulnerable or having specific needs and may require additional food/ information and/ or support during the pandemic.

With regard to the current crisis, vulnerable people have been categorised as follows:

- 'Shielding' Individuals (as per Government List)
- Self-Isolated without support (with means to pay). *N.B. this list expected to grow as infection rate increases and family/friends no longer available to collect on their behalf.*
- Self-Isolated without support (without means to pay). *N.B. this list expected to grow as infection rate increases and family/friends no longer available to collect on their behalf.*
- Homeless/Accommodated Homeless
- Low Income Families (Free School Meals entitled)
- Children in Need (on Child Protection Register)
- Economically Impacted as a result of 'Stay at Home' instructions (No income/Very low income). *N.B. We will need to work appropriately with existing Welfare system to ensure food is provided to most needy.*
- Additional list from social care and council tax systems are being used to develop

4.2 Details of how Shropshire Council interacts with each of these groups is also shown in Appendix B below, as well in Appendix B is a broader description of people we must consider through the development of our community response.

5.0 What we are doing:

5.1 Gathering data to help us identify vulnerable people in Shropshire

Public Health, IT and the Insight team are working collectively to build a database of vulnerable people. The vulnerable list of people is being generated from a match across multiple data sets including those that are available within the Council (such as Adult and Children's Social Care), those being provided externally (such as Blue Badge) or by partners (such as Housing trusts). The match also includes the Shielded List from Central Government with the result that a wider picture of those deemed as vulnerable across the County will be identified.

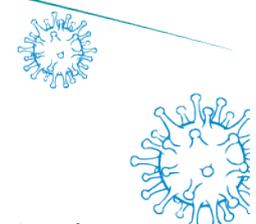
Additional information will also be considered to determine a priority such as frequency of occurrence across multiple data sets and risk assessments already provided by different service areas. This will allow for individuals to be contacted by the Council to understand the needs if any and assist with targeting correct services for support. The list of people will be updated as refreshed source data is received.

The data will be used to inform Customer Services, Telephone Reassurance team, and the Community Reassurance Team activity. It will also be connected to the Food Hub and data will be collected to understand what services people have received during this time.

5.2 Developing Community Reassurance Team (CRT)

We have developed temporary area-based Community Reassurance Teams (CRT) to respond to the Covid-19 crisis. The teams provide support to the new and existing community groups set up in response to Covid-19, Town and Parish Councils and other organisations.

The CRT are there to ensure that the Council has information about what is happening, so we can advise residents who are getting in touch with us, and to ensure that the information and guidance we need to share gets to the right people. The role of the CRT is to understand the new solutions from within the community, identify them as being appropriate to solving a particular challenge and supporting the solution to be put in place. We will also identify gaps in provision and be there as



emergency backup if needed. The Teams want to work with communities to complement and enhance the amazing work already happening to ensure that everyone gets the help and support that they need to stay at home and stay well and healthy.

The CRT are a local point of contact for groups, local Councils and Shropshire Council Members, and will be able to help with calls for support from them that are coming forward, as well as ensuring the delivery of the things we are being asked to do by central government. This will include promotion of and assistance with the small grants programme for local groups.

There are five teams supporting the county:

- Central (Shrewsbury, Pontesbury, Atcham, Cressage and surrounds)
- North West (Oswestry, Ellesmere, Wem and surrounds)
- North East (Market Drayton, Whitchurch and surrounds)
- South West (Ludlow, Bishop's Castle, Clun, Craven Arms, Cleobury Mortimer, Church Stretton and surrounds)
- South East- (Bridgnorth, Broseley, Much Wenlock, Albrighton, Highley, Shifnal and surrounds)

The work will also ensure a system approach to identifying and connecting volunteering opportunities, by working closely with the NHS volunteering programme and local community and voluntary sector groups.

5.3 Ensuring that people have the food and supplies that they need

The Shropshire Council Food Hub has been set-up in response to the Government introduction of 'shielding' and the call to create a network of hubs covering the whole country for the most vulnerable. The Hub offers help to those people who don't have a support system in place and to assist those people with serious medical conditions who have been told to remain indoors for 12 weeks because of the Coronavirus. The hub will also supply food and other supplies to people in the Shropshire Council area who are vulnerable and who are isolating due to Covid-19. The hub works closely with IT, the Insight Team, Public Health, the CRT and Customer Services to ensure that our most vulnerable are supported in the way that they need.

5.4 Supporting the Mental Health of our workforce and our population

As the coronavirus pandemic sweeps across the country, it is inducing a considerable degree of fear, worry and concern in the population at large and among certain groups in particular, such as older adults, care providers and people with underlying health conditions.

In public mental health terms, the main psychological impact to date is elevated rates of stress or anxiety. But as new measures and impacts are introduced – especially quarantine and its effects on many people's usual activities, routines or livelihoods – levels of loneliness, depression, harmful alcohol and drug use, and self-harm or suicidal behaviour are also expected to rise.

Additionally, employees of the NHS, Local Authorities, the Community and Voluntary Sector, as well as the Private sector, may experience significant distress while supporting those who have Covid 19 (or suspected Covid 19), those who are bereaved, and those who are shielding or isolating.

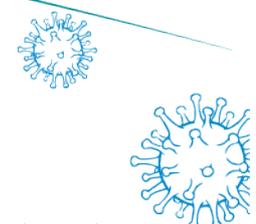
We must ensure that the mental health of all our population is supported to the best of our ability during this time. A multi-disciplinary and partnership approach is delivering this through a Mental Health Prevention and Resilience Subgroup and resources can be found here

<https://www.shropshire.gov.uk/coronavirus/information-for-the-public/mental-health-and-wellbeing/>

5.5 Ensuring a multi-disciplinary approach to safeguarding

Shropshire Safeguarding Community Partnership are meeting regularly to ensure our statutory duties about keeping people safe are continuing effectively. This meeting sits as a workstream of the Communities group under our Emergency Planning arrangements to tackle COVID 19. It provides partners with an opportunity to escalate issues that compromise our ability to continue our essential safeguarding activity where they have not been resolved using normal escalation processes.





The following areas of activity have been identified as essential safeguarding activity that must continue during these challenging times. All partners are expected to continue to play their part in keeping our community safe.

For Community Safety we have identified the following essential areas:

- Domestic Abuse (including Multi-Agency Risk Assessment Conferences where people in high risk domestic abuse situations are discussed)
- Mental Health Act Assessments
- Multi-Agency Public Protection Panels which is where people who pose a risk to our communities are discussed
- Police monitoring those on High Risk Management Plans

For Adult Safeguarding we have identified the following essential areas:

- Safeguarding Concerns being reported through First Point of Contact at Shropshire Council
- The undertaking of “section 42” and “other” safeguarding enquires
- The review of Safeguarding Plans
- Multi-agency case conferences about any people where there are significant concerns about risks to their wellbeing and/or safety.

For Child Safeguarding we have identified the following essential areas:

- Safeguarding Concerns being reported through First Point of Contact at Shropshire Council
- The undertaking of “section 47” enquiries
- The review of Child Protection Plans
- Carrying out pre-birth assessments
- Child in Need plans
- Contact with vulnerable children and families who are known to schools
- Local Authority Designated Officer activity which tackles concerns about those in Positions of Trust
- Child Death Overview Panel

For Shropshire Safeguarding Community Partnership we have identified the following essential areas:

- Shropshire Safeguarding Community Partnership virtual meetings
- COVID 19 Partnership Emergency Planning
- Performance and activity monitoring of our essential safeguarding activity
- Statutory Case Reviews
- Critical awareness raising messages

5.6 Community and Voluntary Sector Grants Programme

Small Grants

The council has made a total of £75,000 available to distribute in grant funding to community / VCS organisations running local initiatives to help with the COVID-19 response and other funding pressures brought about by the pandemic at a local level.

The Small Grants Programme is aimed at supporting very local initiatives. Many communities have begun initiatives to help people who are finding it difficult to cope with the current situation.

This Programme will provide financial support to help these initiatives take off and be sustained throughout the coronavirus crisis. Additionally, some community facilities and village halls will be facing lost income during this time and so the council wants to help ensure that they are sustained as well.

The maximum grant available through the Small Grants Programme will be £500 per grant.

Medium Grants

The council has made available £120,000 for VCSE organisations who are supporting people during this time. The criteria is has been focussed on supporting the areas key voluntary anchor organisations and those who have lost income due to Covid-19.



High Level Action Plan

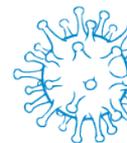
Theme	Activity to support	Delivered by	Lead	Timeline and status
Resources for Community Groups	Suite of support materials for community and voluntary organisations to support the on the ground community support	Community Groups, Town and Parish Councils	Lisa Jones	W/C 15.03 complete
Community Teams	Development of Community Reassurance teams, with a purpose to provide on the ground support for communities, particularly the vulnerable	Shropshire Council	Clare Featherstone, Lisa Jones	W/C 23.03 Complete and ongoing
Directory of services and community groups	Develop POWER BI Resource of all Community Activity	Public Health and IT - to be regularly updated by the CRT	Hannah Thomas/ Naomi O'Hanlon/ Helen Wilkinson/ Library Team leads Ongoing updates – CRT	Power Bi Delivered – updates ongoing
Central database of vulnerable groups	Develop central source of data that provides us our most vulnerable and up-to-date information on our interactions with them	IT Insight Public Health	Helen Watkinson Tom Dodds	Dashboard available W/C 13 th April – and development ongoing
Food Poverty	Grant funding provided to the Food Poverty Alliance to support and assist with food distribution and to manage a grant pot for food banks	Food Poverty Alliance	Penny Bason Emily Fay	W/C 23.03 Complete
Develop food hub as per Government Guidance	Developing a food distribution centre, staffing, training, logistics and ongoing management	Shropshire Council	Penny Bason Pete Banford Neil Felton Mel France	Complete and ongoing



Develop Mental Health Action Plan	To include: <ul style="list-style-type: none">- Workforce Mental Health- Support for public- Bereavement support- Trauma informed practices- Supported housing	Shropshire Council and Partners	Jo Robins Gordon Kochane	Draft Complete and development ongoing
Voluntary and Community Sector Volunteering programme	Develop approach to support volunteering in communities – Connect with the NHS volunteering scheme – connect with the CRT	NHS Shropshire Council VCSE and community partners	Vikki Savage Helen Foxall	Ongoing
Communication and Engagement	Regular updates to communities on: <ul style="list-style-type: none">- Advice and guidance- Keeping self well- What help is at hand	LA and System comms	Harriet Hopkins Maria Jones Kate Manning	W/C 23.03
Communication and Engagement	Leafletting via elected members	Shropshire Council	Maria Jones, Val Cross	20.03
Small Grants Programme	Distribute up to 75k of funding for small community groups and village halls to cover the cost of Covid activity or loss of income due to Covid	Shropshire Council	Neil Evans Kate Garner	First wave of grants agreed by 24 th April
Medium Grants Programme	Distribute up to 120K of funding for larger VCS organisations to help deliver Covid related activity	Shropshire Council	Neil Evans Kate Garner Penny Bason	15 th April
Contingency Planning	Ensuring that all community response processes set up to respond to Covid are robust and can continue; ensuring that services can continue as guidance changes (e.g. reduction in community capacity due to Covid, or a return to work policy)	Shropshire Council	Neil Felton Mel France	W/C 20 th April



<p>Next phase - local Outbreak Response, Prevent, Contain, Protect</p>	<p>The CRT supports the local outbreak and prevention plan, it will involve connection with the Health Protection Cell; local community groups and health partners, it includes keeping people safe during an outbreak, supporting preventing outbreaks through community engagement and communication and using knowledge gained through lockdown to recommend good practice, utilising behaviour and new ways of working that was developed through lockdown. Key deliverables include:</p> <ul style="list-style-type: none">- Supporting the Welfare cell as part of outbreak response including, food and emergency supplies for those isolating- Supporting Reg Services to engage with businesses as required- Working with Communications to develop tools and resources for organisations and business to help deliver prevention messages- Supporting individuals as needed- Connecting people and community groups to the support they need-	<p>Shropshire Council</p>	<p>Penny Bason Clare Featherstone Kate Garner Lisa Jones Jo Robins Chris Westwood Neil Felton Mel France</p>	<p>Ongoing</p>
--	--	---------------------------	--	----------------



Appendix A

COVID-19 (Coronavirus) Helping others in the community

The following is for information purposes only. Please read <https://www.gov.uk/government/publications/coronavirus-how-to-help-safely--2/coronavirus-how-to-help-safely> for further Government Guidance.

Protect your own health before helping others

It is important to remember to protect your own health first, before helping others. This will help avoid either catching the virus or passing it on. Ensure that you are following all of the advice regarding social distancing and self-isolation if required.

Please see <https://www.gov.uk/coronavirus> for up to date advice.

Stay at home if you have coronavirus symptoms

Do not leave your home if you have either:

- **a high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **a new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- **a loss or changed sense of smell or taste** (anosmia)
-

Most people with coronavirus have at least 1 of these symptoms.

You must

- **Stay at home (self-isolate)** – do not leave your home or have visitors. Anyone you live with, and anyone in your support bubble, must also self-isolate. Read the stay at home guidance for households with possible or confirmed coronavirus (COVID-19) infection [here](#)
- **Get a test** – get a test to check if you have coronavirus as soon as possible. Anyone you live with, and anyone in your support bubble, should also get a test if they have symptoms. <https://www.nhs.uk/conditions/coronavirus-covid-19/> or call 119 if no internet access.

Use the [NHS 111 online coronavirus service](#) if you're worried about your symptoms or are not sure what to do. Only call 111 if you cannot get help online.

Read advice about coronavirus in **babies and children** here: <https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>

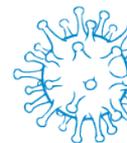
Stay alert

We can all help control the virus if we all stay alert. This means you must:

- Stay at home as much as possible
- Work from home if you can
- Limit contact with other people
- Keep your distance if you go out (2 metres apart where possible)
- Wash your hands regularly

Do not leave home if you or anyone in your household has symptoms.

Visit <https://www.gov.uk/coronavirus> and <https://www.nhs.uk/conditions/coronavirus-covid-19/> for more information.



Ways to find out what is happening locally and how to volunteer

1. Contact local voluntary organisations

Shropshire has many thriving community hubs and services, including:

- Community centres
- Churches/other places of worship
- Food Banks – these are in most Shropshire towns
- Age UK <https://www.ageuk.org.uk/shropshireandtelford/get-involved/volunteer/>
- Shropshire Rural Communities Charity <https://www.shropshire-rcc.org.uk/support-our-work/volunteering/>
- Shropshire Mind <https://www.shropshiremind.org/about/volunteering/>
- Shrewsbury Ark <https://www.shrewsburyark.co.uk/join-us>
- Mutual Aid groups - <https://covidmutualaid.org/>

Think about what you could offer and what you are good at (everyone is good at something!) You may be able to help practically by picking up groceries or other essential shopping items and collecting medications. You may enjoy talking to people, so befriending is right for you, such as chatting to someone who is isolated over the phone.

Ways to find out what is happening locally and how to volunteer

1. Contact local voluntary organisations

Shropshire has many thriving community hubs and services, including:

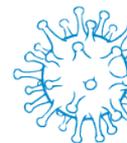
- Community centres
- Churches/other places of worship
- Food Banks – these are in most Shropshire towns
- Age UK <https://www.ageuk.org.uk/shropshireandtelford/get-involved/volunteer/>
- Shropshire Rural Communities Charity <https://www.shropshire-rcc.org.uk/support-our-work/volunteering/>
- Shropshire Mind <https://www.shropshiremind.org/about/volunteering/>
- Shrewsbury Ark <https://www.shrewsburyark.co.uk/join-us>
- Mutual Aid groups - <https://covidmutualaid.org/>

2. Look on-line

- **Shropshire map of community support groups:** This useful map brings together information about community responses to the coronavirus pandemic and information on local community support groups. Click on the link to access the map. <https://www.shropshire.gov.uk/coronavirus/information-for-the-public/community-support-services/>
- Type your location in to this link to find initiatives near where you live <https://www.gov.uk/government/get-involved/take-part/volunteer> or use a local directory to make contact with organisations.
- Look on your town or village website, or social media, to see if there is a community group which you could be part of.

3. Approach your local Councillor (Elected Member)

- Approach your local Councillor to see if they know what is happening in the community: <https://shropshire.gov.uk/committeeservices/mgMemberIndex.aspx?bc>



Additional Guidance

Schools and prisons

- Specific guidance is available at these links to help you decide what to do to **limit the spread of infection**.

Prisons: <https://www.gov.uk/guidance/coronavirus-covid-19-and-prisons>

Schools and Early Years <https://www.gov.uk/government/publications/what-parents-and-carers-need-to-know-about-early-years-providers-schools-and-colleges-during-the-coronavirus-covid-19-outbreak>

- Advice on **cleaning** is also available on the links above

Businesses and Employees

The government have advised that all businesses and workplaces work from home wherever this is possible and to follow advice on social distancing. A number of measures have been put in place to support businesses, the self-employed and employers. Summary of the specific government guidance available is listed below

- [Guidance for employers and businesses on coronavirus \(COVID-19\)](#)
- [Support for Businesses](#) includes a helpline **0800 015 9559** for those businesses and organisations having problems with tax payments.
- [COVID-19: guidance for employees](#)

ACAS have also produced [guidance](#) for employers and employees.

A number of private lenders are also making funds available to small businesses impacted by COVID-19, including £2 billion from [Lloyds Banking Group](#) and £5 billion from [NatWest](#)

Schools, Colleges and other educational and childcare settings.

School guidance can be found at <https://www.gov.uk/coronavirus/education-and-childcare>

Additional information regarding Shropshire can be found at

<https://www.shropshire.gov.uk/coronavirus/information-for-educational-settings/>

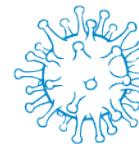
We also encourage all organisations to:

- Promote awareness and **signposting to the national advice** on the [NHS website](#) <https://www.nhs.uk/conditions/coronavirus-covid-19/> and [Gov.uk](#) <https://www.gov.uk/coronavirus> and about coronavirus at every opportunity, especially through electronic communication. There are free posters and materials available at <https://campaignresources.phe.gov.uk/resources/campaigns/101-coronavirus->
- Keep a clear and consistent message.
- Display supporting signs to protect the public and staff:
 - Put up signage in windows about symptoms and self-isolation
 - Put up signage in bathrooms on handwashing and respiratory hygiene (Catch it, Bin it, Kill it)
 - As much as is practical provide hand sanitiser or washing hands facilities at entrance and exit points of buildings
 - Clean venues, for high contact points such as hand rails and door handles, this may have to be very frequent.

Appendix B – Vulnerable People

1) Covid 19 – Community Response: Categories of Vulnerable People

Local Authority roles highlighted in yellow.



Vulnerable Person Type	Process/Solution for Food Deliveries		
	Short Term (1-2 wks)	Medium Term (2-12 wks)	Longer Term (beyond 12 wks)
1. 'Shielding' Individuals (as per Government List)	Local Authority - 2 week stopgap service whilst national arrangements are put in place (arranged via CSC).	Government/Wholesalers to deliver direct. Local Authority to continue with stopgap service as needed – possible that existing support mechanisms break down meaning new vulnerable identified. We include those with special dietary requirements and those with urgent need (arranged via CSC).	Shielding ends? Person shops for themselves or becomes self isolated (see 2 or 3 below)
2. Self Isolated without support (with means to pay) <i>N.B. this list expected to grow as infection rate increases and family/friends no longer available to collect on their behalf.</i>	Person to arrange home delivery from store or have collected by family/friends. If reliant on home delivery and timely delivery slots are not available, Local VCS/ Community Group to deliver (arranged via CSC). If this not possible, Local Authority to collect and deliver. If person only has cash, Local Authority to purchase supplies on their behalf and arrange delivery.	Person to arrange home delivery from store or have collected by family/friends. If reliant on home delivery and timely delivery slots are not available, Local VCS/ Community Group to deliver (arranged via CSC). If this not possible, Local Authority to collect and deliver. If person only has cash, Local Authority to purchase supplies on their behalf and arrange delivery.	Person to arrange home delivery from store or have collected by family/friends. If reliant on home delivery and timely delivery slots are not available, Local VCS/ Community Group to deliver (arranged via CSC). If this not possible, Local Authority to collect and deliver. If person only has cash, Local Authority to purchase supplies on their behalf and arrange delivery.



<p>3. Self Isolated without support (without means to pay)</p> <p><i>N.B. this list expected to grow as infection rate increases and family/friends no longer available to collect on their behalf.</i></p>	<p>Local VCS/Food Bank (arranged via CSC).</p> <p>If this not possible, Local Authority to collect and deliver.</p>	<p>Local VCS/Food Bank (arranged via CSC).</p> <p>If this not possible, Local Authority to collect and deliver.</p>	<p>Local VCS/Food Bank (arranged via CSC).</p> <p>If this not possible, Local Authority to collect and deliver.</p>
<p>4. Homeless/Accommodated Homeless</p>	<p>Local Food Banks (arranged via CSC).</p> <p>If they can't meet demand, Local Authority to provide.</p>	<p>Local Food Banks (arranged via CSC).</p> <p>If they can't meet demand, Local Authority to provide.</p>	<p>Local Food Banks (arranged via CSC).</p> <p>If they can't meet demand, Local Authority to provide.</p>
<p>5. Low Income Families (Free School Meals entitled)</p>	<p>Schools, in partnership with Shire Services to provide.</p>	<p>Schools, in partnership with Shire Services to provide.</p>	<p>Schools, in partnership with Shire Services to provide.</p>
<p>6. Children in Need (on Child Protection Register)</p>	<p>See 5. Above</p>	<p>Children's Services (Sonya Miller's team) will distribute a family food parcel for the 2 weeks of Easter (one p/w) Approx. 60.</p> <p>If higher volumes, may need additional SC drivers to deliver.</p>	<p>TBD</p>
<p>7. Economically Impacted as a result of 'Stay at Home' instructions (No income/Very low income)</p> <p><i>N.B. We will need to work appropriately with existing Welfare system to ensure food is provided to most needy.</i></p>	<p>Local Food Banks (arranged via CSC).</p> <p>If they can't meet demand, Local Authority to provide</p>	<p>Local Food Banks (arranged via CSC).</p> <p>If they can't meet demand, Local Authority to provide</p>	<p>Furlough payments should have been issued to most by this point. For those remaining in need, earlier process will remain, i.e.:</p> <p>Local Food Banks (arranged via CSC).</p> <p>If they can't meet demand, Local Authority to provide</p>

2) Broader list of vulnerable people

Coronavirus (COVID-19) information for seldom heard/vulnerable groups

Need	Services & VCSE support groups	Link to information
<p>People with learning disabilities</p>	<p>Community Learning Disability Teams: https://www.mpft.nhs.uk/services/learning-disabilities</p> <p>SEND (CYP): https://shropshire.gov.uk/the-send-local-offer/</p> <p>Shropshire Disability Network https://shropshiredisability.net/contact/info@shropshire-disability.net</p> <p>Mencap https://www.shrewsburymencap.org.uk/info@shrewsburymencap.org.uk</p> <p>Crossroads Together https://www.crossroadstogether.org.uk/covid19-service-user/</p> <p>Shropshire Down's Syndrome Support Group www.sdssg.co.uk</p>	<p>Shropshire Council website web link here</p> <ul style="list-style-type: none"> • Mencap advice and support link • GOV.UK: Easy read version about mental health and wellbeing <p>Also https://www.shropshire.gov.uk/coronavirus/information-for-the-public/what-is-coronavirus/</p> <p>Easy-read information</p> <ul style="list-style-type: none"> • Protecting extremely vulnerable people • Keeping away from others <p>To add: SEND and local support groups</p>
<p>Individuals with mental health disorders – Anxiety etc.</p>	<p>https://www.shropshiremind.org/</p> <p>MPFT ASC</p>	<p>Shropshire Council coronavirus web link here</p> <ul style="list-style-type: none"> • Download our 'Looking after your mental health during COVID-19' guide for helpful information and tips. • Every Mind Matters: https://www.nhs.uk/oneyou/every-mind-matters/ • GOV.UK: Guidance for the public - https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing • Mind: https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/



Emergency help – e.g. Samaritans, MPFT helpline

To add: Local support and Also, information identified from mental health sub-group

Children & Young People

- **Healios, ThinkNinja app:** Empowering children and young people to build resilience, manage their emotional health and to fulfil their potential - <https://www.healios.org.uk/services/thinkninja1>
- **Young Minds:** Leading mental health charity, Young Minds, has issued advice to young people and parents on how to look after their mental health during the coronavirus pandemic - <https://youngminds.org.uk/about-us/media-centre/press-releases/youngminds-publishes-advice-for-young-people-and-parents-on-mental-health-impact-of-coronavirus/>
- **Kooth:** online counselling, blogs and information to support mental health - <https://kooth.com>
- **Shropshire Telford & Wrekin**
Beam: <https://www.childrenssociety.org.uk/beam/coronavirus> For young people **aged 13+** please ask them to contact us via AskBeam@childrenssociety.org.uk. For young people who are **aged 13 and under**, you will need to contact us on their behalf via AskBeam@childrenssociety.org.uk
- **GOV.UK:** Guidance for parents and carers on supporting Children and Young People’s mental health - <https://www.gov.uk/government/publications/covid-19-guidance-on-supporting-children-and-young-peoples-mental-health-and-wellbeing/guidance-for-parents-and-carers>



		<ul style="list-style-type: none">• Information for Supporting Young People's Mental Health During Periods of Disruption: https://www.annafreud.org/what-we-do/anna-freud-learning-network/coronavirus/• Covibook - An interactive resource designed to support and reassure children aged 7 and under during the pandemic. https://www.mindheart.co/descargables
Drug & Alcohol Service users	Included link to Shropshire Recovery Partnership https://www.wearewithyou.org.uk/services/shropshire/	Shropshire Council website https://www.shropshire.gov.uk/coronavirus/information-for-the-public/support-with-alcohol-and-drugs-dependencies/ Link to https://www.wearewithyou.org.uk/services/shropshire/
Parents, Carers, Children and Young People		Shropshire Council website https://www.shropshire.gov.uk/coronavirus/information-for-the-public/support-for-parents-children-and-young-people/ Learning at home during Coronavirus (COVID 19) The list includes subject-specific resources for English, maths, science, PE, wellbeing and Special Educational Needs and Disabilities (SEND). https://www.gov.uk/government/publications/coronavirus-covid-19-online-education-resources/coronavirus-covid-19-list-of-online-education-resources-for-home-education <hr/> Parenting classes The Parenting Team is continuing our service of telephone consultations. Parents and carers can simply call our office on 01743 250950 or email parenting.team@shropshire.gov.uk to arrange a consultation at a time convenient to them. Professionals can also contact the office and arrange appointments for parents/carers if they have gained their consent to pass on their telephone number.

		<p>Taking the current situation into account our team can support parents and carers with: managing difficult questions and worries from children due to the current situation managing challenging behaviour which might be a result of the changes to their everyday lives maintaining good relationships with children during this time suggestions on activities to do with children</p> <hr/> <p>Public Health Nursing Service Single Point of Access (SPOA): telephone and texting number - 0333 358 3654 Health Visitors: Text Health Visiting Under 5's: 07520 635212 School nursing (5-19): 07507 330346</p> <hr/> <p>Mental health and wellbeing You can find a full guide of resources and support groups during the Coronavirus epidemic on our Mental Health and Wellbeing page.</p> <hr/> <p>Staying healthy and active at home Energize: free resources to help children stay healthy and active whilst at home - https://www.energizestw.org.uk/energize-resources Sport England: Stay in, work out - https://www.sportengland.org/stayinworkout</p> <hr/> <p>Handwashing We have produced a short video to remind the county's young children about the importance of washing their hands – and washing them properly: https://newsroom.shropshire.gov.uk/2020/04/video-reminds-shropshires-youngsters-about-the-importance-of-hand-washing/</p> <hr/>
--	--	--



Reading and e-libraries

Shropshire libraries: eBooks

<https://shropshire.gov.uk/libraries/library-news/free-e-books-from-shropshire-libraries/>

Children with autism

National Autistic Society

The National Autistic Society has guidance and helpline for parents', young people and staff - [https://www.autism.org.uk/services/nas-schools/vanguard/news/2020/march/coronavirus-\(covid-19\)-advice.aspx](https://www.autism.org.uk/services/nas-schools/vanguard/news/2020/march/coronavirus-(covid-19)-advice.aspx)

Advice and support from Autism West Midlands

Autism West Midlands continue to offer advice and support over the phone and via email. Parents and carers can contact the small team directly as follows and for phone calls either speak then or arrange a call back at a more convenient time. Video calls can be offered if required.

Monday, Tuesday, Wednesday, please contact Wendy Cowton on [07900784186](tel:07900784186).

Wednesday, Thursday, Friday, please contact Emma Hegenbarth on [07881109480](tel:07881109480).

Email shropshire@autismwestmidlands.org.uk

Information, resources and upcoming virtual events at www.autismwestmidlands.org.uk

Carers

Carers UK: <https://www.carersuk.org/help-and-advice/health/looking-after-your-health/coronavirus-covid-19>

Young carers

Shropshire Young Carer groups are not running during this time, but support is still available. If you are a young carer, or think you may be, contact Simon at Crossroads Together on **07801 576326** or email Simon.Jones@crossroadstogether.org.uk



		<p>Concerns about a child or young person Please contact: First Point of Contact Team: 0345 678 9021 Out of hours Emergency Duty Teams: 0345 678 9040 http://www.safeguardingshropshireschildren.org.uk/ If a child is in immediate danger, please call 999.</p> <hr/> <p>Other sources of support Coronavirus Helpline Dedicated helpline for those who are vulnerable and in need of help. Call 0345 678 9028 8am to 6pm weekdays, 9am to 1pm Saturday. Please note: The helpline is for council services only - for any health-related queries and issues please use the NHS 111 online service.</p> <p>COVID-19 Help with food Help for those on a low budget or those who need help accessing free or low cost food: https://www.shropshirelarder.org.uk/</p> <p>Housing support For support with housing issues: 0345 678 9005</p> <p>Council Tax payment difficulties If you're having difficulty paying council tax during the pandemic, please call 0345 678 9002 to discuss your circumstances.</p>
Carers (All age)	Crossroads Together Info not specifically included, but can link to updated information being worked on by ASC, which will include the new .Gov.UK guidance - https://www.gov.uk/government/publications/coronavirus-covid-19-providing-unpaid-care/guidance-for-those-who-provide-unpaid-care-to-friends-or-family	<p>Shropshire Council website https://www.shropshire.gov.uk/coronavirus/information-for-the-public/support-for-people-with-learning-disabilities-carers-and-people-with-health-conditions/</p> <ul style="list-style-type: none">• CarersUK: https://www.carersuk.org/help-and-advice/health/looking-after-your-health/coronavirus-covid-19

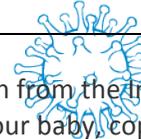


		<ul style="list-style-type: none">• <u>Young carers</u> Shropshire Young Carer groups are not running during this time, but support is still available. If you are a young carer, or think you may be, contact Simon at Crossroads Together on 07801 576326 or email Simon.Jones@crossroadstogether.org.uk To add: Updated carers information
Hearing impaired	https://www.actiononhearingloss.org.uk/	Shropshire Council website BSL – staying at home uploaded to https://www.shropshire.gov.uk/coronavirus/information-for-the-public/what-is-coronavirus/
English as Additional Language		Shropshire Council website Uploaded to https://www.shropshire.gov.uk/coronavirus/information-for-the-public/what-is-coronavirus/ <u>Different languages</u> Please click this link https://www.gov.uk/government/publications/coronavirus-covid-19-information-leaflet to find leaflets in different languages including: Polish, Bengali, Gujarati, Romanian, Punjabi, Welsh, Urdu, Russian, Somali and Romani. These leaflets contain information on what to do to help stop the spread of coronavirus, and include information on symptoms and government support.
Families in food crisis	Shropshire Food Poverty Alliance	Shropshire Council website https://www.shropshire.gov.uk/coronavirus/information-for-the-public/other-sources-of-support/ <ul style="list-style-type: none">• Help with food – Shropshire Larder
Low income families and individuals incl. Direct payment recipients	Housing Benefits & Revenue (DWP) ASC CAB	Shropshire Council website https://www.shropshire.gov.uk/coronavirus/information-for-the-public/other-sources-of-support/

		<ul style="list-style-type: none"> • Housing Support • Council Tax difficulties <p>To add: Sources of local support</p>
<p>Vulnerable health groups</p> <ul style="list-style-type: none"> • 70+ • Chronic respiratory disease/conditions • Joint and muscle conditions • Chronic heart disease • Stroke • Cancer • Immune suppressed groups 	<p>Age UK (Info needs adding) https://www.ageuk.org.uk/shropshireandtelford/about-us/news/articles/2020/coronavirus-covid-19-update/</p>	<p>Shropshire Council website General information here: https://www.shropshire.gov.uk/coronavirus/information-for-the-public/what-is-coronavirus/ NHS and GOV.UK information. More specific here: https://www.shropshire.gov.uk/coronavirus/information-for-the-public/support-for-families-carers-and-those-with-health-conditions/</p> <ul style="list-style-type: none"> • Asthma Asthma UK: https://www.asthma.org.uk/coronavirus/ • Other lung conditions, such as COPD British Lung Foundation: https://www.blf.org.uk/support-for-you/coronavirus • Joint and muscle conditions, such as arthritis Versus Arthritis: https://www.versusarthritis.org/news/2020/march/coronavirus-covid-19-what-is-it-and-where-to-go-for-information/ • Heart disease. British Heart Foundation: https://www.bhf.org.uk/informationsupport/heart-matters-magazine/news/coronavirus-and-your-health • Stroke Stroke Association: https://www.stroke.org.uk/finding-support/information-coronavirus-stroke-survivors • Cancer Research UK https://about-cancer.cancerresearchuk.org/about-cancer/cancer-in-general/coronavirus-and-cancer <p>To add: Local support</p>



Vulnerable people in communities – raising awareness in general		<p>Shropshire Council website https://www.shropshire.gov.uk/coronavirus/information-for-the-public/ Community Resilience Teams & press release</p>
Pregnancy and postnatal	<p>Need to add these links https://www.sath.nhs.uk/wards-services/az-services/maternity/covid19/ https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/</p>	<p>Shropshire Council website https://www.shropshire.gov.uk/coronavirus/information-for-the-public/support-for-parents-children-and-young-people/ Pregnancy and early parenthood Maternity care Information about maternity care during coronavirus from Shrewsbury and Telford Hospital Trust can be found here: https://www.sath.nhs.uk/wards-services/az-services/maternity/covid19/</p> <p>Free online antenatal and understanding your baby courses The coronavirus pandemic means face to face parenting classes cannot run at the moment. However the courses can be accessed for FREE on-line by: Clicking on this 'In your Place' link https://inourplace.heiapply.com/online-learning/ Then put the access code DARWIN18 in the box Choose the course you would like to do</p> <p>Coronavirus infection and pregnancy Information for pregnant women and their families can be found on the website of the Royal College of Obstetricians and Gynaecologists: https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/</p> <p>Baby buddy app Free multi-award winning, interactive pregnancy and parenting guide: https://www.bestbeginnings.org.uk/baby-buddy</p>

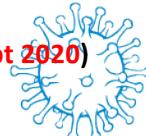


		<p>Early parenthood Lots of information from the Institute of Health Visitors, including; getting to know your baby, coping with a crying baby during the COVID-19 Pandemic and information for parents with babies and young children. Contains links, videos and written resources: https://ihv.org.uk/families/parenting-through-coronavirus-covid-19</p> <p>Maternity Voices Partnership Shropshire Telford and Wrekin Follow them on Facebook for the latest information: https://www.facebook.com/MaternityVoicesShropTW/</p>
Domestic abuse		<p>Shropshire Council website https://www.shropshire.gov.uk/coronavirus/information-for-the-public/safeguarding-yourself-and-others/ Also http://www.keepingadultssafeinshropshire.org.uk/news-and-events/love-shouldnt-hurt-domestic-abuse-help-and-support/</p>
Rough Sleepers		<p>Part: Shropshire Council website Housing support line on Council website https://www.shropshire.gov.uk/coronavirus/information-for-the-public/other-sources-of-support/ To add to</p>
Asylum Seekers		<p>Pending: Shropshire Council website To do</p>
People who Hoard		<p>Pending: Shropshire Council website To do</p>
People living with dementia	<p>Age UK https://www.ageuk.org.uk/shropshireandtelford/ Alzheimer's Society https://www.alzheimers.org.uk/ Crossroads Care https://www.crossroadstogether.org.uk/covid19-service-user/</p>	<p>Pending: Shropshire Council website Suggest to add Age UK https://www.ageuk.org.uk/shropshireandtelford/ Alzheimer's UK https://www.alzheimers.org.uk/</p>



Military	SSAFA Shropshire https://www.ssafa.org.uk/shropshire	Pending: Shropshire Council website Suggest to add: https://www.ssafa.org.uk/news-articles/covid-19-latest-information If you need advice or support in a time which will be a truly testing few months for all of us, you can still contact: Forcesline helpline by phone on 0800 731 4880 or use our live chat service during office hours, 09:00-17:00 If you need help outside of our office hours, please contact the Samaritans on 116 123 .
Visually impaired	https://www.rnib.org.uk/	Pending: Shropshire Council website Audio information to be uploaded (PHE) Also local links
Gypsy and Traveller communities	Printed information via Healthwatch Shropshire/Telford & Wrekin and CCG – Need to check this	Pending: Shropshire Council website Suggest to add: <ul style="list-style-type: none">https://www.gypsy-traveller.org/advice-section/guidance-for-gypsy-traveller-and-liveaboard-boater-communities-on-coronavirus/ https://www.romasupportgroup.org.uk/resources-for-the-roma-community.html

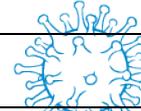
Appendix B – Mental Health Resilient and Prevention DRAFT Action Plan (needs to be updated Sept 2020)



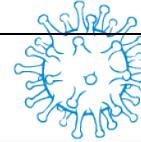
Mental Health Resilience and Prevention Draft Action Plan				
v1.7				
Updated 17 June 2020				
1. Identification of immediate (and post-pandemic) mental health needs of local residents				
Action	Local Activity, Gaps & Need	Proposed Solution	Next Steps	Complete
Identify current offer and gaps in service provision at local level	CCG questionnaire sent to VCS/3rd sector to identify current offer	Consolidation of a range of local offers collated via the MH Resilience and Prevention Group and shared via public facing Council website and partners. Includes Looking After Your MH during COVID19 resource and links to further information and support on the Council COVID19 webpages		Completed
		Healthwatch questionnaire developed including questions around mental health, resilience and loneliness as a result of COVID19. Regular messagers and themes of resident concerns have been shared with the MH Resilience and Prevention Group.	A final report will be produced and shared with the MH Resilience and Prevention Group	In progress

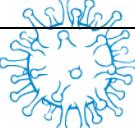


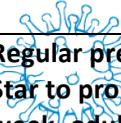
	Discussions with VCS sector, service leads and Commissioners	Response programmes established (including the Shropshire MIND Anxiety workshops delivered via Zoom, stress anxiety and wellbeing), these are offered on a weekly basis x 3 days, and are open to a range of staff, in the NHS, local authority, and the public.ongoing discussions to address emerging themes managed and co-ordinated initially via the MH Resilience and Prevention group and related subgroups. Links with the LHRP weekly meetings and MH Partnership Board.	Continue conversation of emerging mental health needs of residents and follow up with CCG commissioners. Ongoing	Completed
Utilise data and intelligence from partners/VCS/Commissioners to address residents mental health needs, in addition use data from national surveys to inform next phase of mental health	Use feedback from VCS, Social Prescribing data, FPOC, the Mental Health 24/7 helpline and from services to inform proposed responses	To inform on gaps and opportunities to co-ordinate low level mental health support; - providing a universal offer - targetting high risk/vulnerable groups - children & young people - adults	Continuous process to determine changing themes of needs	In progress
Children & Young People's Mental Health				



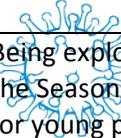
2. Develop a mental health offer for shielded & vulnerable groups (including a wider universal offer for those impacted by COVID-19)				
Action	Local Activity, Gaps & Need	Proposed Solution	Next Steps	Complete
Social prescribing support for those in Shielded groups	Capacity of current SP Team	Deploy/train staff from other areas to support people with MH issues (including those who are isolated and lonely) Call back mechanism for SP with referrals coming from Social Care Customer Services, FPOC, Welfare teams & Community Reassurance Team	Referrals for a call back from a SP Advisor can now be made via the COVID19 helpline Service to cover the county and launch 7th April	Completed
Develop solutions to deliver low level mental health support and resilience	Creative and/or new solutions being developed using different ways of working/access to support. Needed due to reduced capacity to formal services such as IAPT	Access to telephone or video conference talking therapies/other innovative ways to connect key workers to people requiring support - being delivered by Shropshire MIND In process of purchasing a 12 month license for the online digital health service Big White Wall which provides 24/7 access to online anonymous and confidential support, listening ear to share concerns, connect with others, access a wide suite of self help resources and courses	Big White Wall to be implemented - currently completing the contract process and will follow by a short implementation phase. The offer is available for all residents of Shropshire and those who work for Shropshire Council but may live elsewhere	In progress
Joint approach to Mental Health 24/7 Helpline and COVID19/FPOC hotline	MH 24/7 helpline set up by Midlands Partnership Foundation Trust to signpost to appropriate support and Local Authority teams as required COVID19 Hotline run by Shropshire LA	Details of the service have been widely shared	There is still further work to promote the 24/7 mental health helpline particularly within primary care and other services where there may be some uncertainty as to its purpose	In progress



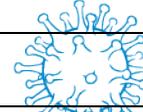
Updated guidance and information	Special educational needs and disabilities guidance	All information directs to local support and advice rather than national documentation		Completed
3. Develop a suite of resources and information promoting self-care of mental health issues				
Action	Local Activity, Gaps & Need	Proposed Solution	Next Steps	Complete
Resource pack to contain a range of information for different target audiences including tips and practical interventions	A dedicated resource summary for looking after your mental health during COVID19 with signposting to local services, guidance and information to help manage emotional wellbeing during the pandemic. No centralised resource previously in place	<p>Dedicated MH page on COVID19 pages of the Shropshire Council webpage which has been widely shared with partners and the community. Resource accessed at: https://www.shropshire.gov.uk/coronavirus/information-for-the-public/mental-health-and-wellbeing/</p> <p>Recognised as good practice by the Local Government Association and has been adopted on their website. Website links regularly monitored and updated.</p>	Continue to monitor and review if any changes/ammendments/additions	Completed
	Information for those with no internet access	1000 printed copies of the above resource have been made available with key advice and information and no weblinks. Distributed by Shropshire MIND to known offline vulnerable residents and those in B&Bs/hotels and other temporary accommodation along with details/leaflet information about scams and helpful contacts		Completed
	Information for the general public	Regular media coverage in Shropshire Star p		



4. Bereavement Support			Regular press releases in Shropshire Star to promote MH Awareness week - adults and CYP	Completed
Action	Local Activity, Gaps & Need	Proposed Solution	Next Steps	Complete
Develop a co-ordinated package of bereavement support for those impacted by a COVID19 death	Potential increase in demand for support with number of COVID19 related deaths. Impact of people unable to visit cemeteries as part of non COVID19 grieving process	A grief and bereavement during COVID19 brooklet has been produced along with a checklist with practical guidance on what to do following a death during the pandemic. Includes signposting to local and national support Printed copies of these booklets have been shared with key partners including funeral directors, registrars, hospitals and other services most likely to work with bereaved people. Note: this was advised to be a public displayed document but to aid services in supporting bereaved people.	Electronic versions of these booklets are available on the Bereavement page of the Shropshire Council webpage via the COVID19 Information for Public Link. Final version of the checklist to be uploaded. Recognition that this should be easier to find from the front page	In progress
		Potential to link offer with Community Reassurance Teams and have bereavement lead CRT within each locality with knowledge of local support/trained in bereavement support. Working with customer services to offer a public facing helpline for the bereavement support. Proposed launch date of 15/6/2020	To develop conversations and explore possibilities	In progress

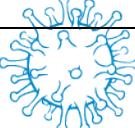


		Longer term training need to address ongoing needs for bereavement support within communities/organisations	Being explored through adaption of the Seasons for Growth model used for young people Launching w/c 22nd June	In progress
		Shropshire Samaritans can provide guidance and support around bereavement in group settings (e.g. workplaces/schools)	Promoted to VCS colleagues	Completed
		New short term referral pathway has been developed with 4 local organisations (Samaritans, Cruse, Severn Hospice and Crane Counselling identified through our local service mapping) to help connect those that could benefit from bereavement support to the agencies that could best support them. Referrals will be received via request through the COVID19 helpline and will be at no cost to the individual. A maximum of 6 funded appointments per client will be available through this route during the pandemic.	Launching 23rd June Finalisation of grant applications	In progress
	Workforce needs	Linked to support outlined in Action 4 below		In progress



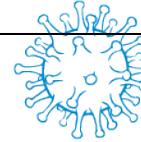
5. Peer and mental health support offer for staff (NHS, Council, VCS and volunteers)				
Action	Local Activity, Gaps & Need	Proposed Solution	Next Steps	Complete
Range of activity based on different need				
Level 1 - emotional wellbeing and managing low mood, lower level/moderate stress	Currently no formal support to support staff mental health impact from COVID19	Shropshire Council HR have developed a staff wellbeing portal providing a range of supportive information, guidance and podcasts to help manage emotional wellbeing		Completed
		Shropshire Council employees can access individual counselling (group sessions are available if required) through the Council's providers NOSS (Network of Staff Supporters) by contacting 01978 780479.		Completed
		Video conferencing workshops on normalising anxiety delivered by Shropshire MIND In place and being rolled out to other organisations/teams		Completed
Level 2 - exposure to trauma or highly stressful situations		A STP system wide model of trauma informed care approach is being developed across Shropshire and T&W, to support staff based on the fire service model is being developed. This includes a coaching programme using existing coaches and recruitment of trauma informed care practitioners that can provide	Full STP system approach to the TRIM model - lead Victoria Rankin (People lead for STP). Group meeting weekly to progress.	In progress

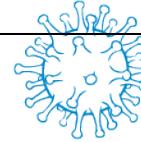


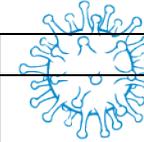
		<p>support to any staff from the LA, NHS or voluntary sector who has been exposed to distress that has had a negative impact on their emotional wellbeing</p>		
		<p>Local Authority Educational Psychologists are providing</p> <ul style="list-style-type: none"> - weekly group supervision for VCS managers/lead by EP trained in bereavement and critical incident support (Poppy Chandler/Sheri Wright) - Manager support to discuss immediate concerns including a death - Support following a complex death where level of trauma (e.g. found dead at home/suicide) -Material for children and families where there is a death but cannot attend funeral 	<p>Offer sent to key contact agencies who have already expressed (including CAB, Age UK, Mayfair Centre, Shropshire Rural Communities Charity, Healthwatch and Qube)</p>	Completed
		<p>Psychologist support from MPFT are already linked with a number of Care Homes and providing a similar model of support as above where requested</p>		Completed



6. Children & Young People's Mental Health				
Action	Local Activity, Gaps & Need	Proposed Solution	Next Steps	Complete
CYP Task & Finish Group	To co-ordinate the range of activities from different teams supporting the MH of CYP within the Council and agree common priorities	A weekly task and finish group has been meeting to discuss priorities and identify gaps and opportunities	To agree future purpose, opportunities to address challenges and ensure all CYP have equal opportunity to pursue and manage good emotional wellbeing. To develop some practical solutions/initiatives that span service areas - educ, CYP social care, public health, early help	In progress
		Test out a model of social prescribing that supports CYP in two localities	Conversations with 2 PCN areas and internal conversations with T&F group about which locality/which target group to work with. Explore national good practice and work delivered by the SIG CYP. Work up proposal for discussion. Use workshop information and input from key stakeholders previously	In progress
		Understand levels of anxiety and access to food issues to enable a plan to develop	Explore opportunities with Leeds University to test out a survey in schools to assess parents, teachers, C&YP levels of anxiety and understand access to food issues	In progress
		Develop a training package to enhance skills and confidence of workforce around level 2/3 support for school staff, EH staff and other groups	Work with the EH Team to understand training needs of the EH workforce and schools	In progress
		Develop a Peer Support Programme/Preparation for Return to School following COVID19 – schools and colleges –	Work with education colleagues to support return of 6th form students and reduce anxiety	In progress



		preparing schools, parents and young people		
		Actively engage C&YP of various ages and from a range of groups to better understand their needs	Explore opportunities with local college and media students to develop the thinking further	In progress
		Identify gaps around data collection, JSNA of C&Y and work with LA colleagues to influence CYP's commissioning	Discuss with DPH, Joint Commissioning Group and directors to identify a solution	In progress
		Develop the DREAM to embed restorative practice in all aspects of work with C&YP - in education settings and based on the culture already existing within CYP Social Care	Scope up ideas from the education team, identify good practice elsewhere, review behaviour management change policies, develop a Pilot – identify schools, initiate surveys, develop training, evaluate the impact and then support the pilot schools in duplicating and sharing practise within the County	In progress



7. Development of mental health support for people in supported housing				
Action	Local Activity, Gaps & Need	Proposed Solution	Next Steps	Complete
Identify staff support and support for residents		Housing Providers developing support		
		Connexus - Customer services telephone for anyone with housing issues (not just tenants)	Option line to be launched	
		NOSS is operating a telephone counselling service currently due to Covid-19 and social distancing. They have counsellors in many locations and can accommodate Shropshire Council employees when face to face counselling is required and constraints do not apply.		
People in Bed and Breakfasts		A list of B&Bs that are providing accommodation for people in SHropshire has been identified and shared with Shropshire MIND	Shropshire MIND to make contact with the B&Bs are provide literature/information as appropriate to support the mental health needs of guests and the proprietors	Completed

Appendix 31

Isolation Checklist

STAY ALERT • CONTROL THE VIRUS • SAVE LIVES

My Self-Isolation Checklist



**You must not leave your home if you're self-isolating.
Isolating is hard but is vital to stop spreading the virus.**

When to self-isolate

- ✓ you have any [symptoms of coronavirus](#) (a high temperature, a new, continuous cough or a loss or change to your sense of smell or taste)
- ✓ you've tested positive for coronavirus – this means you have coronavirus
- ✓ You and anyone you live with must stay at home ([self-isolate](#)) until you get your result.
- ✓ you live with someone who has symptoms or tested positive
- ✓ someone in your support bubble has symptoms or tested positive
- ✓ you're told to self-isolate by [NHS Test and Trace](#)
- ✓ you arrive in the UK from a country with a high coronavirus risk – see GOV.UK: how to self-isolate when you travel to the UK

How long to self-isolate

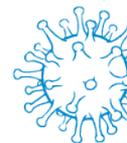
- ✓ **For at least 10 days if:**
 - you have symptoms of coronavirus and you tested positive, had an unclear result or did not have a test.
 - You tested positive but have not had symptoms
 - If you have symptoms, the 10 days starts from when they started.
 - ✓ **For 14 days if:**
 - you live with (or are in a support bubble with) someone who has symptoms of coronavirus and tested positive, had an unclear result or did not have a test or tested positive but has not had symptoms
 - You've been told to self-isolate by NHS Test and Trace
- It is really important to keep to the [self-isolation periods](#)**
Click on the link to find out more

A Helpful Checklist

- ✓ Food supplies
 - Can I food shop online? Do I have an account set up ready to use?
 - Can someone shop and deliver for me?
 - Who else can help? Ring 0345 6789 028 to find out or visit [Shropshire Council - Support for the public](#)
- ✓ Medication
 - Can some collect for me?
 - Who else can help? Ring 0345 6789 028 to find out or visit [Shropshire Council - Support for the public](#)
 - Do I have enough over the counter medication? Add it to your shopping list
- ✓ Money/Cash – do I have enough money to support me for my needs
- ✓ Do I have any caring responsibilities? For further advice and support please take a look at [information for social care services](#)
- ✓ Can I work from home if I'm well enough? Speak to your employer or visit [financial support](#) for further guidance
- ✓ Pets – everyday tasks, feeding walking, maybe as a friend or neighbour
- ✓ How do I look after my mental health and wellbeing? There is a wealth of support online for you. Please look at the following:
 - [Looking after your mental health and wellbeing during coronavirus](#) – including a great new resource with a variety of information such as local immediate support and online resources, top tips for self-isolation, a children's [14 day](#) coronavirus challenge and helping to manage coronavirus anxiety.
 - [NHS Mental Health and Wellbeing Support](#)
 - [Fitness studio and exercise videos, Strength exercises, 10 minute workouts](#)

If you start to feel worse call NHS 111

You are not alone! We are here to help Please ring 0345 6789 028 for [welfare support](#) where you will find a variety of information to help you while you are self-isolating.



Appendix 32

Local Outbreak Prevention and Control Communications and Engagement plan/toolkit

Background

In late May 2020 the Department of Health & Social Care announced that [Local Outbreak Control Plans](#), led by the statutory Directors of Public Health in local authorities, would be a key component in the HM Government's COVID-19 recovery strategy.

Local Directors of Public Health are responsible for producing Local Outbreak Control Plans, working through Covid-19 Health Protection Boards. They will be supported by System-wide partners and work in collaboration with Local Resilience Forum and a public-facing Board led by Council Members to communicate openly with the public.

Our Local Outbreak Plan Communication strategy will support the delivery of the plan and sets out our approach to communicate the plans key messages to all local communities.

Aims

The aims of our local outbreak prevention and control communications and engagement plan are:

- To remind residents, businesses and services to continue to follow government guidelines to help prevent the spread of COVID-19
- To reassure residents, businesses and services that we are working with them to protect against transmission of COVID-19
- To reassure residents, businesses and services that we are responding to and managing coronavirus outbreaks
- To ensure residents get tested and isolate when they present symptoms
- To ensure that residents isolate when asked to by contact tracers

Objectives

- To continue to raise awareness of the current government guidelines on COVID-19 and what appropriate action to take.
- To engage with, and work in collaboration with our local communities to help inform our communications
- To work closely with Elected Members and Town and Parish Councils to reduce the impact of COVID-19 and provide reassurance to communities
- To demonstrate the work we are doing with our partners and our local communities to mitigate the spread of COVID-19
- To demonstrate the work we are doing in the event of an outbreak to minimise the risk and spread of COVID-19 and that we are able to respond appropriately to outbreaks of COVID-19
- To be transparent, open and honest in our communications to help mitigate alarm, anxiety and hearsay and build trust and confidence with our communities.
- To provide, appropriate, clear and concise information in a timely manner.



Target Audience - including but not limited to:

Internal

Staff

- Frontline workers
- Community Reassurance Team
- Let's Talk Local
- Customer services
- Adults and children social care workers
- Welfare and Benefits staff
- Domiciliary workers
- Outdoor Partnership
- BAME staff
- Digital Inclusion Team
- Registrars staff
- Family Information Service
- Occupational Therapists
- Library staff
- Regulatory services
- Highways and Transport
- Trading standards

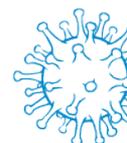
Councillors representing all wards

External

Residents

In particularly those with protected characteristics/vulnerable groups

- **Clinically extremely vulnerable** – those on the shielding list
- **Formal/legally vulnerable process in place** – this will include those that are receiving statutory care, known to locally authorities and there is some overlap with the responsibilities passed to Local Government during COVID-19 for the clinically vulnerable in need of additional local support such as food parcels
- **Higher Risk due to other factors** – this is due to wider determinants of health/other factors leading to poorer outcomes including BAME, deprivation, age, poverty, homelessness and obesity are being researched nationally currently
- Local, (regional and national – if appropriate) media
- Pre-school and all educational settings (nurseries, schools, colleges, universities)
- Health and social care organisations
- Town and Parish Councils
- BAME community*
- Care homes
- Advocacy groups
- Voluntary and community organisations (including charities)



- Businesses (service, manufacturing and merchandise industries, e.g.; factories, retail, hospitality, tourism, recreation, etc.)
- Multi Faith groups/communities*
- Farming communities
- Housing organisations/registered landlords
- Homeless hostels and domestic violence shelters
- Carers
- Gypsy and Travelling communities

*BAME Communities

As identified in the Beyond Data: Understanding the Impact of COVID-19 on BAME Communities, Faith communities played a vital role in engaging with communities and were a trusted source of information, leadership and engagement and needed to be better engaged in future efforts to build community resilience and prepare communities for the immediate and long-term challenges of COVID-19.

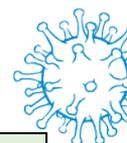
Geographic location (taken from local PH data) – identified where messages can be specifically targeted

Shrewsbury	Oswestry	Market Drayton
Ludlow	Shifnal	Church Stretton and Craven Arms
Wem	Bridgnorth	Cleobury Mortimer

Stakeholders

Stakeholders can play a vital role in supporting the campaign. We will rally support from our stakeholders and encourage them to follow the council’s communication channels and help amplify the key messages. The list below is an example of who we will engage with, but there may be others, as we address need and respond to concerns.

Stakeholders	
Town and Parish Councils and SALC (Shropshire Association of Local Councils)	Nationality groups and those with English as an additional language
VCSA (Voluntary & Community Sector Assembly) and all Forums of Interest (including Health & Care Forum and the Shropshire Infrastructure Partnership)	STP/Health and Wellbeing Comms and Engagement group (comprising of comms leads representing all organisations across the health, social care and community sector) including <ul style="list-style-type: none"> ○ SaTH ○ Shropshire and Telford CCG ○ RJAH ○ ShropCom ○ MPFT ○ Shropdoc ○ Healthwatch Shropshire ○ NHS England ○ WMAS



	<ul style="list-style-type: none"> ○ West Mercia Police ○ Shropshire Fire and Rescue
Marches LEP	Keep Shropshire Warm
Shrewsbury Bid	Chamber of Commerce
All Faith Groups including Dioceses of Lichfield and Hereford	Social Telecoms
Gypsy Liaison Service (via John Green)	Broadplaces and those working to support digital access
Voluntary and community sector groups working with young people	Voluntary and community sector groups working with older people
Advice, Advocacy and Disability Groups (including visual and hearing impairment)	All groups supporting Carers
Voluntary and community groups supporting physical and mental health	Food Groups (Food banks and hubs) and Food Poverty Alliance
Voluntary and community groups supporting skills and employment	Department of Work and Pensions (local branch)
Housing associations, consortiums and those working to address housing need	Credit Unions
Chester University and other locally affiliated Universities	Further education and colleges
All GP Practices and Patient's Groups	
Stakeholders can also be those identified in our target audience plus other advocates, adversaries and influencers.	

Key messages

Whilst this communications plan supports the delivery of our Local Outbreak plan, a strong focus will be to promote preventative messages to help mitigate the onset of an outbreak.

General messages
Shropshire Council are playing the leading role in containing any outbreaks within the county.
The health and safety of people in Shropshire is our key priority and we continue to work with partners to offer support and advice to our residents and business to help mitigate the spread of COVID 19.
We must remember that we are still in a pandemic and our public health team continue to work with everyone to ensure we continue to follow government guidelines, to help keep our communities safe and help stop the spread of coronavirus.
Stay safe, be responsible and together we can help reduce the spread of coronavirus.
Shropshire Council has a dedicated coronavirus Helpline to help those who are vulnerable and in need of help. You can contact the Helpline on 0345 678 9028 for any coronavirus-related issues and enquiries, between 8am to 6pm weekdays, and 9am to 1pm on Saturday.
You can find helpful information and links to other sources of help and advice on our



dedicated Covid 19 website at www.shropshire.gov.uk/coronavirus

Outbreak messages

The health and safety of our communities is our absolute key priority.

In the event of a coronavirus outbreak, whether in a care home, school or workplace, the Health Protection Team and Public Health England will respond immediately to contain and suppress the outbreak.

The Team also provide health protection advice and support to those in the settings where the coronavirus outbreak occurs, to help minimise any further transmission.

We are aware of the cases of COVID-19 at xxx [setting] and are working with Public Health England to support them. A rapid response is providing vital information to help minimise the further spread of the virus in Shropshire.

We'd like to reassure everyone that as soon as we became aware of this issue, we acted quickly to work with the [setting] and their staff to limit any further potential spread of COVID-19.

The staff at [setting] are co-operating fully with public health professionals to protect the health and wellbeing of xx

We continue to work with [setting] who we know have meticulously followed the Government's advice and guidelines to ensure their staff remain safe.

At this time, we would also like to remind everyone to follow the current Government guidance on social distancing, minimising their social interaction with other people, maintaining good hand hygiene by washing hands regularly for at least 20 seconds, wearing face coverings where required and covering mouth and nose with a tissue when coughing or sneezing. Adhering to this advice is the best protection against the virus.

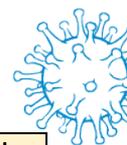
For more information and to keep up to date with the latest advice and guidelines, visit www.gov.uk/coronavirus

Prevention and call to action

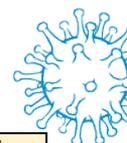
Theme	Message
We are still in a pandemic	Cases and deaths from COVID-19 show the curve for Shropshire has been much flatter than the national and regional picture, and while we have not seen a significant spike, neither have we seen a rapid decline, even with lockdown.
Keep following Government guidelines.	We want to remind people that the risk of coronavirus has not gone away and to continue to follow the government guidelines. This way you can help reduce your risk and help to stop the spread of coronavirus. Please: <ul style="list-style-type: none"> • Stay at home as much as possible and limit contact with other people • Work from home if you can • Keep your distance if you go out (2 metres apart where possible) • Wash your hands regularly for at least 20 seconds • Do not leave home if you or anyone in your household has symptoms.



	<ul style="list-style-type: none">• Find out more on what you can or can't do during the coronavirus pandemic on the governments FAQ pages. Topics include:<ul style="list-style-type: none">▪ 1. Gatherings, public spaces, and outdoor activities▪ 2. Vulnerable groups, shielding, 70 year olds and over, and care homes▪ 3. Going to work / Safer spaces▪ 4. Workers' rights▪ 5. Public Transport▪ 6. Schools and Childcare▪ 7. Borders / international visitors▪ 8. Enforcement▪ 9. Devolved administrations
If you have symptoms	<p>Do not leave home if you or someone you live with has any of the following symptoms</p> <ul style="list-style-type: none">○ a high temperature○ a new, continuous cough○ a loss of, or change to, your sense of smell or taste <p>Apply for a test straightaway.</p>
Test and trace	<p>NHS Test and Trace service will help identify, contain and control coronavirus, reduce the spread of the virus and save lives.</p> <ul style="list-style-type: none">• Anyone who tests positive for coronavirus will be contacted by NHS Test and Trace and will need to share information about their recent interactions.• Those who have been in close contact with someone who tests positive must isolate for 14 days, even if they have no symptoms, to avoid unknowingly spreading the virus.• If those in isolation develop symptoms, they can book a test at https://www.nhs.uk/conditions/coronavirus-covid-19/ or by calling 119. If they test positive, they must continue to stay at home for 10 days or until their symptoms have passed. If they test negative, they must complete the 14-day isolation period.• Members of their household will not have to stay at home unless the person identified becomes symptomatic, at which point they must also self-isolate for 14 days to avoid unknowingly spreading the virus.
Enjoy being outside more in a safe way	<ul style="list-style-type: none">• Exercise and being outdoors is fantastic for our wellbeing during the coronavirus pandemic, but please remember to keep a social distance between each other and those around you.



<p>Look after your wellbeing and seek advice when you need it.</p>	<ul style="list-style-type: none">• The coronavirus pandemic has impacted on all of us in different ways. Keeping physically active if you can, keeping in touch with others online, by telephone, meeting at a safe distance adhering to Government guidelines and looking after our mental health is all important.• We have set up a dedicated team to help support people's health and wellbeing during and beyond the coronavirus pandemic. The group is made up of representatives from across the health, care and voluntary sector who have come together to create materials to support people struggling with their mental health. The looking after your mental health guide is available on our Coronavirus webpages for people to access.• We have also introduced a new bereavement service to support those who have lost a loved one from coronavirus. The service is centred on what the person needs to help them through their difficult time and includes a dedicated number to call, and booklets, which offer advice, guidance and support. You can access the new bereavement service by calling the Shropshire Council COVID-19 helpline number on 0345 678 9028.• You can find helpful information and links to other sources of help and advice on our dedicated Covid 19 website at http://www.shropshire.gov.uk/coronavirus/information-for-the-public/ Click on the different subject boxes on the page.
<p>Going to work</p>	<ul style="list-style-type: none">• Going to work? Travel by car or bicycle if possible, keep a safe distance from others and wash your hands regularly.• There is more guidance on how to stay safe in the workplace and what to do if you get symptoms here.
<p>Going shopping</p>	<ul style="list-style-type: none">• Going to the shops? Remember to wear a face covering, keep a safe distance from others and wash your hands when you get home.
<p>Schools</p>	
<p>Care homes</p>	<ul style="list-style-type: none">• It is vital that we do everything we can to protect our elderly and vulnerable in care homes• Since the beginning of the pandemic, we have, and continue to, work with our care providers to ensure they have the right support to help manage and prevent the spread of coronavirus. This includes providing financial support to help with ongoing costs

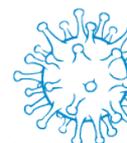


	<p>such as PPE and the setting up a dedicated task and finish group. The work of the task and finish group includes working closely with Shropshire Partners in Care, to remain in regular contact with all of our providers, with a team of staff carrying out regular welfare calls, as well as making sure all our providers have access to information that they need and get answers to their concerns and questions.</p> <ul style="list-style-type: none">• Shropshire Council along with Telford & Wrekin Council and our NHS partners have also set up a PPE Helpline and IT system to help with the coordination of PPE equipment for care sector providers such as GPs, Care Homes, Domiciliary Care Providers and Personal Assistants.
Businesses	<ul style="list-style-type: none">• Health and safety - The protection of the health and safety of the public is our number one priority, but everyone has a responsibility.• It is crucial that business premises that are not permitted to open do remain closed, and those that can trade do so only if they can ensure their premises are safe to protect staff and customers from the spread of coronavirus.• We have highly knowledgeable and skilled staff who are happy and able to help businesses and the public with any concerns they may have. If you need to speak with us, please get in touch by calling 0345 678 9067 and select option 3 or email us at advicecompliance@shropshire.gov.uk We are here to help.• Advice and support – Shropshire Council has produced a toolkit for businesses offering important advice about reopening as lockdown measures are eased. The toolkit 'Reopening your business in Shropshire' can be found on the Shropshire Council website.

The role of Public Health

We are playing our part in Public Health by protecting Shropshire people in different ways. This includes:

- **Providing health protection advice and guidance** in settings such as care homes, schools and workplaces when a coronavirus outbreak occurs
- **Testing** – we are part of a system wide group who meet (virtually) to agree and implement testing for staff and the public, based on Government advice and

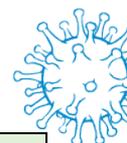


guidance. For the NHS ‘Test and Trace’ system, Shropshire’s local Outbreak Plan will be led by the Director of Public Health working with Public Health England’s Health Protection Teams and Covid-19 Health Protection Boards. Government funding will support this, and plans are being developed now.

- We **gather and monitor data and act on what it is telling us**. We use this information as part of our planning and evaluation strategies to prevent further spread of coronavirus. We can also use the data to examine how often diseases such as coronavirus, occur in different groups of people and why.
- Many **high level (virtual) meetings** at a regional and local level take place. These are essential to ensure information, decisions and actions are shared and implemented in Shropshire during this rapidly changing situation.
- We ensure up **to date information** about the coronavirus is on the **Council website**, and this includes sections to support the health and wellbeing of people during this difficult time. <https://www.shropshire.gov.uk/coronavirus/information-for-the-public/>

Communication approach

<p>Local Outbreak Plan Communication Toolkit</p> <p>This toolkit provides partners, advocates and influencers with a range of communication materials including key messages, articles, promotional material as well as tweets and Facebook messages for organisations to use and cascade to residents, organisations and individuals who may benefit from the scheme. The toolkit approach supports the co-ordination of accurate, timely and consistent messages and will help mitigate any potential confusion around the messages of the campaign.</p>	<p>Alignments</p> <p>The communications strategy and plan will align with the following SC and STP plans</p> <ul style="list-style-type: none"> • Local Outbreak Community Engagement plan • Covid 19 Public Health communication plan • Test and Trace Communication plan • Care home communication plan • Covid-19 engagement audit and mapping for restore and recover • Covid 19 Community Strategy • Other appropriate comms and engagement plans
<p>Equality and social inclusion</p> <p>We must ensure our communications meet the needs of our diverse communities, in particular those identified as a key vulnerable group</p>	<p>Social Marketing</p> <p>Using local social care and health intelligence and data we can target key demographic hotspots and implement the appropriate communication channels in these areas.</p>
<p>Co-ordination</p> <p>The communications around the Local Outbreak Plan will be co-ordinated by Shropshire Council’s Communication Team</p>	<p>Localised messaging templates for press releases</p> <p>This will be used report outbreaks to the press as they happen, to alert people to the</p>



in collaboration with the Director of Public Health and associated Local Outbreak Plan delivery groups and officers. This will be implemented through this communication strategy and plan.	risks and to reiterate the importance of everyone do the right thing around test and trace, and also to reassure people that all necessary steps have been taken by the outbreak control team.
Media pack This will comprise of press release, background information and details on our local outbreak prevention and control plan. These can be either emailed to media or provided in person during a media briefing.	Media briefings/interviews as and when appropriate Partners will utilise local, regional and national media (if appropriate) to help cascade key messages during key milestones of the plan.
Spokesperson A good spokesperson is vital to any campaign. They put a human face to the organisation and can effectively communicate the campaign messages to the public and the media.	Comms Plan on a page A single plan on a page is produced alongside the communication toolkit. The plan on a page will summarise the communication miles stones and activities undertaken over the timeframe of the plan.
Updating of the council's Covid 19 website To ensure up to date local and government information on Covid 19.	

Communication methods and channels

Internal

- Intranets
- Staff emails
- Members bulletins
- Staff newsletters/updates
- Service newsletters (e.g. Adult Social Care newsletter)
- Yammer
- Lock screens and Shropshire Council premises TV screens.

External

- Shropshire Council newsroom
- Shropshire Council Covid 19 website
- Local, regional and national media (press, radio and TV)
- Partner/stakeholder websites
- Partner/stakeholder Social Media platforms
- Twitter (currently over 22k followers)
- Facebook
- Instagram

- 
- LinkedIn
 - Hyper local platforms such as 'Nextdoor' or Tribe
 - Gov Delivery – possible reach of 88K
 - Newsletters and publications (e.g. GP, Town and Parish Councils, community newsletters)
 - Engagement events (online during Covid 19)
 - Promotional material

PR

- We can regularly communicate key messages identified in the Local Outbreak Plan via our Newsroom and include relevant case studies to help engage with the audience.
- All news stories are added on the Shropshire Council newsroom which all local media have access to.
- Newsroom stories are then posted on our social media channels.
- If and when appropriate we will arrange briefings with local, regional and national media. We will actively manage this media to maintain control of the message and ensure broadcast of key messages. If appropriate, a media pack will be developed and presented at each briefing/interview.
- Where possible we will identify and use specialist media where we will be able to target our communications.

Social media

- We can build on and engage with all relevant social media channels currently available whether it's an organisation or individual.
- By using the right social media platforms to communicate, we can ensure that we cascade our key messages to a wider audience.
- We will utilise digital images and videos to illustrate the stories and support our messaging.

Website

- Shropshire Council's Covid 19 webpages will act as the single point of reference to where all information and advice on prevention and our local outbreak control messages can be hosted.

Face to face

- One of the most effective means of communications which can increase engagement and participation. Advocates, adversaries and influencers will play a vital role in helping to communicate and engage with peers, individuals and families on the local outbreak plan. Advocates can be provided with a communication toolkit to help them promote the key messages via their communication channels.
 - Shropshire customer service messaging service - recorded messages informing and signposting people the Covid 19 webpages on FPOC and, Blue Badge Scheme, phone lines.
- 



Printed material

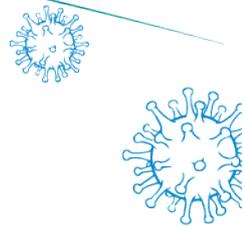
- We will utilise both PHE and local printed resources to cascade to our audiences. Including easy read and those in other languages and accessible formats (e.g. BSL).

Monitoring and Evaluation

- Working with the Local Outbreak Plan groups we will regularly review progress against our action plan. Progress will be monitored by reviewing:
- Media analysis (reach, tone and content)
- Website statistics
- Social media reach and feedback
- Feedback from stakeholders

Social media messages – example preventative messages

Date and mechanism	Message	Image
Twitter	<p>You must stay at home if you or someone you live with has symptoms of coronavirus (COVID-19) and apply for a test straightaway. Find out how to get tested at nhs.uk/coronavirus</p> <p>Stay safe, be responsible and together we can reduce the spread of coronavirus.</p>	
FB and Instagram	<p>You must stay at home if you or someone you live with has symptoms of coronavirus (COVID-19) and apply for a test straightaway. Find out how to get tested at nhs.uk/coronavirus.</p> <p>Stay safe, be responsible and together we can reduce the spread of coronavirus.</p>	
Twitter	<p>You must stay at home if you or someone you live with has symptoms of coronavirus (COVID-19) and apply for a test straightaway. Find out how to get tested at nhs.uk/coronavirus</p> <p>Stay safe, be responsible and together we can reduce the spread of coronavirus.</p>	



FB and Instagram

We are asking everyone in Shropshire to follow Government Guidance and to stay safe, be responsible and together we can reduce the spread of coronavirus.
<https://www.gov.uk/coronavirus>

Twitter

If you are told by NHS Test and Trace you have been exposed to an infected person, you must self-isolate for 14 days. Stay safe, be responsible and together we can reduce the spread of coronavirus.
<https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/>

FB and Instagram

If you are told by NHS Test and Trace you have been exposed to an infected person, you must self-isolate for 14 days. Stay safe, be responsible and together we can reduce the spread of coronavirus.
<https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/>

Twitter

The risk of catching coronavirus has not gone away. We are asking everyone in Shropshire to follow Government Guidance and be alert to the symptoms. Stay safe, be responsible and together we can reduce the spread of coronavirus.
<https://www.gov.uk/coronavirus>
[nhs.uk/coronavirus](https://www.nhs.uk/coronavirus)

All

The risk of catching coronavirus has not gone away. Keep washing your hands for 20 seconds regularly. Stay safe, be responsible and together we can reduce the spread of coronavirus.
www.shropshire.gov.uk/coronavirus





All Exercise and being outdoors is fantastic for our wellbeing during the coronavirus pandemic, but please remember to keep a social distance between each other and those around you. Enjoy being outside more but in a safe way.
Stay safe, be responsible and together we can reduce the spread of coronavirus.
www.shropshire.gov.uk/coronavirus



All The risk of catching coronavirus has not gone away. Stay at home as much as possible and limit contact with other people.
Stay safe, be responsible and together we can reduce the spread of coronavirus.
www.shropshire.gov.uk/coronavirus



All Going to the shops? Remember to wear a face covering, keep a safe distance from others and wash your hands when you get home.
Stay safe, be responsible and together we can reduce the spread of coronavirus.
www.shropshire.gov.uk/coronavirus



All Going to work? Travel by car or bicycle if possible, keep a safe distance from others and wash your hands regularly.
www.shropshire.gov.uk/coronavirus



Twitter The risk of catching coronavirus has not gone away. Remember to keep a safe distance from others, 2 metres where possible. Stay safe, be responsible and together we can reduce the spread of coronavirus.
www.shropshire.gov.uk/coronavirus



Instagram The risk of catching coronavirus has not gone away. Stay at home as much as possible. Stay safe, be responsible and together we can reduce the spread of coronavirus.
www.shropshire.gov.uk/coronavirus



Twitter

The risk of catching coronavirus has not gone away. Check the Government FAQ's on what you can and cannot do from the 1st June. <https://www.gov.uk/government/publications/coronavirus-outbreak-faqs-what-you-can-and-cant-do/coronavirus-outbreak-faqs-what-you-can-and-cant-do>

Stay safe, be responsible and together we can reduce the spread of coronavirus.

The risk of catching coronavirus has not gone away. Check the Government FAQ's on what you can and cannot do from the 1st June. <https://www.gov.uk/government/publications/coronavirus-outbreak-faqs-what-you-can-and-cant-do/coronavirus-outbreak-faqs-what-you-can-and-cant-do>

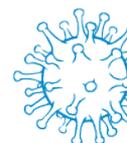
Stay safe, be responsible and together we can reduce the spread of coronavirus.

The coronavirus pandemic has impacted on us all in different ways. Keeping physically active if you can, keeping in touch with others online, by telephone, at a safe distance adhering to [Government guidelines](#), and looking after our mental health is all important.

Helpful information and links to other sources of help and advice are on the Shropshire Council coronavirus pages.

<https://www.shropshire.gov.uk/coronavirus/information-for-the-public/> Click on the different subject boxes on the page.





Appendix 33: Local Outbreak Plan - Crisis Communications Checklist

Local outbreak communication process –

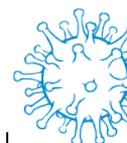
Date and Time	Organisation	Communication	Recipient/channel	Issued	By who
	Shropshire Council	Initial briefings followed by regular updates	Cohort 1 <ul style="list-style-type: none">• Chief Executives• IMT group• Health Protection group• Local members• Customer Service Team• Digital Services Team		Director or Public Health
	Shropshire Council	Embargoed PR, stakeholder brief and FAQ's	Cohort 2 <ul style="list-style-type: none">• Cabinet• MP's• Directors• Local Outbreak Plan Engagement Board• LHRF (Silver)• TCG		Director of Public Health
	Shropshire Council	PR for Members	Cohort 3 <ul style="list-style-type: none">• Members Portal (internal platform for councillors)		Communications Team
	Shropshire Council	PR for public	Cohort 4 <ul style="list-style-type: none">• SC Newsroom (our online news platform – media and public sign up to)• Staff update (published in afternoon)		Communications Team
	Shropshire Council	SC Newsroom story - shared with key stakeholders to cascade to Health and Social Care organisations <ul style="list-style-type: none">• Voluntary and Community groups• Businesses• Schools• Housing organisations• Patients• BAME communities	<ul style="list-style-type: none">• STP comms group• ALC• Health and Wellbeing comms group• Health Protection• IMT group		Communications Team



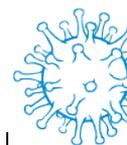
Checklist

In the event of an outbreak the following key actions must be implemented. These should be done in collaboration with the Engagement lead and CRT.

Action	Audience	Channel	Complete
Agree with DPH Early Alert statement and issue to *internal stakeholders	Senior Management <ul style="list-style-type: none">• Chief Executives• Directors Elected Members and politicians <ul style="list-style-type: none">• Portfolio Holder• Local Members• Cabinet• Councillors• MP's Staff <ul style="list-style-type: none">• CRT• CSC Boards and Cells Local Outbreak Engagement Board IMT group Welfare cell (includes reps from CRT and CSC) Health Protection group LHRF (Silver) (if appropriate) TCG (if appropriate) Gold (if appropriate)	Email Members portal	
Agree Spokesperson/people	DPH, Chief Executive, Portfolio Holder/Local Member/s	Rachel Robinson Andy Begley Dean Carroll Appropriate Local member/s	
Activate *Comms Cell and arrange meeting as soon as possible	Comms and Engagement Representatives from <ul style="list-style-type: none">• DPH• SC (comms & CRT)• PHE West Mids• ShropComm• STP• CCG• SaTH• RJAH• Police• MPFT• Shropshire Healthwatch T&W and other bordering LA's (if cross border outbreak)	Microsoft Teams meeting invite to include: Representatives from the organisations named. (Email contact names are held) Plus comms rep (if appropriate) from the relevant business/workplace.	



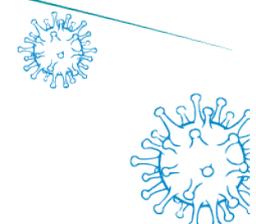
Agree press statement and subsequent daily updates (if appropriate) Send to internal stakeholders	(See above) Plus all staff	Email Members portal CE Staff updates Intranet (if appropriate)	
Heads up to local media with press statement attached Arrange interview if appropriate Prepare briefing note Prepare FAQ's for media and website	Local media	Email BBC Radio Shropshire (Email contact names are held) Shropshire Star (Email contact names are held) Local democracy reporter (Email contact names are held) Free Radio (Email contact names are held) Signal 107 (Email contact names are held)	
Issue Press statement and subsequent daily updates (if appropriate) on newsroom Post on social media platforms Share newsroom story with *external shareholders	Local media General public Partners	Newsroom Twitter Facebook CRT community updates HWBB Comms & Engagement group ALC	
Media management – respond to media enquiries arrange any appropriate interviews with agreed spokesperson/people	Local media	Email	
Social Media Management monitor and respond to, if necessary, any social media activity	General public	Twitter Facebook Instagram	



Social media activity Post proactive Covid prevention messages on social media channels	General public Stakeholders Local social media contacts	Twitter Facebook Instagram	
TV screens Post proactive Covid prevention messages	General public Staff Stakeholders	TV screens in GP Practices Pharmacies (where available) Post Offices Council buildings	
Website Activate outbreak webpage Add statement and FAQ's Link to Covid 19 advice and information	General public	SC Website	
Printed material/digital assets Work with Welfare and other relevant Cells to develop any necessary printed materials and in the appropriate languages	Staff Members Residents Businesses Educational settings Care settings Partners	Hard copies distributed via CRT and local members	
Daily SitRep Collate and report all comms and engagement activities and report to IMT Issue SitRep to Comms Cell and Cabinet Office (if appropriate) and comms team, along with daily update	Chris Hopton (IMT) Comms cell (see above) Cabinet Office	Email (Email contact names are held) Comms cell (see above) (Email contact names are held) Cabinet Office (Email contact names are held)	

Briefing template - Business example

- Since the pandemic, xxx [business] have had xx COVID cases, of which xx employees live within Shropshire. Individuals affected are in the main, clustered around xx, xx, and xx areas.
- There were xx cases reported in (month) xx in (month), and xx in (month). There have been only xx reported within the last 14 days with no one awaiting testing

- 
- 
- Incident Management Teams meetings led by PHE have been held, to review cases and measures in the factory. PHE were assured that the measures in place at xxx, were robust and a further IMT affirmed this.
 - PHE is reassured at this stage that there is low risk of transmission within the factory and aware that at this phase of the pandemic there is transmission in households and communities
 - Joint communications have been put in place by xxx[business] /PHE/SC (attached)
 - HSE have also been informed and have been in contact with (business) but comments awaited.
 - Xxx [business] also report that that FSA also have inspectors on site at all times due to the nature of their work.
 - We have plans in place to engage these local communities through wider communication, including targeted messaging, working with local community groups, raising awareness of track and trace and working with local businesses to ensure good social distancing and awareness/support around infection control measures.
- 

FAQ's – Business example

It has been confirmed that there are cases of COVID-19 in staff members at (name



Public Health
England



Director of Public Health Shropshire

Novel Coronavirus (COVID-19): FAQs – (Name of setting)

How many cases have been confirmed?

of setting). The cases are (site or setting location/s)

- Since the beginning of the pandemic, the XX site has had X confirmed COVID cases, X of those employees who tested positive, live in Shropshire:
- There have been only X reported within the last 14 days with no one awaiting testing
- The X site has had X confirmed COVID cases, since the beginning of the pandemic, X of which are current with a further X additional suspected cases waiting testing.

What actions have been taken to respond to this outbreak?

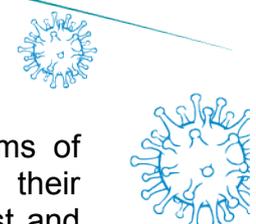
(Name of setting)

- Incident Management Teams (IMT) meetings, led by PHE, have been held, to review cases and measures in the (setting/s). PHE were assured that measures in place at (location) to reduce infection transmission within (setting name) were robust
- Health and Safety Executive (HSE) has also been informed and been in contact with (setting name), but comments awaited.
- (Setting name) also reports that the Food Standards Agency (FSA) also has inspectors on both sites at all times due to the nature of their work.
- PHE is reassured at this stage that there is low risk of transmission within the (setting) and aware that at this phase of the pandemic there is transmission in households and communities.

What measures have (setting name) put in place to mitigate the spread of coronavirus?

(Setting name) put a range of health protection measures in place from the start of the pandemic, including:

- COVID-19 response teams established at (site/s) since the end of (month).
- Detailed risk assessments regularly reviewed
- Increased frequency of multi-lingual briefings to all staff

- 
- 
- Employees are instructed not to come to work if they have symptoms of COVID-19, and told to self-isolate for 10 days, with members of their household isolating for 14 days. They are also reminded to book a test and inform the (setting) of their results
 - Extensive temperature screening taken each morning before staff entry on-site
 - Elimination of non-essential movement across sites
 - Staggered breaks and lunches with physical distancing implemented
 - Additional canteen capacity to facilitate social distancing.
 - Additional and enhanced cleaning and disinfection of contact surfaces and communal areas
 - Changes implemented to workstations, where feasible, to facilitate physical distancing
 - Installation of Perspex screens at workstations where appropriate.
 - Provision of PPE including visors for all appropriate staff.
 - Multi-lingual COVID-19 signage and notices across all plants
 - Administration and office staff working remotely where possible
 - Enhanced protocols with respect to inbound animal transport
 - Enhanced outbound protocols for product dispatch
 - All non-essential site visits cancelled
 - Immediate internal isolation and contact-tracing process implemented should any employee display COVID-19 symptoms

We have plans in place to engage the affected communities, this includes:

- targeted messaging,
- working with local community groups,
- raising awareness of track and trace; and
- working with local business to ensure good social distancing and awareness/support around infection control measures.

Is there a risk of contracting coronavirus from food?

The risk of contracting novel coronavirus (COVID-19) through the UK food chain is very low. There is currently no evidence to suggest transmission occurs through the foodborne route, therefore people are very unlikely to catch COVID-19 from food



Appendix 34: Coronavirus (Covid-19) Testing Routes – 1st October 2020

Care Home Residents, Patients, Essential Workers* and the general population

Care Home Residents and Staff		
Group	Process	Provider/Site
Local Shropshire, Telford & Wrekin Scheme		
<p>Symptomatic care home residents Residents should be tested as soon as they are symptomatic. Whilst the testing advice for key workers is to test from days 1-5 of symptom onset, care home residents' immune response may differ from younger, normally healthier individuals. The care home guidance recognises this and allows for a 14-day illness. Symptomatic residents may be tested between 1-14 days of onset of COVID-19 symptoms.</p> <p>Asymptomatic (without symptoms) care home residents ShropCom SPR are delivering a train the trainer model with the testing team visiting each care home and spending half a day training members of staff to undertake swabbing of all residents.</p> <p>Symptomatic staff Please note that SYMPTOMATIC STAFF should not be tested in the care home and should instead be referred for testing at a regional / local test centre or home testing.</p>	<p>Care Homes will be aware of the local process</p>	<p>Shropshire Community Health Trust Roaming testing team will attend the care home to undertake testing as required. Currently two roaming teams in operation across STW with the ability to increase to meet demand. Tests processed locally.</p> <p>Shropshire Community Health Trust Attending all care homes to train staff to undertake swabbing based on a prioritised list provided by both Councils. Swabbing kits can be requested via the care home testing portal for courier delivery/collection.</p>
National Testing Programme		
<p>Symptomatic staff Please note that SYMPTOMATIC STAFF should not be tested in the care home and should instead be referred for testing at a regional / local test centre or home testing.</p> <p>Routine testing for staff and residents Routine testing for staff is now available every 7 days and residents every 28 days</p>	<p>Through the whole home testing portal. https://www.gov.uk/apply-coronavirus-test-care-home. Care Homes need to register to receive the tests.</p> <p>Through the whole home testing portal. https://www.gov.uk/apply-coronavirus-test-care-home. Care Homes need to register to receive the tests.</p>	<p>National Testing Programme DPH can provide prioritised list of care homes / domiciliary care providers to support prioritisation of testing. Full guidance is provided for collecting swabs from symptomatic residents, including consent, appropriate PPE, record keeping and next steps. Courier delivery/collection. Results will be communicated to the care home manager and the local authority.</p>



<p>During an outbreak During an outbreak retesting of all staff and residents should take place with repeat testing for all negatives between day 4-7 and then at 28 days after the last suspected/confirmed case. Weekly testing for staff should continue.</p>	<p>Mobile Testing Units (MTU) will be put in place and are available as needed. Local Testing Sites (LTS) are also available as needed.</p>	
---	---	--

Patients (hospitals and community)

Local Shropshire, Telford & Wrekin Scheme

<p>Patients (hospital and community) All hospital inpatients tested on admission All hospital discharges to care homes tested in the 24hours prior to discharge</p>	<p>Managed by hospitals</p>	<p>The Shrewsbury and Telford Hospital NHS Trust Shropshire Community Health NHS Trust The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust Midlands Partnership NHS Foundation Trust</p>
--	-----------------------------	--

General population (Essential/Key Workers- please refer to purple section below)

National Testing Programme (Local Testing Sites)

<p>Everyone who is symptomatic Everyone in England with coronavirus symptoms is eligible to book a swab test via the national testing programme Parents or guardians of children aged 11 or under will have to swab test their child themselves.</p> <p><u>Test and Trace - People who test positive for coronavirus and their close contacts.</u> People who test positive Those who have tested positive for coronavirus will be contacted by NHS Test and Trace and will need to share information about their recent interactions. This could include household members, people with whom they have been in direct contact, or within 2 metres for more than 15 minutes.</p> <p>Close contacts of the person who has tested positive https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works.</p>	<p>Self-referral by visiting https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/ask-for-a-test-to-check-if-you-have-coronavirus/ www.nhs.uk/coronavirus or call 119 if you have no internet access</p> <p><i>Essential/Key Workers - Please refer to the purple section below, as this group will receive priority for testing.</i></p> <p>Will be alerted by the NHS test and trace service The alert will usually come by text, email or phone call.</p> <p>Will be told to begin self-isolation for 14 days from the last contact with the person who has tested positive.</p>	<p>National Testing Programme Once application for test confirmed, testing takes place at a drive-thru testing location or by a home testing kit. There are local testing sites available in Shrewsbury and Telford. In an outbreak situation, Mobile Testing Units (MTUs) will be put in place, depending on the outbreak situation.</p> <p>Jointly managed by the NHS and Local Authority Public Health Teams. Test and Trace – NHS Outbreak management - Public Health Teams</p>
--	--	--



Will need to book a test if they become symptomatic www.nhs.uk/coronavirus or call 119 if no internet access. Other members of household must self-isolate immediately at home for 14 days.

Key/Essential Workers (Staff)

Group

Process

Provider/Site

Key/Essential workers* from: NHS, Local Authority, Care Homes, Children's Homes, Adult Learning Disability Centres, Domiciliary Care, All School staff (including Academies) and wider STP partners

Local Shropshire, Telford & Wrekin Scheme

All symptomatic key/essential workers (preferred route)

Eligibility:

- The staff member has Covid-19 symptoms OR
- The staff member is self-isolating due to an adult or child household member(s) having symptoms of Covid-19. In this instance it is the household member(s) displaying the most acute symptoms of Covid-19 who should be tested

Staff member contacts their line manager who confirms eligibility and gains consent to refer to Single Point of Referral (SPR) Service. This is done directly as agreed with SCHAT or via shropcom.singlepointofreferral@nhs.net SPR contact the Key Worker and manage the testing process.

Shropshire Community Health Trust.

Drive thru testing locations in Shrewsbury and Telford. Others who are unwell and therefore cannot attend the site, will be tested in their own homes. For care homes, also see care home testing portal information below as an alternative - whichever best meets their needs.

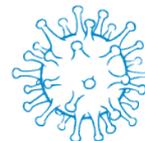
Other Key/Essential Workers - National scheme

National scheme - Employer referral for essential workers

Employers can refer essential workers for testing if they are self-isolating because either they or member(s) of their household have coronavirus symptoms.

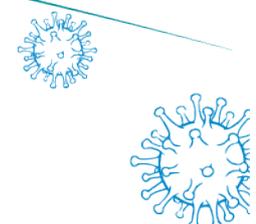
They can do this by uploading the names and contact details of self-isolating essential workers to the secure employer referral portal. Referred essential workers will then receive a text message with a unique invitation code to book a test for themselves (if symptomatic) or their symptomatic household member(s) at a regional testing site. Please see link below for more information. <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#list-of-essential-workers-and-those-prioritised-for-testing-england-only>

Link to Government document: Coronavirus: COVID-19 getting tested. https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested?utm_source=af7f6763-6a0f-46bf-924e-453d6eaf71a1&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate



Appendix 35: Contact Details

SaTH	Sath.incidents@nhs.net Shropshire and Telford & Wrekin CCG on call director can be contacted via the SaTH switchboard on 01743 261000 SATH on call director can be contacted via the SaTH switchboard on 01743 261000	01743 261391
SCHT	Shropcom.majorincidents@nhs.net Via On call Director 01743 454907	01743 454907
MPFT	icc@mpft.nhs.uk	0300 1230995 ext 1520
RJAH	Rjah.covid19@nhs.net On call director can be contacted via RJAH switchboard on 01691 404000	0751 1221962
STW CCGs	icc@stwccg@nhs.net	07803 004388
Shropshire Council	CV-19@shropshire.gov.uk	01743 005285 (OOH)
NHS England and NHS Improvement	Contact via PageOne and request Derbyshire, Notts, Staff & Shrops First on Call for Derbyshire, Nottinghamshire, Staffordshire and Shropshire	07623 515942
Telford & Wrekin Council	twcincidentroom@telford.gov.uk Telford and Wrekin Resilience Team Via Shropshire Fire Control 01743 260290 ask for the Telford and Wrekin Council Duty Officer to be paged.	
Shropshire Public Health Team	Shropshirepublichealth@shropshire.gov.uk	01743 251234
Out of Hours Emergency Planning Duty Officer	Via Shropshire Fire & Rescue Service Control Room – Please ask for the Shropshire Council EPDO to be paged	01743 260290 (non-public number)
Out of Hours PHE contact	Public Health England first on call via the Contact People	01384 679031
PHE	Monday – Friday 09.00 – 17.00	0344 225 3560 (opt 0, 2)
PHE	Suspected cases in Care Homes and Education Settings WM.2019CoV@phe.gov.uk	0344 2253560 op0 op2
NHS Wales	Health Protection Wales Health Protection Team: <ul style="list-style-type: none"> • North Wales Health Protection Office • South East Wales Health Protection Offices • West Wales Health Protection Office <p>To contact the Health Protection Team with details of any cases of infectious disease or to report any incidents or outbreaks.</p>	0300 00 300 32
Powys Director of Public Health	Director of Public Health for Powys Teaching Health Board	01874 711661



Appendix 36

Links to Government guidance – Infection Protection and Control

Hand hygiene and protective clothing

- For guidance on best practice for handwashing:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877530/Best_Practice_hand_wash.pdf

Personal Protective Equipment (PPE)

- Emergency PPE: STWPPE@shropshire.gov.uk
- Further guidance for PPE can be found here:
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>
- For community care settings:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877599/T2_Recommended_PPE_for_primary_outpatient_and_community_care_by_setting_poster.pdf
- For guidance for putting on PPE (for non-aerosol generating procedures) can be found here:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875211/Putting_on_PPE_for_non-aerosol_generating_procedures_quick_guide.pdf
- For guidance on the removal of PPE (for non-aerosol generating procedures) can be found here:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875212/Taking_off_PPE_for_non-aerosol_generating_procedures_quick_guide.pdf

Cleaning and waste disposal

- For detailed Infection Prevention and Control Guidance:
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Reducing Exposure

- Isolation measures:
further information can be found in Annex C of this PHE document regarding care home guidance:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877797/covid-19-care-homes-guidance.pdf
- 

Appendix 37



Shropshire outbreak plan	
Information flow	
Strategic	<p>COVID-19 Local Outbreak Tactical Coordination Group (Systems led) Set system wide framework for Local Outbreak Control Plans; Provide multi-agency and multi-professional input into development of Local Outbreak Control Plans; Ensure Plans are consistent with resources available from all agencies; Provide assurance to the SCG about management of outbreaks; and Provide a route for escalation for mutual aid if necessary. Escalation to NHS Gold /ICS, or SCG</p>
Strategic	<p>COVID-19 Health Protection Board (Professional Led) Agree the system wide framework for Local Outbreak Control Plans; Provide multi-agency and multi-professional input into development of Local Outbreak Control Plans and elements of the plans including testing, treatment, PPE; Ensure Local Outbreak Control Plans are consistent with resources available from all agencies; Provide assurance to NHS Gold or Shadow ICS and Health & Wellbeing Board's that there are safe and effective plans in place about management of outbreaks; Learn together from the management of outbreaks to further inform plans Provide a route for escalation to the LRF TCG if necessary Oversee assurance of the timely and effective implementation of relevant immunisation programmes at the appropriate time Escalation to COVID-19 LRF TCG and Silver</p>
Tactical	<p>COVID-19 Local Outbreak Engagement Board (Member led) Democratic oversight of Local Outbreak Control Plan development and the management of outbreaks collectively. Effective communication with the public about the management of outbreaks through the public facing health and wellbeing board. Act in the interests of the health of the public in Shropshire Engage and communicate with residents and stakeholders Represent public and stakeholder concerns regarding local outbreaks and outbreak plans Lead the development and implementation of a framework and actions of public engagement and communications plans within Shropshire Council area for local Outbreak Control Plans and local outbreak response; Oversee delivery of any local actions as identified through public facing engagement and escalate any action as appropriate Monitor levels of infection to be assured that the Outbreak Plan has been developed and is being delivered and communicated appropriately. Provide assurance and recommendations to partners and relevant bodies about the public and community engagement and communications for the management of local outbreaks Escalation to COVID-19 Health Protection Board and Health and Wellbeing Board</p>
Operational	<p>COVID-19 Local Health Protection Cell Develop and continually review the Local Outbreak Control Plan; Ensure that appropriate and up to date SOPs are in place for outbreak management; Oversee management of outbreaks; Logging and recording keeping of outbreaks and actions Provide assurance about management; and To reflect on learning from outbreaks to identify improvements for future management and amend SOPs accordingly and/or identify additional capacity requirements. Escalation to COVID-19 Local Outbreak Engagement Board and to COVID-19 Local Outbreak Tactical Coordination Group</p>



	<h2>Post Exercise Report and Action Plan</h2>
	<p>Outbreak Scenario Discussions</p>
<p>Date of Event:</p>	<p>10/08/2020</p>
<p>Report Summary:</p>	<ul style="list-style-type: none"> ▪ As part of the outbreak planning for Covid-19, 3 scenarios were presented to help us test the planning and approach to become better prepared. ▪ Each scenario was discussed to help explore how the plan will implement in these settings. ▪ There will be a separate scenario set for rising tide scenario and potential lockdown and will be explored at a later date.

Scenario 1 – Secondary School Setting

Academy school setting with staff and students affected.

Responses

Communication:

- Use established channels within school to communicate with parents and wider audience
- Engage with Academy Trust
- A representative from school or Academy Trust needs to be engaged with the IMT
- Wider communications needed:
 - Affiliated schools
 - Parents/Carers/Guardians
 - Unions
 - Wider Public
- Media interest will be evident
- Council leads on communication
- Separate Outbreak page on SC website to provide portal for media materials, etc.
- Monitor social meeting
- Manage rumours
- Specific messaging targeting youth audience



General Observations:

- Rural secondary schools have a wide catchment; siblings of students at the Academy will go to various primary schools across a wide geographic area
- Important to set expectation of what the school's role is in the outbreak
- Need to understand impact of local community – businesses etc.
- Transport element to consider with regard to contact tracing
- IMT members should include Education Lead/Transport Lead/Children's Services/School

Nurse

- Consideration for Looked After Children and Foster Carers
- Need point of contact for enquiries – phone number and email – to provide route for people with concerns
- There is a prevention element that can be taken within Transport
- Cleaning services need to be considered if external company is used
- Immediate testing would be needed. Utilise ShropCom if available
- Testing could use MTU's and postal swabs if necessary
- Consider isolation of children and young people and how to discourage congregating

Welfare

- Safeguarding issues
- Food provision:
 - Need to implement quickly
 - Those who receive school meals will need assistance
 - Food vouchers are currently available but only until 1st September, after this consideration for solutions to provide free meals to students is required

Action:

- **Develop flow chart guidance for schools re: their role in an outbreak**

Scenario 2 - Workplace Outbreak

Outbreak traced to livestock market

Responses

Governance

- IMT sitting
- NFU needs to be engaged
- Can use NFU channels for comms
- Regulatory Services and/or HSE to be involved
- Animal Health Officers to be involved

Communications

- Utilise workplace business contacts/BID/Business and Economy



General Observations

- Preventative work can be done reviewing and identifying high risk workplace settings and review risk assessments of identified locations
- Charters for markets are held by town councils; need to ensure relationship with agents who run markets
- Review of impact on schools; Education to be included on IMT
- Livestock welfare issues if Farmers become ill
- Consider getting comms out as preventative measures to remind farmers to have contingency plan in place for mutual aid
- Members could assist with connections locally
- Contact tracing will be challenging with cross border flow of farmers
- Mental Health support required for farmers who are already under pressure

Scenario 3 - Geographical Outbreak

North Shropshire location. Local rise in infection rates; unknown source.

Responses

General Observations:

- There will be regional scrutiny
- There is potential for local lockdown
- Wide range of partners required to be engaged
- Need the bigger employers to engage
- Cross border issues
- Night time economy needs to be looked at

Communications

- Utilise local BID/Town Council/Members
- Local channels (Post Office Sorting Office for leaflet drops)
- Local newspapers/local free papers

General Discussion

Shropshire Council – Triggers

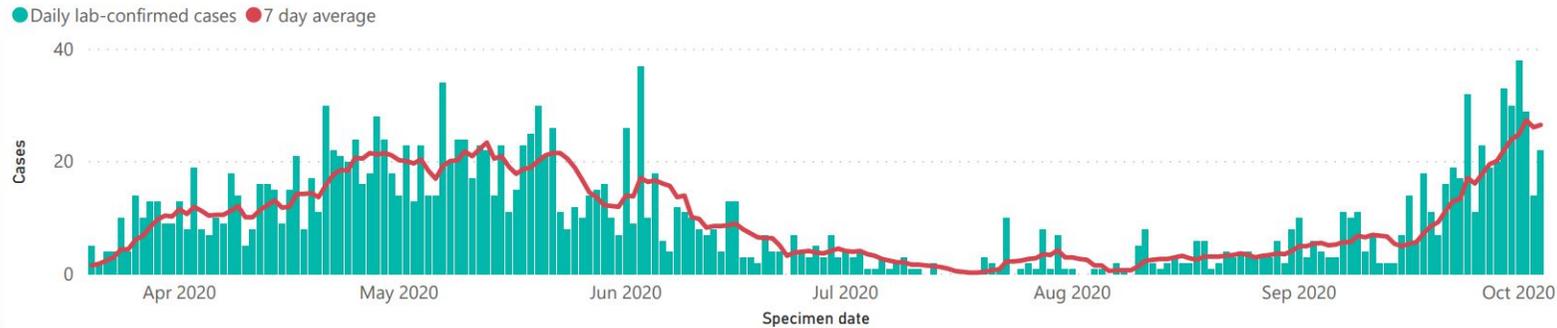
- Small outbreaks happening but being managed by health protection teams.
- Thresholds and or criteria needs to be agreed as it is not necessarily red due to what we have learned from Craven Arms outbreak.
- The cells were very useful during the Craven Arms Outbreak. Particularly regulation as very complex. What we did miss was sideways communication between cells and this should come out in lessons learnt.
- Processes need to be put in place and avoid duplication. Range of expertise was really valued as not one person can do it all.
- Rapidly agree the right people is utmost importance.

Appendix 39

COVID-19 Cases to Sunday 4 October

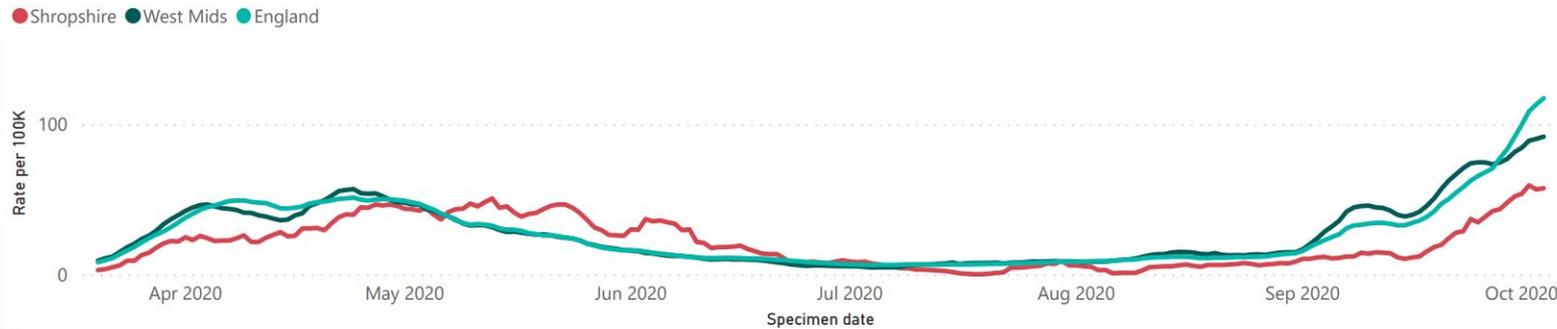


Shropshire lab confirmed COVID-19 cases



Positive cases as at 4 October
1999
 Total cases
186
 Cases in last 7 days
26.6
 Daily average in last 7 days

COVID-19 cases - 7 day rate per 100,000 population



7 day rate per 100k as at 4 October
58.08
 Shropshire
92.41
 West Mids
118.06
 England

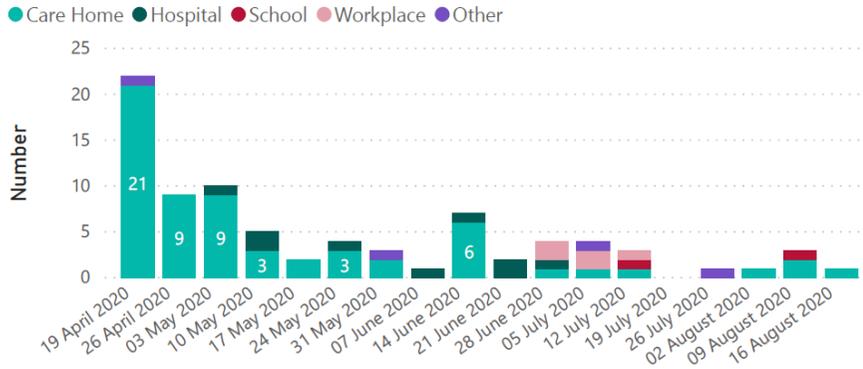
Sources:
[PHE: COVID-19 track coronavirus cases](#)

Appendix 39a

Outbreaks to 9 August



PHE confirmed and suspected outbreaks



Summary

Setting	Exposure	Outbreak	Total
Care Home	25	62	87
Children's Home	0	0	0
Hospital	2	9	11
Other	1	4	5
School	9	2	11
Workplace	8	5	13
Total	45	82	127

Any outbreak or exposure that is reported 14 or more days after the last recorded outbreak at that location has been counted as a new outbreak, this may cause an increase over previously reported figures.

Source:

Appendix 40:

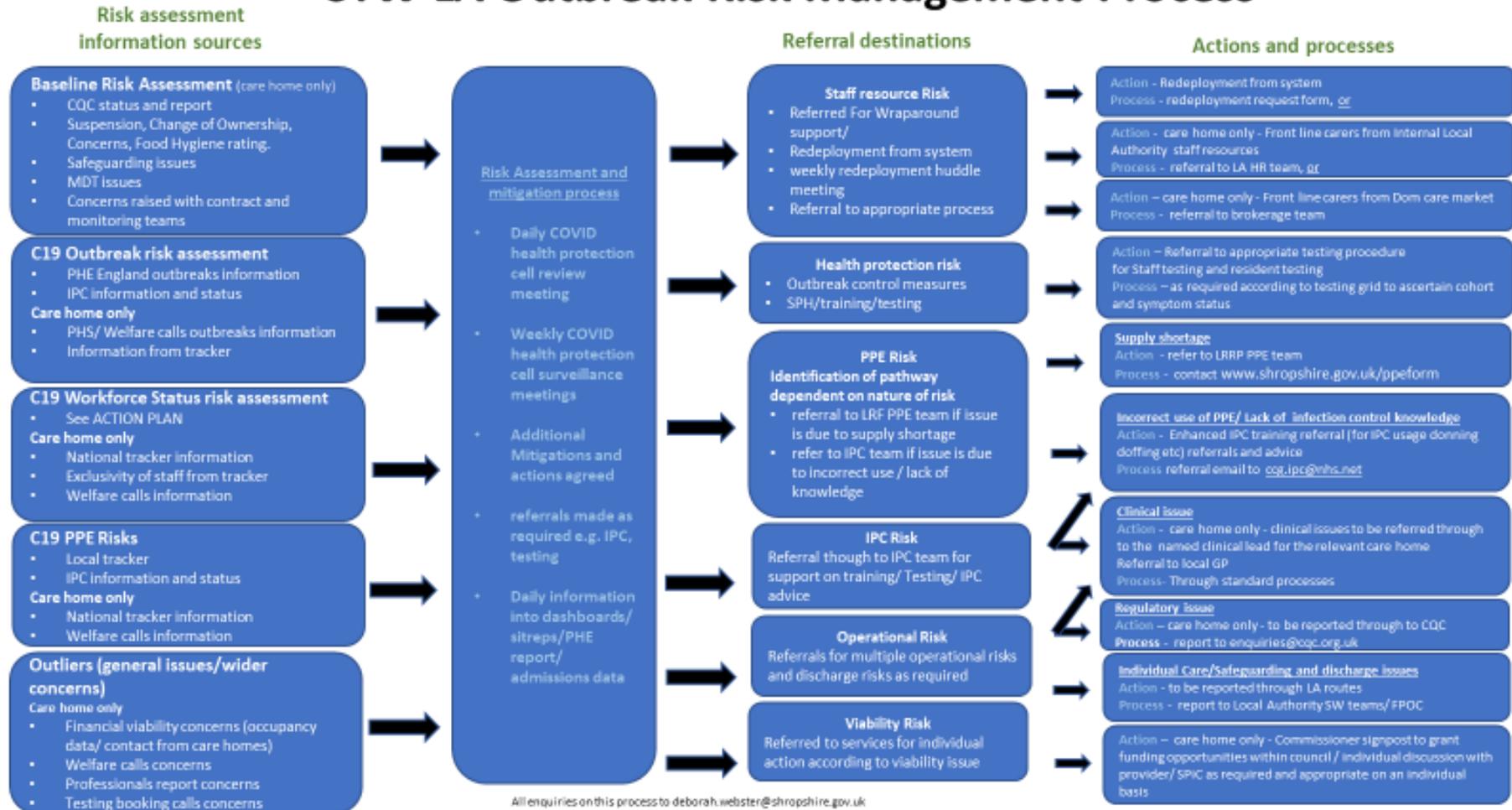
A summary of risks associated with each theme, and suggested mitigations, capacity and resources

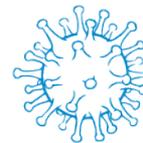
Risk No.		Description of Risk	Officer responsible	Current Controls In Place	Risk	Additional Controls / Actions Required Capacity and Resource	Timescale
1	Surveillance and Data	GDPR issues for data sharing	PHE, SRO NHS TTC	Reports received through Egress system Data received and stored in line with GDPR	Med	Require ODR agreement via PHE	Jun-20
2		National data received locally Detail insufficient to provide robust local reporting and surveillance.	SRO, PHE DPH	Data received fed into local dashboard reporting on COVID-19 cases, incidents and outbreaks. Ongoing comms of risk assessment from PHE.	High	Establish local proxy reporting and recording	June/July 20
3		National data received locally not in sufficient detail to support local Test and Trace approach. Reporting lacks clarity required to trace complex incidents and outbreaks	SRO, PHE DPH	Data received and stored in line with GDPR Data received fed into local reporting system. Incidents and outbreaks managed when data is received	High	Continued communication with PHE and other data providers to ensure robust reporting data is in place. On-going local development of dashboards using detailed surveillance data to inform incident and outbreak management	June 20
4		Data received locally and nationally requires a joined-up approach in order to track incidents and outbreaks effectively	SRO, PHE DPH	Surveillance and Data: Data received locally and nationally requires a joined up approach in order to track incidents and outbreaks effectively	High	Work jointly with PHE to enable local access to HP Zone. Developing local track and trace systems with T&W colleagues to allow system wide monitoring	Jul-20
5	Governance	Decision Making – clarity and expectations from the centre about decision making triggers and responsibilities	SRO NHS TTC	Outbreak plan in development with governance oversight locally and nationally	Low	Continued communication with central government through established routes. Define systems and structures for local lockdown	Jun-20
6		Volume of responsibilities coming to LA and expectations - including timescales. Devolved expectations include incident and outbreak management, currently supporting data systems and structures not in place nationally	SRO NHS TTC	Shropshire outbreak plan in development, associated local governance and surveillance outlined in the outbreak plan. Deliver date 30th June 2020.	High	Continued communication with central government. Devolved expectations include incident and outbreak management, currently supporting data systems and structures and timescales clarified nationally	Jul-20
7		Local Boards - confidentiality v public benefit.	DPH, local Members	Shropshire outbreak plan in development, associated local governance and surveillance outlined in the outbreak plan. 30th June 2020.	Med	Continued communication with central government through established routes. Political & public involvement to be clarified	
8		High risk settings – National bodies roles to be clarified and support local challenges, e.g. HSE, Police roles and responsibilities, section 21 with safeguarding board	SRO, LRF	TCG in place. Section 21 agreement in place include agreement on safe place of detention. Continued communication with central government through established routes.	High	Clarity of responsibilities of public services including police and other regulatory services. Integrative review of Section 21 agreement.	Aug-20
9		Testing – good local support and systems, complex to navigate. Capacity issues may arise in the future.	C19_HP Board, Testing Cell	Testing system in place via pillar 1 and pillar 2. Pillar one testing preferred as it is a local model responsive to local need. Current systems for asymptomatic and symptomatic residents are complex.	Med	Establish system so that Shropshire COVID-19 cell makes referrals to pillar 1 and results are received by cell. Negotiate access to HP Zone. Negotiate local arrangements for extended testing including commissioning.	Aug 20
10		Infection Control – good local support and systems, current capacity does not cover all potential settings	CCG, HP Board	Details of IPC in place for hospital, nursing homes and schools are included in the outbreak plan	High	Negotiate local arrangements for extended IPC to cover all settings including commissioning services as required.	
11		Workforce – upscaling at pace in a small pond – also Comms , Surveillance	CE, DPH	COVID-19 cell established using LA resource and newly recruited local resource with knowledge of health protection	Med	Work toward increased resources to manage outbreaks - require increased resources – communication and surveillance.	
12		Vulnerability – reaching the hard to reach	Engagement Board Comms	Mapping of vulnerable communities in place. Community Reassurance Team developed during COVID-19 pandemic to support these individuals	High	Maintain CRT function and review responsibilities to include community engagement and support for self-isolation.	
13		Fragility of high-risk settings such as schools	DPH, DCS, Unions	Support system in place for schools, including emergency PPE, sanitiser , guidance, school resource pack with COVID-19 case, incident and outbreak information. Schools have direct access to COVID-19 cell via on call and email address. Strong partnership schools and Shropshire Council.	Low	Enhance communications to provide proactive and reactive communications in partnership with schools, maintained and academy.	

Appendix 41



STW LA Outbreak Risk Management Process





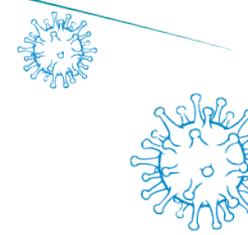
Appendix 42

Incident Management Team (IMT) Draft Agenda

COVID-19 Incident/Outbreak Management Team Meeting Template Agenda

Date, time and venue

1. Introductions & apologies
2. Minutes – review of actions from previous meeting (s)
3. Purpose of the meeting
 - a. At first meeting agree chair and Terms of reference
4. Summary of situation- situation updates (for subsequent meetings)
 - a. Epidemiological
 - a. Number of cases according to case-definitions and description by person, place and time
 - b. Clinical management & outcome
 - b. Suspected cases
5. Microbiology
6. Infection Prevention and control
 - a. Case isolation/cohorting facilities
 - b. Environmental cleaning
7. Current Risk assessment -any evidence of further transmission
 - a. Implication for finding further case(s) as per case definition
 - b. Implications for current control measures
 - c. Potential for review of control measures
8. Contacts identification/management
9. Communications
10. Agreed actions
11. Any other business & date of the next meeting



Appendix 43: Activation of Plans / Lessons Learned Outbreaks

The PHE lessons identified (LI) methodology involves complementary approaches drawn from constructive debrief methodology and from a logical framework approach to capture the learning from each incident/emergency or exercise and ensure that LI are acted upon and implemented. It is important that any LI system enables the views of all participants to be gathered at the individual and group level whilst keeping the process simple. Participants must be given every opportunity to contribute their observations freely and honestly.

The lessons identified process follows the PHE National Incident Response Plan (NIRP) and this guidance at whatever the level of response. In the NIRP, the Incident Director by default is responsible for ensuring that the lessons identified process takes place. The Incident Director will decide who is to manage the debriefing process and agree with them the terms of reference for the debriefing.

The process takes an integrated approach in order to provide a forum for those involved in the real incident or exercise to express their observations and follow the identification of:

- The principle issues
- The root causes of these issues
- Produce recommendations to address the issues and an action plan with clearly identified responsibilities and time

A facilitated or virtual constructive debrief brings together staff involved to draw out learning, both positive and negative encountered as part of the response to the outbreak. The template below can be used to guide this process.

The following categories are provided as examples of the issues that will need to be covered as part of the constructive debrief (this list is not exhaustive and can be added to as required):

A) Coordination <ul style="list-style-type: none"> • Internal • Multi-agency 	B) Preparation <ul style="list-style-type: none"> • Internal • Multi-agency 	C) Communications <ul style="list-style-type: none"> • Internal • Multi-agency • Media • Public 	D) Resources <ul style="list-style-type: none"> • Staff • Organisation • Direct • Indirect
---	--	--	---

For NIRP levels 1 and 2 a local reporting process will be used to ensure recommendations from lessons are implemented. Following a NIRP level 1 or 2 incident or exercise, the Incident Director and Debrief Facilitator meet to determine the key lessons identified from the debrief. These lessons will then be reported to the appropriate Senior Management Team (SMT) for their input on decisions regarding actions that need to be taken and who will be tasked with leading on them.

Once this is completed an administrator is identified to ensure all SMT decisions have been recorded and staff involved (Lesson Leads) are aware of their responsibilities in the delivery of actions and recommendations. These leads must then provide regular updates on the delivery of the action to the administrator and appropriate SMT to ensure that staff are aware of progress.

For NIRP levels 3 and above, the reporting process will be through the PHE EPRR Oversight Group via the CRT team in ERD. Outputs from the lessons identified facilitated debriefing process are used to populate a lessons identified report table which clearly identifies lead, responsibilities and target dates for completion. This will also detail who in PHE is responsible for following up whether all lessons identified have been addressed and how and when they will be reported to the PHE EPRR Oversight Group.



Appendix 45



Shropshire Safeguarding
Community Partnership

Multi-Agency Guidance:

When a person/group is not following the Coronavirus Guidelines on social distancing or self-isolating

Date Completed	03.09.20
Status	Draft v5
Review Date	03.12.20
Approving Body/Group	Shropshire Safeguarding Community Partnership
Date of Approval	03.09.20

Contents

(Please hover over desired section and Ctrl + Click)

Acknowledgements
Purpose
Introduction
Prevention: The 4 E's Multi-Agency Approach <ul style="list-style-type: none">• Considering context
Multi-agency process when a person/group is not following the Coronavirus Guidance
Local application of Schedule 21 Coronavirus Act 2020 <ul style="list-style-type: none">• Raising Public Health Concerns• Local Application of Powers (requirements and restrictions)
Appendix 1: Process flowchart

DRAFT

Acknowledgements

With thanks to the Norfolk Safeguarding Adults Board who has given us permission to base our guidance on their document.

1. Purpose

The following guidance is for all front-line staff and managers in member organisations of the Community Safety, Children's and Adults Networks of the Shropshire Safeguarding Community Partnership.

This guidance applies when a person or group of people of any age is/are **continually not following** the [Government's Coronavirus Guidance: Protect Yourself and Others](#) (hereafter referred to as Coronavirus Guidance) about social distancing or self-isolating. This may be because they do not understand what they should do due to their age, lack of parental control, confusion, alcohol or drug misuse, a mental health condition or learning disability.

This document is one of a suite of documents that will support the [Shropshire Local Outbreak Plan](#).

This guidance must be read in conjunction with any relevant enforcement policies that respective partners already have in place, e.g. Shropshire Council's "Better Regulation and Enforcement Policy" (<https://shropshire.gov.uk/shropshire-council/policies/better-regulation-and-enforcement-policy/>).

2. Introduction

[The Public Health \(Control of Disease\) Act 1984](#) gives health protection powers to local authorities, which can be used without approval from a court. Before the powers can be invoked, local authorities and magistrates must be satisfied that there is evidence of an infection or contamination and that it represents a significant risk to health along with the risk of the infection spreading to others and the action required to remove or reduce the risk.

[The Health Protection \(Part 2A Orders\) Regulations 2010](#) (made under the Public Health (Control of Disease) Act 1984) allow local authorities to apply to a magistrate for a Part 2A order when they need additional powers to manage a person or item that may cause significant harm to human health from infection or contamination. This is as a last resort when other interventions have either failed or aren't suitable.

To make a direction imposing a prohibition, requirement or restriction in respect of individual premises, events or public outdoor places, under [The Health Protection \(Coronavirus, Restrictions\) \(England\) \(No.3\) Regulations 2020](#) (made under the Public Health (Control of Disease) Act 1984), a local authority needs to be satisfied that the following three conditions are met:

1. the direction responds to a serious and imminent threat to public health in the local authority's area
2. the direction is necessary to prevent, protect against, control or provide a public health response to the incidence or spread of infection in the local authority's area of coronavirus

3. the prohibitions, requirements or restrictions imposed by the direction are a proportionate means of achieving that purpose

The [Health Protection \(Local Authority Powers\) Regulations 2010](#) (made under the Public Health (Control of Disease) Act 1984) allow local authorities to:

- Require that a child is kept away from school
- Require a head teacher to provide contact details of pupils attending their school
- Request individuals or groups to cooperate for health protection purposes
- Request the disinfection or decontamination of premises or articles
- Restrict contact with or relocate a dead body for health protection purposes

The [Coronavirus Act 2020](#) became law on 25th March 2020¹. The purpose of the Act is to enable a national response to the coronavirus pandemic in the United Kingdom.

Schedule 21 of the Act specifically confers powers on public health officers, constables and immigration officers to detain and direct potentially infectious person/groups.

Neither pieces of legislation change the multi-agency statutory principles, duties and responsibilities relating to:

- Mental Capacity and Deprivation of Liberty Safeguards: as outlined in the [Mental Capacity Act Code of Practice](#) (Office of the Public Guardian).

Specific national and practice guidance has been issued to support practice during this time:

- [The Mental Capacity Act \(2005\) and Deprivations of Liberty Safeguards during the Coronavirus \(COVID-19\) pandemic](#) (Department for Health and Social Care).
- [Rapid Response Guidance Note: Covid-19, Social Distancing and Mental Capacity](#). (39 Essex Street Chambers)

- Adult Safeguarding; as outlined in [Chapter 14 Care and Support Statutory Guidance](#) (Department for Health and Social Care).

Specific national guidance is being issued to support practice during this time:

- [Care Act Easements Guidance](#) (Department for Health and Social Care)

- Child Safeguarding; as outlined in [Working Together to Safeguarding Children 2018](#) (Department for Education).
- [The Adoption and Children \(Coronavirus\) \(Amendment\) Regulations 2020](#) make temporary changes to provide additional flexibility for local authorities, fostering providers and services in England to meet statutory duties, particularly relating to children who are looked after while maintaining a clear focus on safeguards and promoting the welfare of children. Shropshire Children's Social Care have a local response to these amendments which is subject to ongoing review.

Specific national guidance is being issued to support practice during this time:

¹ A [Coronavirus Act 2020 Status Table](#) sets out the status of the different provisions of the Act.

- [Supporting vulnerable children and young people during the coronavirus outbreak](#) (Department for Education)

This guidance should be applied alongside relevant multi-agency [adults](#) and [children's](#) safeguarding procedures and guidance particularly:

- Keeping Adults Safe in Shropshire Working with Risk Guidance
- West Midlands Adult Safeguarding Multi-Agency Policies and Procedures
- Adult Safeguarding Process in Shropshire
- Shropshire Multi-Agency Mental Capacity Act Guidance
- West Midlands Regional Child Protection Procedures
- Threshold Document to help support children, young people and their families in Shropshire
- Escalation/Resolution Policies relating to adults and/or children

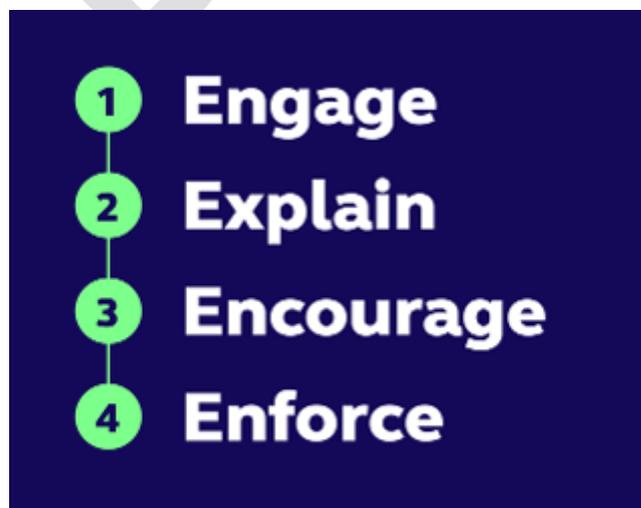
In applying the principles of this guidance and the policy below, agencies must ensure that they adhere to their public sector equality duties as outlined in [s149 Equality Act 2010](#) in order to ensure any action taken is not motivated by discrimination against a person, community or group with protected characteristics.

3. Prevention: The 4 E's Multi-Agency Approach

It is imperative that **all** agencies work together with a person/group who is/are not adhering to [Coronavirus Guidance](#) to try and prevent the person/group from getting to a point where it is deemed that restrictive or enforcement action is deemed **necessary and proportionate** to protect them or others from coronavirus transmission.

The aim of any multi-agency approach, whether preventing or protecting the person/group or others from coronavirus transmission; should be to support and enable the person/group to achieve and maintain their health, safety and wellbeing and ensure the protection and health of others in the **least restrictive** way possible.

The Shropshire Safeguarding Community Partnership supports West Mercia Police in the application of the National Police Chief Council's "4 E's" approach to managing any non-adherence to the Coronavirus Guidance.



All agencies (including commissioned providers of care and support for children and adults) working in Shropshire are expected to apply the first 3 stages of this approach with those they support. Those with powers to enforce should only be contacted and deployed where engaging, explaining and encouraging the person/group to adhere to the Coronavirus Guidance has not been successful.

Considering context

It is important that agencies attempt to explore and understand the reasons for and/or context to a person/group's non-adherence to the Coronavirus Guidance.

It may be that the person/group does not understand what they should do or the risks of not adhering; or that they are not able to adhere without the support or supervision of others (such as parents or carers) or because they require medical assessment and treatment.

The application of professional curiosity is important to this approach in order to explore and understand what is happening with the person/group or their family. Please see guidance on [Professional Curiosity Management and Practice](#)

If possible and where appropriate, other existing statutory or legislative processes should be used in order to ensure the most **proportionate, least restrictive** response is taken to support the [4 E's multi-agency approach](#).

Management of groups in places, locations and communities

In circumstances when there is a local increase of cases of Coronavirus within a group, location or community and there are concerns that individuals within the group, location or community are not adhering to the Coronavirus Guidance; agencies involved with specific individuals should be involved and link in with the multi-agency response led by the Local Resilience Forum and NHS Gold and Silver structures (please see *Priority 9: Regulation including local lockdown plans* in [Shropshire Local Outbreak Plan](#)). The principles of the [multi-agency process](#) below should still be followed in such circumstances, and agencies involved with individuals should [Raise Public Health Concerns](#) and be included in the multi-agency response at the earliest opportunity.

Children

It remains the responsibility of parents (or anyone who has custody or charge of a child) to ensure that children adhere to the Coronavirus Guidance and any "direction, instruction, requirement or restriction given to or imposed on a child" as part of Schedule 21 Coronavirus Act 2020².

Agencies should therefore work with children and those responsible for them based on their level of development and needs, to help them adhere to the Coronavirus Guidance applying the [4'Es approach](#) and in accordance with the [Threshold Document to help support children, young people and their families in Shropshire](#).

² Schedule 21(18) [Coronavirus Act 2020](#)

Safeguarding concerns must be [reported to Children's Social Care](#) when children are suffering or at risk of suffering significant harm.

Where it is known that a child has a Social Worker from Shropshire Council or who is placed in Shropshire by another Local Authority and there are concerns about the child's adherence to the Coronavirus Guidance, it is important that agencies notify and work with the allocated Social Worker for the child. For Shropshire Children [report concerns to Children's Social Care](#).

Mental Capacity

The Mental Capacity Act applies to **all people over the age of 16**; and so relevant legislation, code of practice, local policy and practice guidance during COVID-19 as outlined in the [Introduction](#) above should also be applied.

Adults with care and support needs

Adults with care and support needs are people over the age of 18 years old who need care and support, because of physical and/or mental impairment or illness; to help them live their everyday life.

If you are working with a person who would benefit from additional care and support to help them (or their Carer) to follow the Coronavirus Guidance they (or you on their behalf with their consent) can [contact Adult Social Care](#) for further advice and assessment. If the person does not consent but it has been assessed that the person lacks [mental capacity](#); contact can still be made with Adult Social Care as long as there may be an overriding public interest to refer to ASC.

The [adult safeguarding process](#) must be followed when adults with care and support needs (regardless of who is meeting their needs) are at risk of or experiencing abuse or neglect.

Mental Illness

If the person appears to be suffering from a [mental disorder](#), and is presenting as a serious risk to themselves or others, they may require admission to hospital for assessment or treatment for a mental disorder. Before making a referral for a Mental Health Act assessment, every opportunity should be taken to work with the person to address their mental health needs where possible. The assessment and/or treatment for a mental illness should be the priority in this situation.

The Mental Health Act 1983 cannot be used to compel people to undergo testing for COVID-19, receive treatment or isolate themselves if these measures are unconnected to the person's mental disorder. Even if a person is detained under the Mental Health Act, Schedule 21 Coronavirus Act 2020 powers can still be applied concurrently.

Enforcing existing conditions associated with offending behaviour

Non-adherence with the Coronavirus Guidance can be considered as contributing to evidence of a breach of criminal justice system-imposed conditions associated with offending behaviour (such as licence conditions for the community aspect of a custodial sentence). Criminal justice agencies must ensure that any such evidence used for enforcement is **necessary and proportionate** and relates to the purposes for which the individual is subject to the existing conditions.

4. Multi-agency process when a person/group is not following Coronavirus Guidance

For an overview of this process, please refer to [Appendix 1: Process flowchart](#).

- a) **Engage, Explain and Encourage the person/group to comply with the guidance.** If the person/group is struggling to understand, make every attempt to find alternative ways to help them understand the information (for example, using pictures, interpreters or easy read guides). Always use plain language and find ways of testing that they have understood the information you have given them.
- b) **Involve family, friends, guardians, carers or advocates;** where appropriate to the [context](#); to support the person/group's decision making and seek to resolve the issues in the least restrictive way. In the case of a child, make sure you confirm the legal status of and involve anyone who has parental responsibility for them.

If the person/group:

- Is still not adhering to the [Coronavirus Guidance](#)
and
- It is [suspected or confirmed that they have coronavirus](#):

- c) **Consider assessing mental capacity** (only for people aged 16 and over): If there is evidence that a person has an impairment or disturbance in the functioning of mind or brain, assess the person's mental capacity in line with the Code of Practice and taking account of the specific [Coronavirus: looking after people who lack mental capacity guidance](#) as best you can, using appropriate social distancing and taking account of [Guidance on Infection Prevention and Control](#).
 - i. Assessing capacity is **time and decision** specific so the assessment should be about whether the person understands the salient points of the [Coronavirus Guidance](#), and the consequences of not following these, (i.e. potential police action, the risks to themselves and others).
 - ii. If the person lacks capacity an appropriate assessment should be undertaken to identify how they will be supported to adhere to the Coronavirus Guidance.
 - iii. If the person has a **Deprivation of Liberty Safeguards** authorisation in place, then the authorisation may provide the legal basis for any restrictive arrangements in place around the measures taken. Testing and treatment should then be delivered following a best interest decision.

If the person lacks capacity and lives at home, consideration should be given to making an application the Court of Protection for a **Deprivation of Liberty**

Order. If you think this may be applicable, you must seek legal advice. The Court of Protection helpline can also be contacted on: 020 7421 8824 or out of hours 020 7947 6000.

- iv. If the reasons for the isolation are purely to prevent harm to others or the maintenance of public health, then advice needs to be sought from the [Public Health England Local Health Protection Team](#) on whether any restriction of the person/group's movement (such as a requirement to self-isolate) is appropriate.

[Adapted from [DoHSC:2020:Emergency public health powers](#)]

- d) **If the person/group is a child(ren)**; consider their level of development and needs as outlined in the [context](#) section above. Consider too who has parental responsibility for the child(ren) and the [child's capacity to consent to medical treatment](#).

Where the child is in the care of their parents or informal carers, it is important that you also ensure that you also consider their capacity (as in the assessing capacity section above) and/or willingness to support the child to adhere to the [Coronavirus Guidance](#).

- e) **Convene a multi-agency meeting** if the person/group is known to Children or Adult Social Care, Housing, any health, independent or voluntary provider and there is more than one agency involved with them.

Any organisation involved with the person/group can arrange such a meeting, however it may be useful make use of any existing multi-agency meeting arrangements already in place for the person/group. Any professionals involved should be invited to attend. Any professional difficulties should be resolved using the multi-agency [Resolution/Escalation Policy \(Adults\)](#), [Escalation Policy \(Children\)](#).

The person/group (and their representative or responsible person/group where applicable) should be made aware that a meeting is taking place and what information is likely to be shared. They should be given the opportunity to attend, give their views in advance of the meeting or for someone to attend with or on behalf of them (children must be accompanied by a suitable, responsible adult). If the person/group states they do not want a meeting to take place or information to be shared between agencies, but there is a common view that a multi-agency meeting should still take place, this does not mean that a meeting cannot take place. Meetings can still be held about the person/group without their consent or presence if it's **proportionate and necessary** to manage the risk of coronavirus transmission to themselves and others. The person/group's involvement, consent and lawful basis of the meeting should be clearly recorded in organisational case records.

If existing information suggests the health risks are already high, invite Public Health and the Police to the meeting (see [Raising Public Health Concerns](#) below). Representatives from the Trading Standard & Licensing Service and Regulatory Services should also be invited to attend to ensure that consideration is given to the 'other' control tools we have and that we understand which officers would be best placed to act.

During the multi-agency meeting, consider the following:

- Is the person/group showing the symptoms of coronavirus?
- Does the person/group (or their responsible adult if they are a child) have mental capacity to understand the social distancing and/or self-isolation guidance? Consider is this a permanent impairment? Do they have fluctuating capacity (including people with alcohol or substance misuse issues)?
- What are the risks to the person/group from their current behaviour? For example, how frequently are they going out, where are they going, can they explain their purpose for going out?
- What are the risks to other people from the person/group's behaviour? For example, who are they coming into contact with, or likely to come into contact with? Are they a tactile/chatty person/group or someone who tends to keep quite private anyway? Consider discussing risks associated with general safety when out, not just coronavirus.
- What strengths are there in the person/group and their network or environment which could support them? For example, family who could help them to self-isolate or accompany them into the community, care provision that could support them to remain at home or accompany them into the community, any interests they could be encouraged to pursue at home.
- What mitigating actions could be taken to reduce the risks using the strengths identified above or other options? What additional support is required to understand what is happening and help manage the situation for example assistive technology, volunteers, support of local community, police checks, additional home support/one to one support, respite care in a residential care provider setting.
- Developing a clear action plan so everyone is clear about who is doing what including the person/group themselves.
- Setting a review date.

Subsequent actions will depend on the outcome of the multi-agency meeting's view of risk and actions required.

f) **Only raise a Public Health Concern**, to ask for the application of relevant powers:

- Where it is **suspected or confirmed that the person/group has coronavirus**.
- Where there are **no other existing statutory or legislative processes** that can be reasonably applied to enable the person/group's adherence to the Coronavirus Guidance;
- The person/group **continues to refuse** despite attempts made as above to follow the [Coronavirus Guidance](#);

AND

- the **risk of coronavirus transmission to others is high** (e.g. showing symptoms and interacting closely with other people, spitting at others or other behaviour(s) that increase risk, because there is a local outbreak of Coronavirus in a place, location or community).

5. Local application of Schedule 21 Coronavirus Act 2020 or powers granted by regulations made under the Public Health (Control of Disease) Act 1984

[Schedule 21 of the Coronavirus Act 2020](#) specifically confers and provides a detailed outline of powers on public health officers, constables and immigration officers to detain and direct potentially infectious persons in quarantined areas.

These powers can only be applied when the Secretary of State publicly declares that there is a serious and imminent threat of coronavirus to public health; and that the powers will be effective in preventing or delaying further significant transmission of coronavirus. Such a declaration was made on 10th February 2020.³ It may be revoked at any time by the Secretary of State, by publishing a notice on gov.uk

In Shropshire, Schedule 21 powers are held by West Mercia Police and designated Public Health Officers from [Public Health England West Midlands North Health Protection Team](#).

If/when concerns are raised to West Mercia Police and/or they and Public Health Teams are applying Schedule 21 powers; the **ongoing work and involvement of other agencies is vital** to help to understand and manage the risk to the person/group, other people and public health.

Enforcement action under Schedule 21 can only be taken by West Mercia Police and designated Public Health Officers.

Enforcement action under the regulations referred to above and made under the Public Health (Control of Disease) Act 1984 can only be taken by Shropshire Council and, in certain circumstances, West Mercia Police. Officers currently designated to act for Shropshire Council are based in the Trading Standard & Licensing Service and Regulatory Services, although the Council may designate any officers as deemed appropriate for the purposes of the legislation. Any action must only be undertaken where it is considered **necessary and proportionate** to do so in the interests of the person/group, the protection of other people or the maintenance of public health. This means that the aim of any enforcement action will be to reduce the risks in the **least restrictive way** and so that enforcement measures (where they are applied) are no longer required at the earliest possible opportunity.

Raising Public Health Concerns

If somebody is already in hospital or has been detained for other purposes, then where possible the person should be tested where they are; making use of existing security where they are detained. In such circumstances, it is important that agencies seek advice from [Public Health England West Midlands North Health Protection Team](#).

If the person is not already in hospital or detained for other purposes, and once you have followed the [Multi-Agency Process](#) above; you can raise your concerns and ask for the person/group to be directed or removed to a place suitable for screening and assessment for Coronavirus by contacting:

- West Mercia Police (999 in an emergency, 101 or [online](#) if non-urgent)

³ See <https://www.gov.uk/government/news/secretary-of-state-makes-new-regulations-on-coronavirus>

West Mercia Police will consider your concerns and respond according to their determined level of risk; in liaison with regional and local Public Health Officers and West Midlands Ambulance Service.

If you wish to discuss your concerns or invite agencies with the above powers to a multi-agency meeting, please contact:

- West Mercia Police: Chief Inspector Mark Riley. mark.reilly@westmercia.pnn.police.uk.
- Shropshire Public Health Team (Health Protection):
shropshirepublichealth@shropshire.gov.uk. 01743 251234 (9am-5pm 7 days per week)
- Public Health England Regional Health Protection Team (West Midlands North):
Telephone: 0344 225 3560 (option 2). Out of hours advice: 01384 679 031
- Shropshire Council Trading Standard & Licensing Service and Regulatory Services:
Email: frances.darling@shropshire.gov.uk, Tel: 01743 251715, Mobile: 07458 124419
or Email: karen.collier@shropshire.gov.uk, 01743 251711 Mobile: 07458 120888.

Local Application of Powers (requirements and restrictions)

Those with Schedule 21 powers can direct or remove a person for screening and assessment; and then, if it is confirmed by a health care professional or reasonably suspected that they have coronavirus; impose requirements and restrictions upon them.

A person who is made the subject of these powers must be informed by Public Health Officers of reasons for direction, removal, requirements or restrictions. The person has a right to appeal to a magistrate's court. Failing to comply or attempting to abscond is a criminal offence.

If a Public Health Officer deems it necessary and proportionate to require a person to remain at a specified place for a specified period; the following should be considered:

- a) The person should be required to remain in their home/current environment where possible.
- b) Only if this is not possible should Housing Services be approached to request the use of an alternative suitable address.

Appendix 1: Process flowchart

