



Appendices

for Shropshire Covid-19 Outbreak Management Plan

Prevent, Contain and Live with COVID

March 2021



Produced in partnership with:



Appendix 1: Key visitor sites and public transport links in Shropshire

Shropshire - Key visitor sites

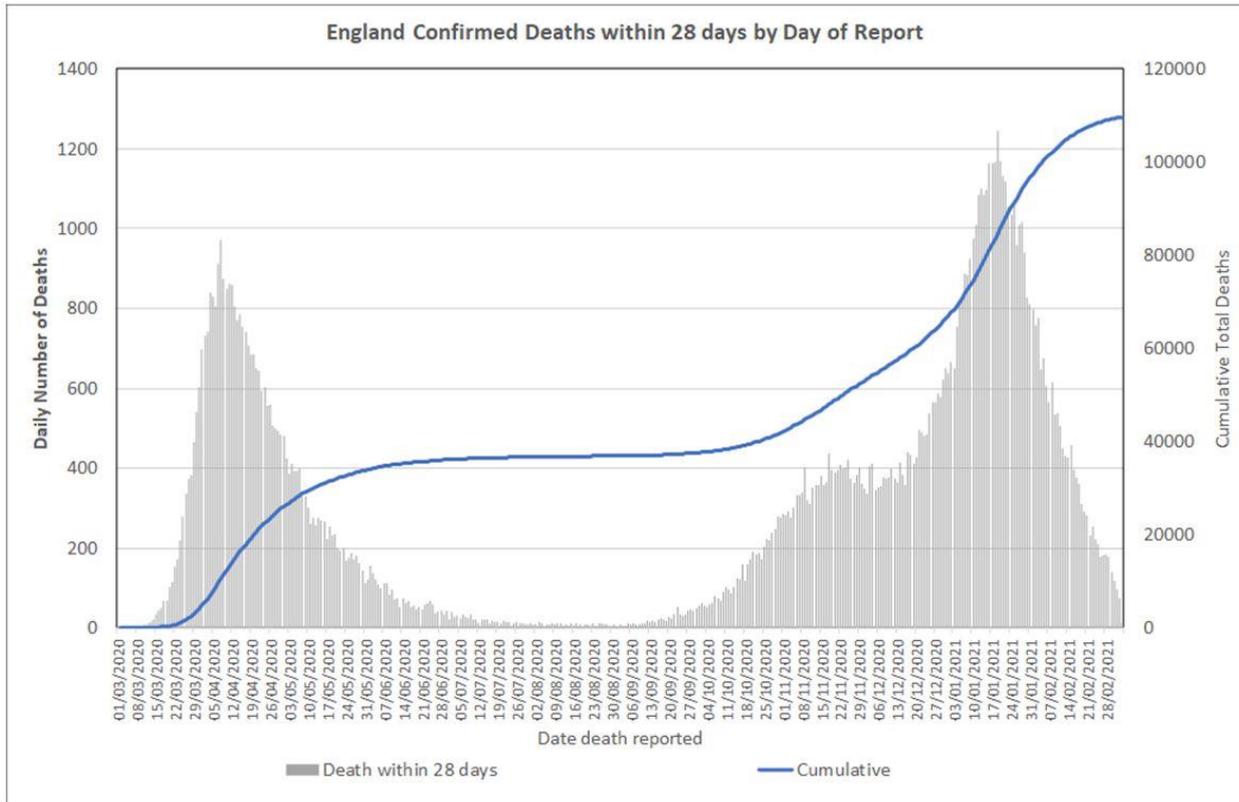
<p>Theatres and Cinemas</p> <ul style="list-style-type: none"> • Theatre Severn, Shrewsbury • Local theatres and productions • Main cinema in Shrewsbury & local venues 	<p>Towns of interest</p> <ul style="list-style-type: none"> • County town of Shrewsbury • Market towns across the county
<p>National 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 • Alderford 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 2: COVID-19 Pandemic curve in Shropshire (28.02.21)

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



Appendix 3: Roles and Responsibilities: Local & Regional

The table below summarises the 4 key local and regional Boards and Groups

Name of Board	Local/Regional /National	Membership
Regional Gold and Silver Commands	Regional linked to national. Also, DHSC the Secretary of State's Office	Shropshire Council, Telford & Wrekin Local Authorities, Clinical Commissioning Group, NHS England, Police, PHE, DHSC, Category 1 and 2 responders.
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.	Regional linked to national	Shropshire Council, Telford & Wrekin Local Authorities, Clinical Commissioning Group, NHS, Primary care, Powys NHS, Voluntary sector.
COVID-19 Health Protection Board Purpose includes: Agree the system wide framework for Local Outbreak Control Plans; <ul style="list-style-type: none"> - Provide multi-agency and multi-professional input into development of Local Outbreak Control Plans and elements of the plans including testing, treatment, PPE; - Oversee assurance of the timely and effective implementation of relevant immunisation programmes at the appropriate time. 	Regional linked to national	Shropshire, Telford & Wrekin System wide
COVID-19 Shropshire Local Outbreak Engagement Board Purpose includes: <ul style="list-style-type: none"> - 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. 	Local	Chaired by Shropshire Cabinet Member for Social Care and Health. Includes cross party membership. Additional Members may be invited depending on those parts of the county worst affected by COVID-19.
COVID-19 Local Health Protection Cell The COVID-19 Shropshire Health Protection Cell is in place to support residents in Shropshire and to prevent and protect against COVID spread.	Local	Relevant teams from Shropshire Council

Terms of Reference and membership of all the above are available on request.

Appendix 4: Triggers – Enhanced intervention strategy

Potential intervention in areas showing higher prevalence/outbreak

Increase Testing Uptake – Asymptomatic and Symptomatic

Identified need:

- accessible sites for those without transport
- access to local testing sites

Intervention

- Maintain walk-in availability (symptomatic and asymptomatic)
- Increased opportunistic testing in pharmacy (asymptomatic)
- Maintain MTU drive-through testing
- Maintain Local Testing Site (LTS) capacity
- Support schools, workplaces and other locations to deliver Lateral Flow Testing (LFT)
- Enhance Community Collect
- Communications and engagement – through CRT and Shropshire Council Comms
- Translated resources

Contact Tracing

Identified need:

- Maintain contact tracing
- Maintain enhanced contact tracing
- Public engagement and addressing confidentiality concerns

- Maintain contact tracing partnership
- Maintain Covid cell approaches to enhanced contact tracing
- 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
- Maintain contact tracing and welfare calls, to follow up and additional information
- Maintain regulatory approach in a proportional way, where appropriate

Increase risk reduction compliance

Identified need:

- Understanding of the guidelines
 - Covid messaging fatigue
 - Enforcement
 - High potential communities e.g. university students

- 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. Regionally and Wales)

- 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

Identified need:

- Care homes (primarily staff)
- Clinical vulnerable individuals
- Special schools

- Monitor vaccination in care homes
- Support staff to take up vaccination offer
- Monitor outbreaks in care homes
- Support care homes to manage outbreaks including control of infection
- Work jointly with partners to make evidence-based decisions on actions with care homes e.g. closures during outbreak
- LA communication with clinically vulnerable individuals to raise awareness
- Welfare support for those in need to support isolation
- Hardship support for those who require extra support during the Covid pandemic

Enforcement Monitoring

- Increased enforcement monitoring
- Whistle Blowing Line
- Mystery Shoppers

National support asks

- DHSC mobilisation of support - MTU & LTS capacity
- NHS Track and Trace support via CTAS and Contact Tracing Partnership
- 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 5: Terms of Reference (TOR) for the Place IMT

Shropshire COVID-19 Place Incidence Management Team (IMT)/Coordination Group

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

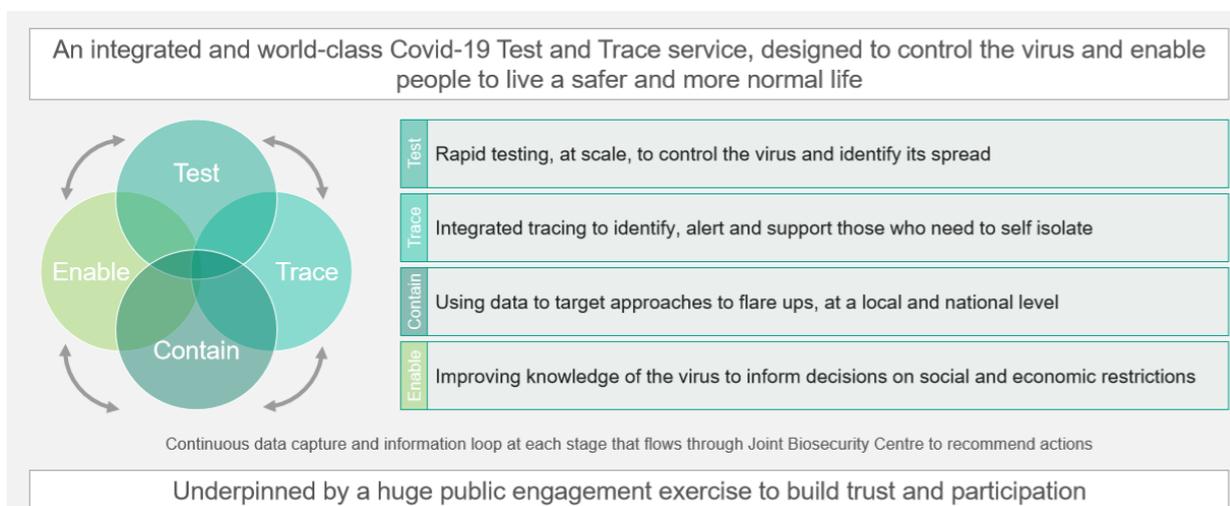
COVID-19 is a novel coronavirus. New knowledge about the virus is developing every day, however the science of how the virus acts and human immunity is in the early stages of development. For this reason, the UK government is planning for the longer term and the importance of protecting health underpins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

- control the Covid-19 rate of reproduction (R);
- reduce the spread of infection and save lives; and
- 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



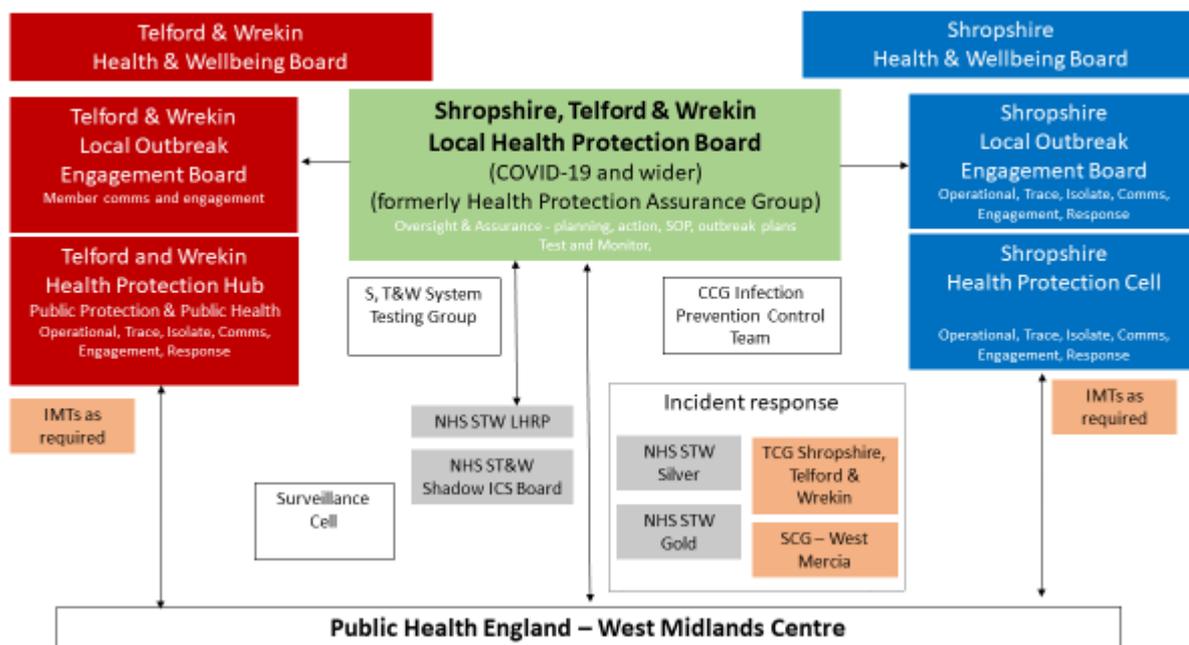
The ‘contain tool’ includes a national Joint Biosecurity Centre that will work with Public Health England (PHE) and local authorities, including local Directors of Public Health, to identify and manage local outbreaks. Upper tier local authorities are required to develop and implement Local Outbreak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

2.0 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 Shropshire Place IMT, coordinates the local officer response to COVID.

Shropshire, Telford & Wrekin Outbreak Control Plan: Governance & Reporting



To provide local multi-agency leadership in response to increasing COVID cases within Shropshire. The Operational Coordination Group will ensure a local coordinated approach to COVID whilst ensuring activities within Shropshire are joined up with Multi-Agency structures and internal command and control arrangements of partners. The Place IMT will seek to ensure that Shropshire partners deliver a joined up local response that is proactively to minimise the risk of increased COVID cases.

Aim

To ensure the strategic collaboration and support between Shropshire Partners, to ensure we can support our communities and proactively respond to COVID within Shropshire.

Objectives

- Maintain an overview of the emergency response arrangements and link to Multi-Agency structures outside of Shropshire
- Provide a platform for Shropshire partners to share and work together to minimise the spread of COVID
- Coordination of cross cutting policies that support Shropshire's response
- Provide consistent support to vulnerable people across Shropshire
- Provide support and mutual aid across Shropshire partners
- Establish a multi-agency framework for the overall management of the incident
- Ensure prioritised actions are coordinated and integrated
- Formulate and coordinate media messaging and communication plans.

3.0 Membership

Members of the Board will be cell/theme leads and cross partner leads from an emergency response perspective:

Member	Title	Organisation
Andy Begley	Chief Exec (Co-Chair)	Shropshire Council
Mo Lansdale	Shropshire Local Policing Commander	West Mercia Police
Rachel Robinson	Director of Public Health (Co-Chair)	Shropshire Council
Gareth Jones	Communication Lead	Shropshire Council
Penny Bason	Joint Head of Partnerships	Shropshire Council
Susan Lloyd	Consultant in Public Health	Shropshire Council
Karen Collier	Regulatory Services Operations Manager	Shropshire Council
Phil Wilson	Service Manager, Business Support, People	Shropshire Council
Sherry Woolgrove	Civil Resilience Team Leader	Shropshire Council
Simon Maceachen	Accommodation Logistics Officer	Shropshire Council
Craig McArthur	IT Lead	Shropshire Council
Matt Potts	Business Growth & Inward Investment Manager	Shropshire Council
Sonya Miller	Assistant Director, Children's Social Care & Safeguarding	Shropshire Council
Tanya Miles	Director of Adult Services	Shropshire Council
Carol Fox	Occupational Health, Safety & ICT Approvals Manager	Shropshire Council
Sam Tilley	Director of Planning	Shropshire CCG
Angela Beechey	Risk & Insurance Manager	Shropshire Council
Simon Vaughan	Emergency Planning Officer	West Mercia Police
Katie Spencer	Deputy Director Health Protection	PHE
Shaun Baker	Area Manager Head of Operations and Risk Management	Shropshire Fire & Rescue
Helen Carter	Interim Deputy Regional Director (PHE) and Deputy rDPH (NHSEI)	PHE
Major Charlie Miller	SO2 G3 Ops (Res)	Military
Gabriel Agboado	Consultant in Public Health	Shropshire Council
Mark Trenfield	Public Health Intelligence Officer	Shropshire Council
Robert Stevens	WMAS EPM NILO	WMAS
Emma-Jane Beatie	Emergency Planning Manager	SATH

*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 after three months.

The Board will be chaired by the Chief Executive or the Director of Public Health. In the event that neither the co-chair or deputy are present to chair the meeting, a chairperson will be elected from the remaining members.

4.0 Support

Public Health will provide administrative support to the Team

5.0 Quorum

The Team shall be Quorate if any three persons are present including the chairs.

6.0 Frequency of Meetings

The Team shall meet with such frequency as are required but as a minimum weekly until February 2021 when the frequency of the meeting will be reviewed. Additional meetings and sub-meetings/cell 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. Any actions or decisions that need to be made public, will be made public facing via the HWB or through Executive Management.

Appendix 6: Case Study

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 there 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 7: Case Study

Case study – Management of Outbreak in a residential site

An outbreak occurred at a residential site in Shropshire and swift measures were taken by partners in conjunction with the community, to contain this. This outbreak was prior to the national COVID-19 vaccination programme.

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 once 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 PCR 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.

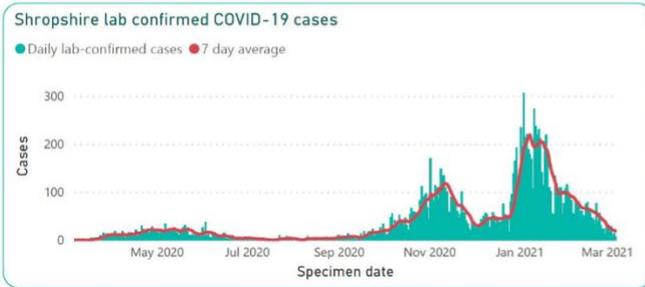
Stronger communications with NHS Test and Trace was also identified as a future necessity.

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 8

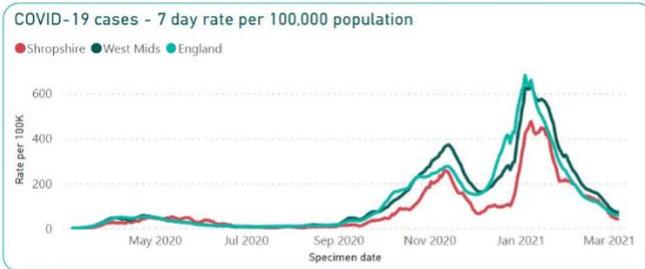
COVID-19 Cases as at Sunday, 07 March 2021



Shropshire cases
14,587 Total cases
134 7 day total
19.1 7 day average

7 day rate per 100K pop.
41.5 Shropshire
72.0 West Mids
59.1 England

7 day % change in rate
-48.9% Shropshire
-32.1% West Mids
-27.6% England



Sources:
PHF: COVID-19 track coronavirus cases

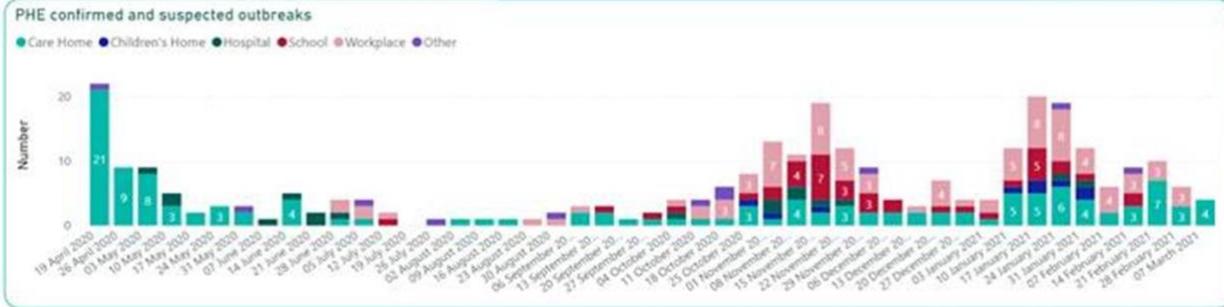
Shropshire COVID-19 Dashboard - Produced by Shropshire Public Health on 11/03/2021

Confidential: For internal use

This data is updated weekly, and can be viewed on the Shropshire Council website:
<https://www.shropshire.gov.uk/coronavirus/covid-rates-in-shropshire/>

Appendix 9

Outbreaks to Sunday, 07 March 2021



Summary

Setting	Exposure	Outbreak	Total
Care Home	60	129	189
Workplace	23	87	110
School	31	40	71
Hospital	4	17	21
Children's Home	9	9	18
Other	4	11	15
Total	131	293	424

About this data
Source: Shropshire Council

Shropshire COVID-19 Dashboard - Produced by Shropshire Public Health on 09/03/2021

Confidential: For internal use

Appendix 9a

LA SPOC	For all settings: Include SPOC email address, telephone number of available and days and hours of working, e.g., Mon-Fri 9-5pm	Key: Red - Support required or managed by PHE Amber - LA/CCG to manage but support may be required Green - LA/CCG to manage
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Please Note: Put 'FOR ACTION' or 'FOR INFORMATION' at the start of the subject line for all emails to Local Authorities. If actions are needed be clear what the actions are.

Setting	LA Response	Email to:	For PHE input**
Care Home	Single cases LA SPOC will pick up via notification from Case line listing and from PHE, passed to welfare team (a joint team with ASC and PH) for follow up	shropshirepublichealth@shropshire.gov.uk	PHE will input at the request of LA, e.g. ongoing transmission despite control measures
	Clusters and outbreaks that don't meet the definition for significant LA SPOC will pick up via notification from Case line listing and from PHE and lead via Care Homes Team in SPOC and EHO lead Outbreaks of significance e.g. ≥10% of staff/residents are affected within 14 days or impact on service delivery or ongoing spread despite implementing control measures		
Schools (non-SEN)	Single cases DFE will be first line for enquiries and LA SPOC will pick up via notification from Case line listing or clarifications from schools, these will be shared with education team in LA	shropshirepublichealth@shropshire.gov.uk	PHE will input at the request of LA, e.g. ongoing transmission despite control measures
	Clusters and outbreaks that don't meet the definition for significant DFE will be first line and LA SPOC will pick up via notification from Case line listing or clarification questions from schools and will be supported by LA SPOC and education team in LA Outbreaks of significance , e.g. Hospitalisation or death in a member of the school community, significant media interest, Significant outbreak (>10% of a bubble is affected within 14 days, ≥10% of staff are affected within 14 days, ≥ 3 bubbles are affected) or ongoing spread despite implementing control measure		
SEN or residential /boarding school or children's home	Single cases Clusters and outbreaks that don't meet the definition for significant Outbreaks of significance e.g. All outbreaks, Significant media interest ***	shropshirepublichealth@shropshire.gov.uk	PHE will input on all outbreaks and if significant media interest
University	Single cases LA SPOC will pick up via notification from Case line listing and from PHE no further action	shropshirepublichealth@shropshire.gov.uk	PHE will input at the request of LA, e.g. ongoing transmission despite control measures
	Clusters and outbreaks that don't meet the definition for significant LA SPOC will pick up via notification from Case line listing and from PHE to SPOC Outbreaks of significance , Hospitalisation or death in a member of the university community, Significant outbreak (e.g. outbreaks in halls of residence, ≥10% of defined group affected within 14 days) or ongoing spread despite implementing control measures, Significant media interest		
Workplaces (low risk)	Single cases LA SPOC will pick up via notification from Case line listing and from PHE to Environmental Health (a joint team with ASC and PH)	shropshirepublichealth@shropshire.gov.uk	PHE will input at the request of LA, e.g. ongoing transmission despite control measures
	Clusters and outbreaks that don't meet the definition for significant LA SPOC will pick up via notification from Case line listing and from PHE to Environmental Health (a joint team with ASC and PH) Outbreaks of significance * Significant outbreak (≥10% of a workforce is affected within 14 days or impact on service delivery) or ongoing spread despite implementing control measures or Significant media interest		
Workplaces (high risk) e.g. Food factories	Single cases LA SPOC will pick up via notification from Case line listing and from PHE to Environmental Health (a joint team with ASC and PH)	shropshirepublichealth@shropshire.gov.uk	PHE will input at the request of LA, e.g. ongoing transmission despite control measures
	Clusters and outbreaks that don't meet the definition for significant LA SPOC will pick up via notification from Case line listing and from PHE to Environmental Health (a joint team with ASC and PH) Outbreaks of significance , e.g. Significant outbreak (≥5% of a workforce is affected within 14 days) or ongoing spread despite implementing control measures or Significant media interest		
Blue light services	Single cases Clusters and outbreaks that don't meet the definition for significant Outbreaks of significance * Significant outbreak (≥5% of a workforce is affected within 14 days or impact on service delivery) or ongoing spread despite implementing control measures or Significant media interest	shropshirepublichealth@shropshire.gov.uk	PHE will input on all outbreaks and if significant media interest
Hospital	PHE to lead with support from IPC in the CCG (commissioned by the LA). LA to lead contact tracing of community contacts and receive copies of notes and support IMTs where PHE is not available		PHE will attend Trust led IMTs for outbreaks as able to
Healthcare settings e.g. GP, dentist, optometry, pharmacy, domiciliary care, private hospitals)	Single cases CCG will lead the response with support from LA SPOC as required	shropshirepublichealth@shropshire.gov.uk	PHE will input on all outbreaks and if significant media interest
	Clusters CCG will lead the response with support from LA SPOC as required Outbreaks CCG will lead the response with support from LA SPOC as required PHE to lead with support from the LA SPOC as and when necessary		
Prison	PHE to lead with support from the LA SPOC as and when necessary		PHE will input on all cases and outbreaks
Vulnerable settings e.g. Homeless, hostels	Single cases Clusters and outbreaks that don't meet the definition for significant LA SPOC and relevant LA team	shropshirepublichealth@shropshire.gov.uk	PHE will input at the request of LA, e.g. ongoing transmission despite control measures
	Outbreaks of significance , e.g. Hospitalisation or death in a member of the vulnerable community or all clusters and outbreaks or significant media interest		
Enhanced Contact Tracing (data review)	Common exposure reports LA to review daily alongside postcode coincidences highlighted by PHE		PHE will continue to review postcode coincidence reports each day and communicate situations identified to the LA for follow up in accordance with the agreed prioritisation framework.
	Postcode coincidence reports PHE to review daily		
Variants and Mutations	Single cases and clusters PHE to lead and manage with LA input into IMTs		PHE will complete the relevant survey for the case which may require for the case to be contacted. PHE will inform the relevant DPH, liaise with the national leads and jointly agree a plan of action for the locality

PHE are always willing to receive queries from LAs if advice for situations they are managing. These can be directed to the team by 0344 225 3560 (and pressing option for non-COVID) or by ringing named consultant or practitioner as agreed locally.

Where LAs identify areas that would benefit from support/training we will endeavour to provide this during transition to the new roles.

We will also regularly review how this is working and adjust criteria as required.

The system accepts that things need to be done differently to optimise impact, and recognises that other parts of the system are now increasingly competent to undertake work that we were previously doing (e.g. headteachers frequently respond well to cases in their settings).

** PHE input may be leading/chairing the IMT response or joining the IMT (depending on the situation and capacity within LA and PHE).

*** Significant media interest includes any national media interest or ongoing local interest. Please contact PHE comms colleagues and the wm_2019Cov@phe.gov.uk and PHEWMCComms@phe.gov.uk

Useful contacts	
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Appendix 10: 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

A template for recording a decision to issue a direction to prohibit an event (or types of events) from taking place in accordance with the **Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020** has been produced. See **Appendix 16**. [Note: The template is also designed to be used in relation to directions to close premises, restrict entry to premises, or secure restrictions in relation to the location of persons in premises, and to direct the closure of, or restrict access to, public outdoor places (or public outdoor places of a specified description.)]



Appendix 11: Template for recording decision to issue a direction.

Shropshire Council

The Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 Template for Recording Decision to Issue a Direction

NB Following a direction being issued, the Council should ensure a multi-agency approach to limit the need to enforce under policing powers alone.

Direction issued in connection with: (ü)					
Premises		Event		Public Outdoor Place	
Location of premises/event/public outdoor place (e.g. postal address/area map/GPS coordinates/description, or other appropriate means sufficient to identify the premises, event or public outdoor place)					

<p>Conditions/tests that must be satisfied before a direction can be issued</p> <p><i>To make a direction the Council must be satisfied and have gathered sufficient evidence to demonstrate that the following 3 conditions are met:</i></p> <ol style="list-style-type: none"> <i>1. the direction responds to a serious and imminent threat to public health in the Council's area;</i> <i>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; and</i> <i>3. the prohibitions, requirements or restrictions imposed by the direction are a proportionate means of achieving that purpose.</i> <p><i>Must be clear about why the directive action is being taken.</i></p> <p><i>Evidence will come from a wide range of sources, including:</i></p> <ul style="list-style-type: none"> <i>• local experts</i> <i>• LRF</i> <i>• NHS Test and Trace, including the Joint Biosecurity Centre (JBC)</i> <i>• Public Health England (PHE)</i> <p><i>Must have regard to any advice given by the DPH (or the interim or acting DPH) when making a direction or revoking a direction. (NB: On the basis that the Council must have regard to the advice of the DPH, it is not considered appropriate that the DPH is the actual decision maker.)</i></p> <p><i>Must notify the SoS as soon as practicable after any direction is given (this will include any replacement direction) (see 'Communication to SoS' below).</i></p> <p>What is the evidence?</p> <p>What is the rationale for the directive action?</p>
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<p>What time and date does the direction commence and what time does it cease? (See ‘Public notice of direction’ below for requirements on contents of a direction.)</p> <p>Has regard been given to the need to ensure that members of the public have access to essential public services and goods? (See note on ‘Direction about individual premises’ below).</p> <p>Have reasonable steps been taken in advance of issuing the direction to provide notice to those affected? (See three notes below regarding ‘Notification of directions concerning premises/events/public open places’.)</p>
<p>Consultation/Engagement</p> <p>For premises, events and public open places:</p> <ul style="list-style-type: none"> • Director of Public Health • West Mercia Police • Neighbouring police forces if the direction prohibits, requires or restricts access that is situated against an LRF boundary • Neighbouring authorities of both tiers that may be impacted as a result of the direction must be notified, as soon as reasonably practicable, about any proposals to exercise and use its powers including making a direction or revoking a direction. <p>And, in addition, for events and public open places:</p> <ul style="list-style-type: none"> • Engage with SAG and LRF to ensure emergency services are aware of proposals and manage risk, including the risk that people may travel to other local spaces <p>And, furthermore, for public open spaces,</p> <ul style="list-style-type: none"> • where a direction would close, or otherwise impact upon, any part of the Strategic Road Network (SRN), consult with Highways England (Council must use best endeavors to consult as early possible, and no later than 24 hours, before a direction is made) • where Crown land is involved, an agreement with an appropriate authority, e.g. the Crown Estate Commissioners, must be obtained. (Liaise with the relevant NHS Test and Trace Local Support and Assurance Team. If this not possible, email DirectionNotification@dhsc.gov.uk with the relevant details.)
<p>Who has been consulted?</p> <p>What engagement has taken place?</p> <p>How was this achieved?</p> <p>Is Crown land involved and has the appropriate permission been obtained?</p>
<p>Public Sector Equality Duty</p> <p><i>Due regard must be given to the PSED. Consideration must be given to carrying out an equalities impact assessment. If this assessment identifies a disproportionate impact, this would not prohibit action, but this should be balanced against the wider public health risk and mitigations considered and implemented wherever possible.</i></p> <p>Has an equalities impact assessment been carried out?</p> <p>What was the outcome?</p> <p>Was there a disproportionate impact?</p> <p>Did this prohibit action, or lead to mitigations being implemented instead?</p>

Directions about individual premises (Regulation 4)		
<p><i>The Council has the power to make directions for the purpose of: closing the premises, restricting entry to the premises, or securing restrictions in relation to the location of persons in the premises. Must ensure the public has access to essential public services and goods before issuing a direction. Not permitted to make directions in relation to premises which form part of local or national ‘essential infrastructure’, etc. If unsure whether a particular premises falls within the scope of the essential infrastructure exemption, queries should be directed to the relevant government department, or to NHS Test and Trace Regional Support and Assurance Teams.</i></p>		
	ü	Details (including necessity and proportionality)
Is the location of the infection/threat a ‘premises’?		
Closing premises		
Restricting entry to premises		
Securing restrictions in relation to location of persons in premises		
Access to public services/goods		
Premises do not form part of any essential infrastructure, etc.		
Notification of directions concerning premises		
<p><i>Must take reasonable steps to give advance notice of the direction to:</i></p> <ul style="list-style-type: none"> • <i>A person carrying on a business from the premises to which a direction relates</i> • <i>Any person who owns or occupies the premises</i> <p><i>Any direction will only have the effect of imposing a prohibition, requirement or restriction on the owner or any occupier of premises to which the direction relates, and any other person involved in managing entry into, or departure from, such premises or the location of persons in them.</i></p>		
<p><i>See ‘Public notice of direction’ section below for details that must be included in</i></p>		

the notice.

What steps have been taken? With whom? How? When?

Restrictions on events (Regulation 5)

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*

	ü	Details (including necessity and proportionality)
Location of event		
Disease prevalence		
Transmission rates		
Anticipated attendance levels		
Activities due to take place		
Considerations re informing persons planning to attend the event		
Any other factors		

Notification of directions concerning events

Must take reasonable steps to give advance notice of any direction to:

- *the organiser of the event*
- *any person who owns or occupies the premises for the event*

Any direction will only have the effect of imposing prohibitions, requirements or restrictions on those listed above and any other person involved in holding the event. This does not include people planning to attend the event with no involvement in its organisation.

See ‘Public notice of direction’ section below for details that must be included in the notice.

What steps have been taken? With whom? How? When?

Closure of a public outdoor place (Regulation 6)

The Council has the power to direct the closure of, or restrict access to, a public outdoor place (or public outdoor places of a specified description), e.g. where a planned event is known about, or where past experience indicates a high risk that the numbers of people expected to use a space would make it unsafe, including, for example, a popular parkland area or an enclosed square in a town centre. In such instances, the Council is expected, at a minimum, to:

- gather details of the geographical boundary of the space
- have details concerning disease prevalence and transmission rates, and evidence relating to the risk attached
- publish details of any restrictions on the website
- consider other measures to draw restrictions to the attention of anyone who may be affected, including through notices at or near the area being closed, social media posts, press notices and notices on arterial roads where this is appropriate, and to understand where 'reasonable excuse' would permit people to enter or remain in the area
- ensure the direction is not used to restrict social interaction between people living in the area and outside (any restrictions on the movement of people will be set out in other regulations), or to prevent people travelling through an area where their journeys start and end outside the area
- ensure the direction is not used as a means to indirectly restrict access to or close premises; if this is required separate consideration needs to be given to implementing these restrictions
- take reasonable steps to prevent or restrict public access to the public outdoor place or places to which the direction relates in accordance with the direction
- inform people who own, occupy or are responsible for part of the public outdoor place that they must also take reasonable steps to prevent or restrict public access to the area in accordance with the direction

	ü	Details (including necessity and proportionality)
Geographical boundary of public open place		
Disease prevalence		
Transmission rates		
Publish restrictions on website		
Other measures to draw attention to anyone who may be affected by the restrictions		
Direction not used to restrict social interactions		
Direction not used to indirectly restrict access to or close premises		
Planned reasonable steps to prevent or restrict access		
Inform 'others' who have responsibilities to prevent or restrict access		
Any other factors		

<p>Notification of directions concerning public open places</p> <p><i>Must take reasonable steps to give advance notice of any direction to:</i></p> <ul style="list-style-type: none"> • to a person carrying on a business from premises within the public outdoor place to which the direction relates • anyone who owns, occupies or is responsible for any land or premises in a public outdoor place to which the direction relates. <p>See 'Public notice of direction' section below for details that must be included in the notice.</p> <p>What steps have been taken? With whom? How? When?</p>
<p>Communication to the SoS</p> <p><i>The Council must be clear as to why they are taking directive action or revoking such action and must communicate this clearly to the Secretary of State as soon as possible after making the direction, and no longer than 24 hours after issuing, via NHS Test and Trace to directionnotification@dhsc.gov.uk, marked for the attention of the appropriate regional team.</i></p> <p><i>Communication to the SoS must include:</i></p> <ul style="list-style-type: none"> • copy of the direction; • reason for issuing the direction; • location or area the direction relates to; • organisations and groups of people expected to be directly and indirectly affected by the direction; • stakeholders consulted on the decision on the direction (including NHS Test and Trace Regional Support and Assurance Teams, government departments and PHE); • date and time on which the restriction comes into effect; and • date and time on which it will end. <p>Date communication sent to the SoS:</p>
<p>Public notice of direction</p> <p><i>Local authorities should be clear as to why they are taking directive action or revoking such action and must communicate this clearly to:</i></p> <ul style="list-style-type: none"> • the person(s) to whom the direction applies (where this is a person specified by name, the direction must be given in writing to that person) and, where appropriate, the Council may publish in such manner as is considered appropriate to bring it to the attention of other person(s) who may be affected by the direction • in all other cases where the direction is not given to a person specified by name, the direction must be published on the Council's website and may be published in such other manner considered appropriate to bring it to the attention of other persons who may be affected by the direction <p><i>Notice of the direction must be in the form of a written letter and/or email and include:</i></p> <ul style="list-style-type: none"> • powers under which the direction is being made;

- *reason(s) for invoking, or revoking, the direction (this should include the basis upon which the three conditions are met and an explanation as to why a specific prohibition, requirement or restriction is necessary and how it is proportionate);*
- *details to clearly identify the premises, event or public open place to which the direction relates*
- *date and time on which the prohibition, requirement or restriction comes into effect;*
- *date and time on which the prohibition, requirement or restriction will end;*
- *if the direction is made on the direction of the Secretary of State, a statement to this effect; and*
- *details setting out the recipient's right of appeal to the magistrates' court, with an address for service of any summons (including an address for the SoS where the direction is based on his direction), and advice that the appeal should be lodged as soon as possible and, where possible, submitted within the 7-day review period.*

Date notice given to named person(s):

Details of person(s) to whom notices directly issued:

Details of 'other persons' who maybe affected, by reference to group or other suitable descriptions:

Date notice published on website:

Details of any other manner by which directions are published:

Decision made on behalf of Shropshire Council by:

Name:

Designation:

Signature:

Date:

Review

Must be reviewed, as a minimum, at least once every 7 days. An assessment must be made to determine whether the three conditions for making the direction continue to be met. If at any stage the threshold for restrictions is no longer met (i.e. there is no longer a serious and imminent threat to public health, or the measures are not deemed to be necessary or proportionate to prevent or control the incidence or spread of infection in the local authority's area), the direction should be immediately revoked or replaced with a direction which meets the required threshold.

Review 1

Considerations and outcome of review:

Review undertaken by:

Date of review:

Decision: Any decision must have regard to the advice of DPH, or the interim or acting DPH

- Existing Direction remains in force?
- Revoke the Direction without replacement?
- Revoke the Direction and Replace with a further Direction?

Review 2

Considerations and outcome of review:

Review undertaken by:

Date of review:

Decision: Any decision must have regard to the advice of DPH, or the interim or acting DPH

- Existing Direction remains in force?
- Revoke the Direction without replacement?
- Revoke the Direction and Replace with a further Direction?

Review 3

Considerations and outcome of review:

Review undertaken by:

Date of review:

Decision: Any decision must have regard to the advice of DPH, or the interim or acting DPH

- Existing Direction remains in force?
- Revoke the Direction without replacement?
- Revoke the Direction and Replace with a further Direction?

Appendix 12: West Mercia Police Schedule 3 intervention

Where the local authority is considering implementing a direction on a location, public space or event, the Local Duty Inspector is the first point of contact for discussions. If the Local Duty Inspector is absent, then the Operational Command and Control Inspector can be contacted.

The Local Authority Officer will need to state who they are, that they wish to discuss an urgent COVID direction with the Duty Inspector (or the Operational Command and Control Inspector in their absence) 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 13:

Standard Operating Procedure (SOP) 08.03.21 v6 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-19 case / outbreak in your educational setting.

2. What is a suspected case?

A suspected case is anyone in the setting with at least one of the 3 COVID-19 symptoms. These 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 infection with COVID-19. There is no need to notify the Local Authority or DfE of a **suspected case** of COVID-19 and the only close contacts of a suspected case that need to self-isolate are household contacts (pending result of PCR test). The school can contact the Public Health Team to ask for further advice if required on: 01743 251234 9am-5pm 7 days a week / by emailing an enquiry to shropshirepublichealth@shropshire.gov.uk This will be picked up by one of the health protection practitioners in the Shropshire Council COVID-19 cell.

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 is in the setting when they become unwell with a new continuous cough, a high temperature or a loss of or change in their normal sense of taste or smell, they must be sent home as soon as possible (see also section 3 of resource pack for further guidelines).

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 (LFD / PCR). Anyone who tests LFD +ve following a self-test is a **possible case** and requires a confirmatory PCR.

Anyone who has a positive result following an LFD **self-test** (not completed in an asymptomatic testing centre) should have a PCR completed as soon as possible to confirm diagnosis. The **possible** case and their close contacts should self-isolate and follow the stay at home guidelines until the PCR result is available from the testing provider. They should also inform the school / early years setting as soon as possible so that contacts in the setting can be identified and given the appropriate advice.

Contacts of a possible / confirmed case of COVID-19

A **contact** of a **possible case** (tested LFD +ve following a self-test & a/w confirmatory PCR result) / **confirmed case** (received a +ve LFD / PCR result from a testing provider) is a person who has been close to someone who has tested positive for COVID-19. You can be a contact anytime from 2 days before the person who tested positive developed their symptoms, and up to 10 days after, as this is when they can pass the infection on to others. A risk assessment may be undertaken to determine this, but a contact can be:

- anyone who lives in the same household as another person who has COVID-19 symptoms or has tested positive for COVID-19
- anyone who has had any of the following types of contact with someone who has tested positive for COVID-19:
 - face-to-face contact including being coughed on or having a face-to-face conversation within one metre
 - been within one metre for one minute or longer without face-to-face contact
 - been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
 - travelled in the same vehicle or a plane

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 a **single positive test result**. The school can however contact the Public Health Team to ask for further advice if required on: 01743 251234 9am-5pm 7 days a week.*

5. Management of a confirmed case / someone who self-tests LFD +ve awaiting confirmatory PCR result

If a child/staff member who attends/who works at the setting tests PCR positive for COVID-19 / LFD +ve from an asymptomatic testing centre, they will be informed by the testing centre and NHS Test and Trace.

Schools should follow DfE advice to contact trace all contacts of positive LFD / PCR tests and to advise the contacts. When necessary, this can be done in partnership with the Local Authority Health Protection Team.

Following a single +ve LFD / PCR result:

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

The Dfe helpline 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 someone who has received a positive LFD / PCR result within your nursery, school or college

6. What is an outbreak?

An 'outbreak' is 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.

Within a school/educational setting an **outbreak is defined as two (or more) confirmed COVID-19 cases who have both been in the school (on the school site) within a 14-day time-frame**. 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 inside a 14-day timeframe, or there is a high reported absence which is suspected to be COVID-19 related, the PHE (West Midlands) and Shropshire Council Public Health Team's COVID-19 cell should both be contacted and informed of the suspected / confirmed outbreak. They will offer advice and support in relation to outbreak control & management and you will be asked to complete the checklist in Appendix 2.

Contact PHE (West Midlands)

Contact PHE (West Midlands) and report the outbreak using the following [link](#)

Contact Shropshire Council Public Health COVID-19 cell

Contact the COVID-19 cell via the service desk on 01743 251234 9am-5pm 7 days a week / by emailing the team at shropshirepublichealth@shropshire.gov.uk This will be picked up by one of the health protection practitioners in the Shropshire Council COVID-19 cell.

Please refer to **Section 5 – Arrangements for management of a possible outbreak** in the COVID-19 PHE resource pack for either Schools or Early Years and Childcare Settings (depending on the setting).

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

8. Strategic Co-ordination

Once PHE (West Midlands) and the Local Authority have been informed of an **outbreak** the Local Authority (Shropshire Public Health COVID-19 cell) will risk assess the need for an **incident meeting**. If an **incident meeting** is required, the Local Authority will lead the response by contacting the setting and organising a virtual meeting (usually via Microsoft teams). The Local Authority will invite key members of staff from the educational setting, PHE, The local authority's communications team and the Infection Prevention & Control Team to the meeting. In advance of the meeting a line-list of +ve COVID-19 cases will be provided by the educational setting/ Early Years and the meeting will be chaired by either a member of the local authority's Health Protection COVID-19 cell / PHE (West Midlands). Please see Appendix 1 for the Outbreak Management Agenda and Appendix 2 for the Outbreak checklist. The outbreak checklist is

provided at the start of the outbreak by the educational setting on request of either PHE (West Midlands) / the Local Authority COVID-19 cell.

As part of the incident management process, the setting will review its own current risk assessment to check if any control measures need to be put in place. This will be completed with support from the local authority's Health Protection team (COVID-19 cell).

9. Infection prevention and control

Advice will be provided by Shropshire CCG Infection Prevention and Control Team, who will provide telephone support / on-site visits following referral by the Local Authority Health Protection COVID-19 in accordance with Government Guidance for schools and infection prevention and control guidelines.

10. Testing

Currently asymptomatic testing of staff in primary and secondary schools is taking place twice weekly. Secondary schools have asymptomatic testing centres set up on-site, but primary school staff are self-testing at home. Early Years settings are also in the process of gaining access to asymptomatic Lateral Flow Device (LFD) testing.

Secondary schools are now (from 8th March, 2021) moving towards self-testing of staff **and pupils** twice weekly. Any positive LFD following self-testing will require a confirmatory PCR to be completed as soon as possible following the positive LFD.

If a positive LFD is reported following self-testing the person who tested LFD positive and their close contacts should self-isolate until the result of the confirmatory PCR is known. If a confirmatory PCR is negative, then the person who tested LFD positive and their close contacts no longer need to self-isolate unless they are symptomatic / are contacts of another confirmed case.

Anyone who receives a positive LFD test from an asymptomatic testing centre should not currently have a confirmatory PCR and they are legally required to follow the advice provided by Test and Trace.

Any staff member / pupil who develops symptoms of COVID-19 should have a **PCR** test to confirm diagnosis. **LFD tests are currently only used for asymptomatic testing.**

From 1st March 2022 members of a household, childcare bubble / support staff of a pupil can access twice weekly LFD tests.

90-day rule (updated advice)

Following a positive PCR / positive LFD carried out at a testing centre additional testing of the confirmed case **should not** be carried out for 90 days following the submission of the positive sample unless the individual has completed their self-isolation period and has developed new onset of symptoms of COVID-19. See appendix 3 re asymptomatic LFD testing (Self-testing).

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

Clinically extremely vulnerable children, young people and staff should not attend school or other educational settings, because the risk of exposure to the virus in the community is still considered high. Schools and colleges should make appropriate arrangements for those who are Clinically Extremely Vulnerable (CEV) to be able to continue their education at home until the current guidelines are updated. Where a pupil is unable to attend school because they are complying with clinical and/or public health advice, schools are expected

to be able to immediately offer them access to remote education. Schools should monitor engagement with this activity.

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)

DfE will provide a template letter to the educational setting containing advice for contacts and their families after they report the first case to them. The setting will then 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

Guidance for Schools states that most staff in education settings will not require PPE beyond what they would normally need for their work. Staff who are working in asymptomatic testing centres should however wear the appropriate PPE and should have received training on correct use of PPE, donning & doffing.

Face coverings are not classified as PPE (personal protective equipment) but they are now recommended in certain circumstances. They should be worn by adults and pupils from year 7 upwards when moving around the premises, outside of classrooms, such as in corridors and communal areas where social distancing cannot easily be maintained (exemptions apply). Face coverings do not need to be worn by pupils when outdoors on the premises but in this case social distancing should be maintained.

Updated guidelines also recommend that face coverings in settings with pupils from year 7 upwards should also be worn by staff and pupils in classrooms or during activities unless social distancing can be maintained (does not apply in situation where they are taking part in strenuous activity e.g. P.E.).

Face coverings should also be worn in primary schools by staff and adult visitors in situations where social distancing is not possible, but this does not apply to children attending the primary school setting.

Updates to the use of face coverings

We are strengthening the use of face covering across all sectors, as per the diagram below. In all circumstances the use of face coverings would only be recommended where a 2m social distance could not be maintained. These policies will be reviewed at Easter to consider their continuation into the Spring Term.

Sectors	Cohort	Current Guidance		New Guidance		Comments
		Classrooms	Communal Areas	Classrooms	Communal areas	
Early Years & Primary	Staff & Visitors					From 8 March, face coverings required by adults in communal areas, unless 2m social distancing can be maintained.
	Children					
Secondary & FE	Staff & Visitors					From 8 March, face coverings required in classrooms and teaching spaces for staff and students, unless 2m social distancing can be maintained.
	Students					
HE	Staff & Visitors					
	Students					

Symbol	Meaning
	Classroom, teaching spaces, lecture theatres - not including during physical activity
	Communal areas including corridors and staff rooms
	Face coverings are recommended
	Face coverings are not recommended
	Use of face coverings at the discretion of headteacher, settling leader or provider as appropriate. *Face coverings should only be considered where social distancing cannot be maintained between staff/adults , not between adults and children.

In any educational setting PPE should be worn by staff caring for a child / young person 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

Schools & Early Years settings should ensure that a system is in place where parents contact the school to inform them of them of any positive results as soon as possible that the setting can initiate contact tracing and contact DfE.

It is important that representatives in Schools, Educational, Early Years and Childcare 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 Outbreak Agenda COVID-19 incident/outbreak meeting

Date, Time, via Microsoft Teams

1. Introductions & apologies
2. Purpose of the meeting
 - a. At first meeting agree Chair and Terms of Reference
3. 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 pupils in the setting
4. Infection prevention and control
 - a. Case isolation/ cohorting facilities
 - b. Environmental cleaning
5. 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
 - d. Contacts identification/management - staff and residents in the setting
6. Communications
 - a. Internal – staff
 - b. External: NHSE, PHE, Media statement, Families
7. Agreed actions
8. Any other business & date of the next meeting

Appendix 2

COVID-19 Outbreak College/ School/Nursery settings	
Callers Name/ position:	
Checklist completed by: If completed by Non-PHE staff, please email form to: - WM.2019CoV@phe.gov.uk and 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 10 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 number of contacts that are excluded.	
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 about updates in guidelines re Face coverings in education and to audit the safe use of face coverings.	
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**



SELF-TESTING IN SCHOOLS & EARLY YEARS SETTINGS (SHROPSHIRE COUNCIL PUBLIC HEALTH UPDATED 8/3/21)

LFD tests (Self-testing) is now recommended for all staff working in school & nursery settings & for pupils from year 7+ twice weekly*. School / Early Years should be informed of all +ve results. School should then report +ve LFD results to Dfe & Shropshire Public Health.

Negative Result:
 No action required unless symptomatic / close contact of a confirmed case. Continue to complete twice weekly LFD self-testing. If symptoms develop follow [Stay at Home Guidance](#)
 Note: PCR test is required if staff member develops [symptoms](#). **Do not** complete an LFD test if symptomatic.

Positive Result:
 Person who tests +ve needs to self-isolate in line with the [stay-at-home guidance](#). They should arrange a polymerase chain reaction (PCR) test within 48 hours of the +ve LFD test to confirm the result. Immediate public health actions are required on receipt of a +ve LFD result and [close contacts](#) in and outside of the school setting should self-isolate until the result of the PCR test is known.

If Confirmatory is **PCR +ve**

Confirmatory **PCR -ve** and taken within **48 hours of the +ve LFD test**

Confirmed case and close contacts should continue to self-isolate as per [Stay at Home Guidance](#)

- 10 full days from +ve LFD test date for the case **
- 10 full days from last contact with confirmed case for those identified as [close contacts](#) **



Person who tested LFD +ve and close contacts inside and outside of school setting are no longer required to self-isolate unless they have developed symptoms of COVID-19 / have been identified as a close contact of a confirmed case by Test & Trace

*Staff & pupils who previously tested PCR +ve < 90 days / LFD +ve < 90 days (at asymptomatic testing centre) should not be retested unless they develop symptoms again after completion of 10 days self-isolation. Anyone who is symptomatic should be retested using PCR test.
 ** Anyone who tests +ve when they are asymptomatic should restart 10 full days of isolation from onset of symptoms if they develop symptoms during their original 10 days of isolation. Contacts should also have a PCR test if they develop symptoms.

Appendix 14:

Standard Operating Procedure (SOP) 7.3.2021 Responding to Cases and Outbreaks of COVID-19 in Children's Homes

1. Introduction

This standard operating procedure is your guide to understanding and managing a COVID-19 case / outbreak in your Children's Home.

Following this SOP 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 setting with at least one of the 3 COVID-19 symptoms . These 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⁽¹⁾' 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 PHE of a **suspected case** of COVID-19 and the only close contacts of a suspected case that need to self-isolate are household contacts (pending result of PCR test). The school can contact the Local Authority Public Health Team to ask for further advice if required on: 01743 251234 9am-5pm 7 days a week / by emailing an enquiry to shropshirepublichealth@shropshire.gov.uk This will be picked up by one of the health protection practitioners in the Shropshire Council COVID-19 cell.

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 PCR 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

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 (LFD / PCR). Anyone who tests LFD +ve following a self-test is a **possible case** and requires a confirmatory PCR.

Anyone who has a positive result following an LFD **self-test** (not completed in an asymptomatic testing centre) should have a PCR completed as soon as possible to confirm diagnosis. The **possible case** and their close contacts should self-isolate and follow the stay at home guidelines until the PCR result is available from the testing provider. If they attend a school setting, then the school setting should be informed as possible so that contacts in the school setting can be identified and given the appropriate advice.

Contacts of a possible / confirmed case of COVID-19

A **contact** of a **possible case** (tested LFD +ve following a self-test & awaiting confirmatory PCR result) / **confirmed case** (received a +ve LFD / PCR result from a testing provider) is a person who has been close to someone who has tested positive for COVID-19. You can be a contact anytime from 2 days before the person who tested positive developed their symptoms, and up to 10 days after, as this is when they can pass the infection on to others. A risk assessment may be undertaken to determine this, but a contact can be:

- anyone who lives in the same household as another person who has COVID-19 symptoms or has tested positive for COVID-19
- anyone who has had any of the following types of contact with someone who has tested positive for COVID-19:
 - face-to-face contact including being coughed on or having a face-to-face conversation within one metre
 - been within one metre for one minute or longer without face-to-face contact
 - been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
 - travelled in the same vehicle or a plane

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

5. Management of a confirmed case / someone who self-tests LFD +ve awaiting confirmatory PCR result

If a child/staff member who attends/who works at the children's home tests PCR positive for COVID-19 / LFD +ve from an asymptomatic testing centre, they will be informed by the testing centre and / NHS Test and Trace .

Public Health England (PHE) & the Local Authority Public Health Team should both be contacted following a **single positive LFD/PCR test result in a child / member of staff in a children's home**.

Contact PHE (West Midlands)

Contact PHE (West Midlands) and report the outbreak using the following [link](#)

Contact Shropshire Council Public Health COVID-19 cell

Contact the COVID-19 cell via the service desk on 01743 251234 9am-5pm 7 days a week / by emailing the team at shropshirepublichealth@shropshire.gov.uk This will be picked up by one of the health protection practitioners in the Shropshire Council COVID-19 cell.

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 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.

Within a children's home setting an outbreak is defined as two (or more) confirmed COVID-19 cases who have both been in the children's home within a 14-day time-frame. These two people could be a combination of children and/or staff.

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=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

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](#)

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

8. Strategic Co-ordination

Once PHE (West Midlands) and the Local Authority have been informed of an **outbreak** the Local Authority (Shropshire Public Health COVID-19 cell) will risk assess the need for an **incident meeting**. If an **incident meeting** is required, the Local Authority will lead the response by contacting the setting and organising a virtual meeting (usually via Microsoft teams). The Local Authority Public Health Team will invite key members of

staff from the children's home setting, PHE, The Local Authority's communications team, the Infection Prevention & Control Team and the Assistant Director of Children's Social Care & Safeguarding to the meeting.

In advance of the meeting a line-list of +ve COVID-19 cases will be provided by the children's home and the meeting will be chaired by either a member of the local authority's Health Protection COVID-19 cell / PHE (West Midlands). Please see Appendix 1 for the Outbreak Management Agenda and Appendix 2 for the Outbreak checklist. The outbreak checklist is provided at the start of the outbreak by the children's home on request of either PHE (West Midlands) / the Local Authority Public Health COVID-19 cell.

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.

9. Infection prevention and control

Advice will be provided by Shropshire CCG Infection Prevention and Control Team, who will provide telephone support / on-site visits following referral by the Local Authority Health Protection COVID-19 in accordance with Safe Working in education, childcare and children's social care settings, including the use of PPE

10. Testing

Symptomatic Testing

Guidance on when and how to test children states that "Anyone who has any coronavirus (COVID-19) symptoms can get a coronavirus (COVID-19) test at a testing site or at home. This includes those working and living in children's homes. Alongside this, all children's homes are now being provided with a small number of testing kits to complement the usual testing options.

From early December, all children's homes who have completed the online form to request access to the testing portal will be sent an initial supply of 10 PCR test kits. These homes will be able to order an additional batch of test kits every 21 days."

Asymptomatic Testing

Children from year 7 upwards & support bubbles which includes staff working in children's homes with children / young people in these years, will be offered asymptomatic Lateral Flow Device (LFD) testing from the 8th March 2021 onwards,

As laid out in the roadmap, secondary school and college students will now be tested twice a week, receiving three initial tests at school or college before transitioning to twice weekly home testing. Primary school children will not be regularly asymptotically tested due to

low levels of transmission between younger aged children but will continue to need to come forward for tests if they have symptoms.

In addition to this, the government has confirmed twice-weekly testing using rapid lateral flow tests will be given for free to all families and households with primary, secondary school and college aged children and young people, including childcare and support bubbles, to help find more COVID-19 cases and break chains of transmission. To find out how to access LFD testing kits follow this [link](#).

Note: Advice in section 4 should be followed following a +ve LFD / PCR Result

Positive LFDs reported from asymptomatic testing centres are currently reported and followed up by Test & Trace (in the same way as a positive PCR), but any LFD self-testing requires a confirmatory PCR before being reported and followed up by Test & Trace).

If a positive LFD is reported following self-testing the person who tested LFD positive and their close contacts should self-isolate until the result of the confirmatory PCR is known. If a confirmatory PCR is negative, then the person who tested LFD positive and their close contacts no longer need to self-isolate unless they are symptomatic / are contacts of another confirmed case.

Anyone who receives a positive LFD test from an asymptomatic testing centre should not currently have a confirmatory PCR and they are legally required to follow the advice provided by Test and Trace.

Any staff member / pupil who develops symptoms of COVID-19 should have a **PCR** test to confirm diagnosis. **LFD tests are currently only used for asymptomatic testing.**

90-day rule (updated advice)

Following a positive PCR / positive LFD carried out at a testing centre additional testing of the confirmed case should not be carried out for 90 days following the submission of the positive sample unless the individual has completed their self-isolation period and has developed new onset of symptoms of COVID-19.

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

Clinically extremely vulnerable children, young people and staff should not attend school or other educational settings, because the risk of exposure to the virus in the community is still considered high. Schools and colleges should make appropriate arrangements for those who are Clinically Extremely Vulnerable (CEV) to be able to continue their education at home until the current [guidelines are updated](#). Where a pupil is unable to attend school because they are complying with clinical and/or public health advice, schools are expected to be able to immediately offer them access to remote education. Schools should monitor engagement with this activity.

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 for the Children's Home containing the advice for contacts. Recipients of the letter will also include the child's family and 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 Safe Working in education, childcare and children's social care settings, including the use of PPE 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 if a distance of 2 metres cannot be maintained. Staff should have received training on how to don and doff PPE safely.

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 Outbreak Agenda COVID-19 incident/outbreak meeting

Date, Time, via Microsoft Teams

1. Introductions & apologies
2. Purpose of the meeting
 - a. At first meeting agree Chair and Terms of Reference
3. Summary of situation- situation updates (for subsequent meetings)
 - a. Epidemiological
 - b. Number of cases according to case-definitions and description by person, place and time
 - c. Clinical management & outcome
 - d. Suspected cases - staff and pupils in the setting
4. Infection prevention and control
 - a. Case isolation/ cohorting facilities
 - b. Environmental cleaning

5. 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
 - d. Contacts identification/management - staff and residents in the setting
6. Communications
 - a. Internal – staff
 - b. External: NHSE, PHE, Media statement, Families
7. Agreed actions
8. Any other business & date of the next meeting

Appendix 2:

COVID-19 Checklist for Children’s Care Homes.

To be completed by an appropriate member of staff within the Children’s home. Please complete all coloured sections in full. There is also a Guidance section for your own use.

Advice Received

Have you already received advice from PHE or local authority regarding this case? (if yes, please specify)	
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Action Taken

Have you already taken any action to prevent the spread of Covid-19 in the Children’s home? (If yes, please specify)

- A positive case in a member of staff or a child– please send this form to PHE: WM.2019CoV@phe.gov.uk

Reference Numbers

PHE Ref No (If known)	
Other (Please specify)	

Contact and Children’s Home Information

Today’s Date	
Your Full Name (person filling in this form)	
Your Role/Job Title	
Name of Children’s Home	
Address	
Post Code	
Your Email Address	
Telephone No. (best number to reach you on in case we need to speak to you)	
Governance. Local authority or privately run.	
Service user description Respite care Age range of children Vulnerable children Autism/mental health issues. Unaccompanied asylum-seeking children.	

<p>Layout of home Number of floors Number of bedrooms. Do children have their own bedrooms. En-suite facilities? Number of shared bathrooms. Communal facilities kitchen, living rooms</p>	
Total number of children	
Number of positive cases in children	
Total number of staff	
Number of positive cases in staff	
<p>Staff Staff rota. How is it organised? Do the staff work in consistent bubbles? Overnight/sleeping shifts Week on/week off</p>	
Do the staff work elsewhere?	
<p>How do the staff travel to work? Public transport Car sharing should be discouraged.</p>	
<p>Any issues with staffing? Are any staff self-isolating and reason if known</p>	
Any issues with supplies of PPE?	
Has testing of staff or children been organised or taken place.	
Have there been any previous cases of COVID-19?	
Do the staff have all the current guidance?	
Any media interest or concerns?	

Positive Case Information

(Do not include any person identifiable information)

(If notifying us of 2 or more new positive cases, refer to the individual cases as ‘case 1’, ‘case 2’, etc).

Is the positive case a member of staff or child?	
Date of start of first symptoms (in each case) Describe symptoms? Asymptomatic?	
Date of COVID-19 Test (of each case)	
Date of test result (of each case)	
Start and end date of the isolation period (Of each case)	

If Positive Case(s) is a Child

Is the case able to understand and aware that they have tested positive for COVID19?	
Is the case(s) able to remain socially distant and not use communal areas? Positive case and those showing symptoms should avoid using shared spaces, kitchens and communal areas. Meals should be eaten in their rooms. Remain in their rooms and to stay apart from others as much as possible. Can the case(s) follow sensible public health guidance? Are they compliant with self-isolation guidelines.	
Can the case(s) continue to be safely cared for in the setting?	
Has the case(s) been hospitalized	

If the positive case attends school.	
Has the school been informed?	
What means of transport do the case(s) use to travel to/from school? (E.g.: School bus, public transport, walking, car, car sharing/pooling, taxi)	
Do the case(s) share a vehicle with other residents/staff or children from other settings? (they will be defined as contacts)	
Do the case(s) attend more than one setting. If so, have they been informed? e.g. youth clubs Out of school settings Holiday clubs	

If positive case(s) is a member of staff

Has the case been isolated?	
Has the case been hospitalised?	

Suspected Cases

How many children do you suspect are positive?	
How many staff do you suspect are positive?	
Main reason for suspecting?	
Has any testing of the staff or children been organised? Those showing symptoms should be tested.	
Are they self isolating while waiting for test results?	

Contact Tracing

Contacts are defined as someone being exposed to a person testing positive to COVID-19 while they were infectious (starting 2 calendar days before symptoms first appeared, or in the event the case is asymptomatic, the date of the test (not the date of the result) as per the table below):

Close contact definition	<i>Being coughed on;</i>
	<i>A face to face contact or conversation (within 1m) for any length of time;</i>
	<i>Unprotected physical contact (skin to skin);</i>
	<i>Exposure within 1 metre for 1 minute or longer.</i>
	<i>Extended close contact (within 2m for more than 15 minutes) with a case</i>
	<i>People who spend significant time in the same household as a person who has tested positive for COVID-19.</i>

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.

Has contact tracing in the setting taken place?	
Number of close contacts in children. In a children's home, all children are usually classed as contacts.	
Are contacts of children who are symptomatic or have a confirmed diagnosis isolated wherever possible?	
Number of close contacts in staff. Have they been isolated? A close contact should immediately self-isolate at home for 10 days from the date of the last contact with the case.	
Are there any issues with staffing?	
Is the setting able to function with reduced staffing levels?	
No. of children/staff considered vulnerable that have had contact with the case(s). Identify pregnant or immunocompromised staff and advise according to government advice	
Those with symptoms should be tested as soon as possible	

Home Management

Is the home taking new admissions?	
Is the home closed to visitors?	
Do the children understand why they cannot have visitors?	
Is there a procedure in place on how a relative can visit if child is becoming increasingly distressed or has mental health issues?	
Is there a video link facility where face to face visits are not possible?	
Are visitors directed to wash their hands or to use hand sanitiser? Offer advice sheets for visitors/relatives	
Are children monitored for raised temperatures & respiratory symptoms?	
Are children and staff encouraged to	

wash hands as frequently as possible, and to avoid touching their face?	
If possible, do children over the age of 11 wear face masks when not in their rooms?	
Can social distancing be maintained as much as possible?	
Are younger children and children with complex needs supervised, helped with hand hygiene?	
Do the older children come and go as they please?	
Is the setting under the same management of other homes in the area?	
Does the home use agency staff? Are they still working in other areas?	
Do you have a business continuity plan in place?	

Further information and Infection Control Measures (IPC)

Number of bathrooms Are there en-suite facilities? No sharing of towels. Positive case should use shared bathroom facilities after everyone else. Clean bathroom afterwards. If more than one bathroom, limit use to same group of people.	
Is hand sanitiser available at key points?	
Is the home well ventilated? Windows should be opened whenever possible.	
Enhance cleaning schedules especially of touch points: door handles, light switches, kettles, banisters, toilet handles.	
Spray cleaning solution into disposable cloth prior to cleaning if spray bottles are used. Single use cloths are used	
Does the home have any pets? Contact with pets should be limited.	
Have staff been advised not to go home in clothes that have been worn at work? Do they wash their own work clothes? Are the clothes washed regularly?	
Are beds sheets handled with care to prevent dispersal of the virus? Laundry should not be shaken.	
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.) double bagged and tied. Stored in a locked area for 72hrs away from children before disposal into domestic waste.	
Are staff taking their breaks safely and all staff cutlery/crockery go through a dishwasher after use, or is designated to them? Tea towels should not be shared.	
Does the home have adequate supplies of PPE, gloves, aprons, masks?	
Staff and children should be reminded to wash their hands frequently. Towels should not be shared.	
Increased cleaning is in place using a chlorine-based solution for hard surfaces and frequently touched areas such as bathrooms, door handles, telephones, grab rails in corridors and stairwells https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings	
When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning is used.	
Do staff wear face masks? Is PPE worn when carrying out personal care on a child? Are staff clear about what PPE should be worn? https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe#what-protection-is-needed-when-transporting-children .	

Communications

Have local IPC teams been informed?	
Have relatives been informed?	

Has PHE been informed?	
Has the GP/DN been informed and updated on new cases/those requiring clinical review?	

<p>Are there any red flags? Is Pillar 1 or Pillar 2 testing required? Safeguarding issues Staffing issues Non-compliance with self-isolation. Is an IMT required.</p>	
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Suggestions for the home to consider.

PPE to be worn at all times. This would mean that the staff would have to be trained in the correct use of PPE. As a minimum, face masks can be worn in communal areas and around meal times.
Regular testing of staff with the aim of interrupting community transmission in the home setting.
A comprehensive business continuity plan (BCP) should be in place. This should be considered in conjunction with local partners and updated as necessary. The BCP usually relies on staff members moving in permanently in order to reduce disruption to the young people involved and avoid bringing in unfamiliar staff members.
Cases in staff members are the most common. This means that one positive staff member will expose others on their shift to the virus, quickly reducing available staffing numbers to critical levels. A consistent rota of staff will minimise this risk.
If the home is under the same management of other homes in the area, are there staff in these settings who are familiar with the children?

Appendix 15: 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 COVID-19, 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 COVID-19 have at least one of these symptoms.

Management of a suspected case

Any employee who develops [symptoms of COVID-19](#), or whose household member develops symptoms, should immediately [self-isolate](#) .

Any employees with COVID-19 symptoms should be advised to arrange a PCR test straight away (no later than **8 days** after the start of symptoms as testing is not possible after this time):

- **On-line:** <https://www.gov.uk/get-coronavirus-test> or telephone 119 if no internet access.

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 straight away.

The individual should immediately [self-isolate](#) for the full isolation period. Guidance on how long to self-isolate can be found here: <https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/how-long-to-self-isolate/>

A single suspected case does not need reporting to Public Health England, but businesses are encouraged to 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 COVID-19 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 Shropshire Council. Shropshire Council's Regulatory Services or Public Health Team will then contact the business to discuss next steps. West Midlands Public Health England may also contact the workplace.

Workplaces are encouraged to pro-actively notify Shropshire Council's Regulatory Services/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.

Shropshire Council will be formally notified of positive cases in the workplace via:

- The line list for Shropshire residents, where a workplace is detailed
- Via other Local Authorities where one of their residents works in the Shropshire Council area
- Via Public Health England
- By the business/workplace direct

With single cases Shropshire Council will triage this information and contact workplaces to investigate further where appropriate.

It is important that businesses are aware of how to identify close contacts in the workplace and ensure self isolation of employees is taking place where required.

Businesses may need to submit a health and safety RIDDOR report, more details of the criteria and how to report are below:

<https://www.hse.gov.uk/coronavirus/riddor/index.htm>

A specific web page has been created to assist businesses with whom to contact if they have a COVID positive case:

<https://www.shropshire.gov.uk/environmental-health/covid-19-guidance/guidance-for-shropshire-businesses-on-how-to-report-confirmed-or-suspected-cases-of-coronaviruscovid-19-in-the-workplace/>

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.

The PHE may need to be advised by the business of an outbreak, more details for each work sector can be found [here](#).

Workplaces are encouraged to notify Shropshire Council Public Health Team of outbreaks in a workplace setting. Email shropshirepublichealth@shropshire.gov.uk or by telephone 01743 251234 9am-5pm, 7 days a week.

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.

Strategic Co-ordination

Management of a suspected or confirmed outbreak

When Shropshire Council is advised of an outbreak, a member of the Regulatory Services Team will contact workplaces to capture information and provide advice and guidance aimed at preventing onward transmission. Businesses may be asked to complete a workplace tracker to monitor positive cases and close contacts in the setting. Each outbreak will be considered on a case by case basis. It may be necessary to call an Incident Management Team (IMT) meeting for some outbreaks. This meeting will consist of partners from the; Local Authority Public Health Team, Local Authority Economic growth, Local Authority Regulatory Services, Health and Safety Executive (where appropriate), the business representatives and any other identified partners. The IMT is normally called by Shropshire Council Public Health or PHE. As part of this process, the workplace will review its own current risk assessment to check if anything needs doing differently. This will be done with support from the Local Authority or Health and Safety.

Officers will remain in regular contact with the business to review the outbreak to determine what further action is necessary.

Testing

Workplaces will be signposted to local testing options for symptomatic and asymptomatic staff:

<https://shropshire.gov.uk/environmental-health/covid-19-guidance/covid-19-testing-options-for-businesses/>

ShropCom can provide a Covid-19 testing team with the ability to respond within 24 hours if required. 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 in the workplace guidance is subject to change and businesses are encouraged to regularly review the [Government Guidance](#) .

Businesses can be signposted to further information on the Health and Safety Executives website below:

<https://www.hse.gov.uk/coronavirus/working-safely/protect-people.htm>

Self-Isolation

As part of the workplace outbreak close contacts may be identified. This will be done in liaison with the business. It might be that a formal isolation letter is required so that the employee can receive appropriate payment.

COVID Risk Assessment

It is a requirement for businesses to have a COVID risk assessment and implement the findings. There is a requirement for this to be documented where there are 5 or more employees. This will cover all aspects of COVID workplace controls such as:

- Hand hygiene & personal hygiene
- Managing social distancing
- Cleaning

- Ventilation
- Vulnerable workers
- PPE
- Training

The HSE provide guidance on how to undertake a COVID risk assessment:

https://www.hse.gov.uk/coronavirus/working-safely/index.htm#risk_assessment

Cleaning

Part of the advice given to businesses is regarding cleaning, this is particularly important where there have been positive cases in the workplace. Businesses are signposted to the [Government guidance on cleaning.](#)

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.

Document update: March 2021

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
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
9. Communications
 - a. Internal – staff
 - b. External: NHSE, PHE, Media statement
10. Agreed actions
11. Any other business & date of the next meeting

Appendix 16:

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.

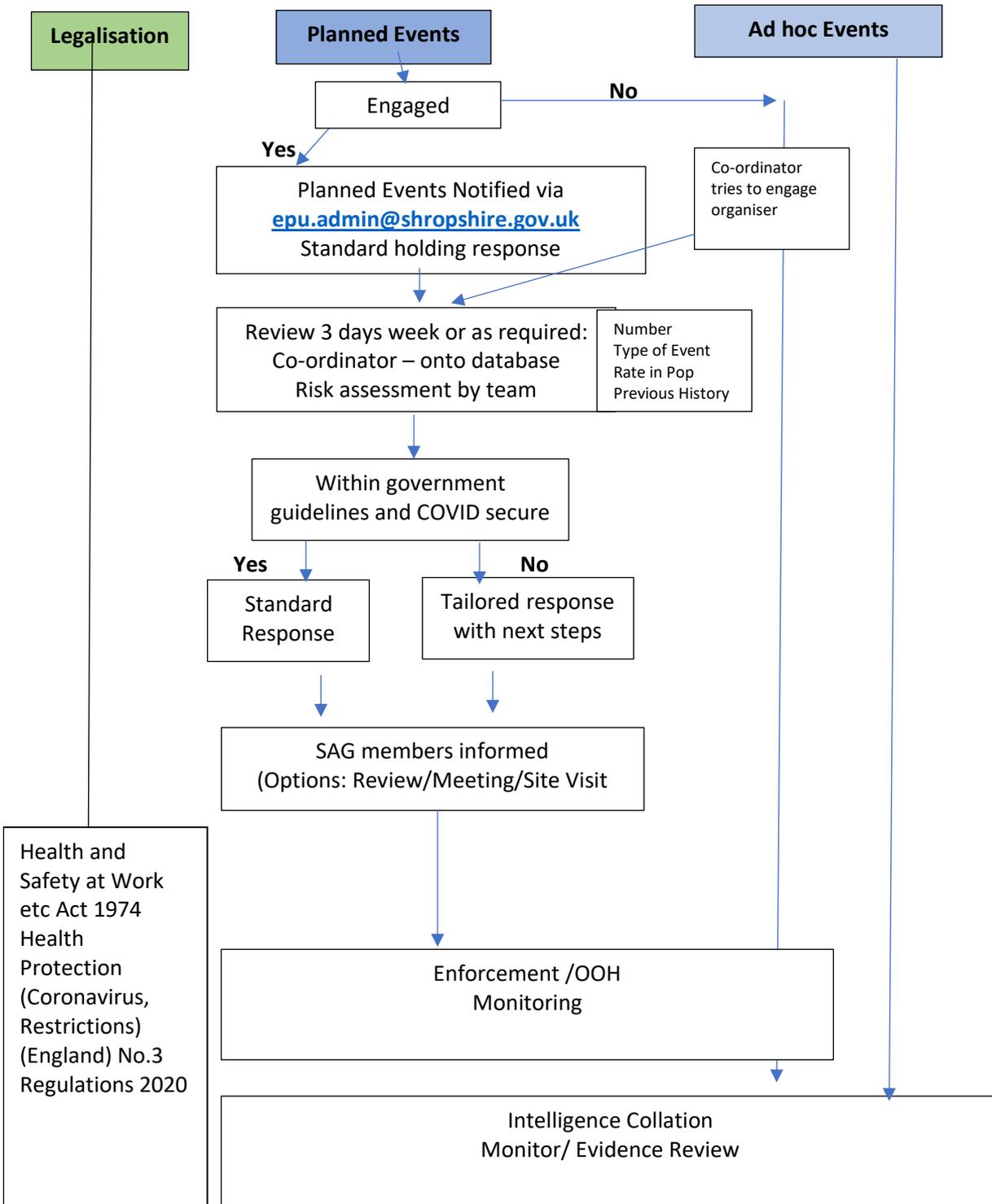
Public Health will advise on the prohibition of certain events (or types of events) from taking place where there is a serious and imminent threat to public health relating to coronavirus and or that directions are required to provide a public health response to the incidence or spread of infection in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

Appendix 17:

EVENTS FLOW CHART



Appendix 18:

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

3. 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 are key workers and should take 2 steps:

1. Refer themselves or ask their manager to refer them for an antigen test <https://www.gov.uk/apply-coronavirus-test-essential-workers>

2. Remove themselves from work and self-isolate with their family in line with government guidance for key workers and their families. <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

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

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

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.

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 will contact the care home to discuss next steps.

Public Health England or the Local Authority's Public Health Team will inform IPC

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 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=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 Mon-Sat and 9am-1pm Sunday

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.

8.Strategic Co-ordination

Once PHE and the Local Authority have been informed of an outbreak PHE/Shropshire Health Protection Cell 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 up to 28 days after the outbreak from Shropshire Health Protection Cell and/or PHE WM and IPC to control of infection. If no further cases occur this will step to Adult Social Care welfare calls.

9.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.

CCG IPC team have developed an internal audit for regular review but particularly in outbreak situation.

CCG IPC team have developed IPC Champion training for care homes.

Signpost to Local emergency PPE helpline: PEstore@shropshire.gov.uk

10. 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 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>

Regular Care Home Testing

From 13th of July regular care home testing will commence Staff will be tested for coronavirus weekly, while residents will receive a test every 28 days to prevent the spread of coronavirus in social care. This is in addition to intensive testing in any care home facing an outbreak, or at increased risk of an outbreak.

Outbreak care home testing follow up

In the event of an outbreak COVID-19 outbreak management protocol starts in a care home as soon as a case is identified, either through a lab confirmed case, or in certain circumstances when a resident's GP and health protection team agree following a clinically suspected case.

[care home testing guidance](#)

When one case is confirmed in staff or residents daily testing with lateral flow device (LFD) should commence for 7 days for staff on duty.

When 2 or more cases are confirmed, the following should be undertaken:

- Conduct PCR for all staff and residents on day 1 of the outbreak and once between days 4-7 for those who tested negative
- • Start (or continue depending on your circumstances) daily Rapid lateral flow testing of all staff until there has not been a new positive result in 5 days.
- • When you carry out the outbreak PCR for residents (day 1 and once again between day 4-7), also test the resident with a rapid lateral flow test on the same day.

Testing should be repeated every 7 days for negative residents until no further positive results are detected, but for a minimum of 14 days i.e., 2 cycles of testing.

Staff PCR testing should continue weekly

Re-testing for residents will take place after 28 days from the last suspected case to confirm the outbreak has ended.

11.Visitors and Admissions

The Care Home will be advised to pause admissions and visiting until assured that the outbreak is under control.

[Admission and care of residents in a care home during COVID-19 - GOV.UK](#)

12.High risk (Clinically extremely vulnerable) groups - staff

Staff who have been [classified as clinically extremely vulnerable due to pre-existing medical conditions](#) have been advised to shield and are not expected to be attending/working at care homes. (August 1st 2020)

The [guidance](#) also includes information about clinically vulnerable groups of people.

13.Cleaning

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

14.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 sustain 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

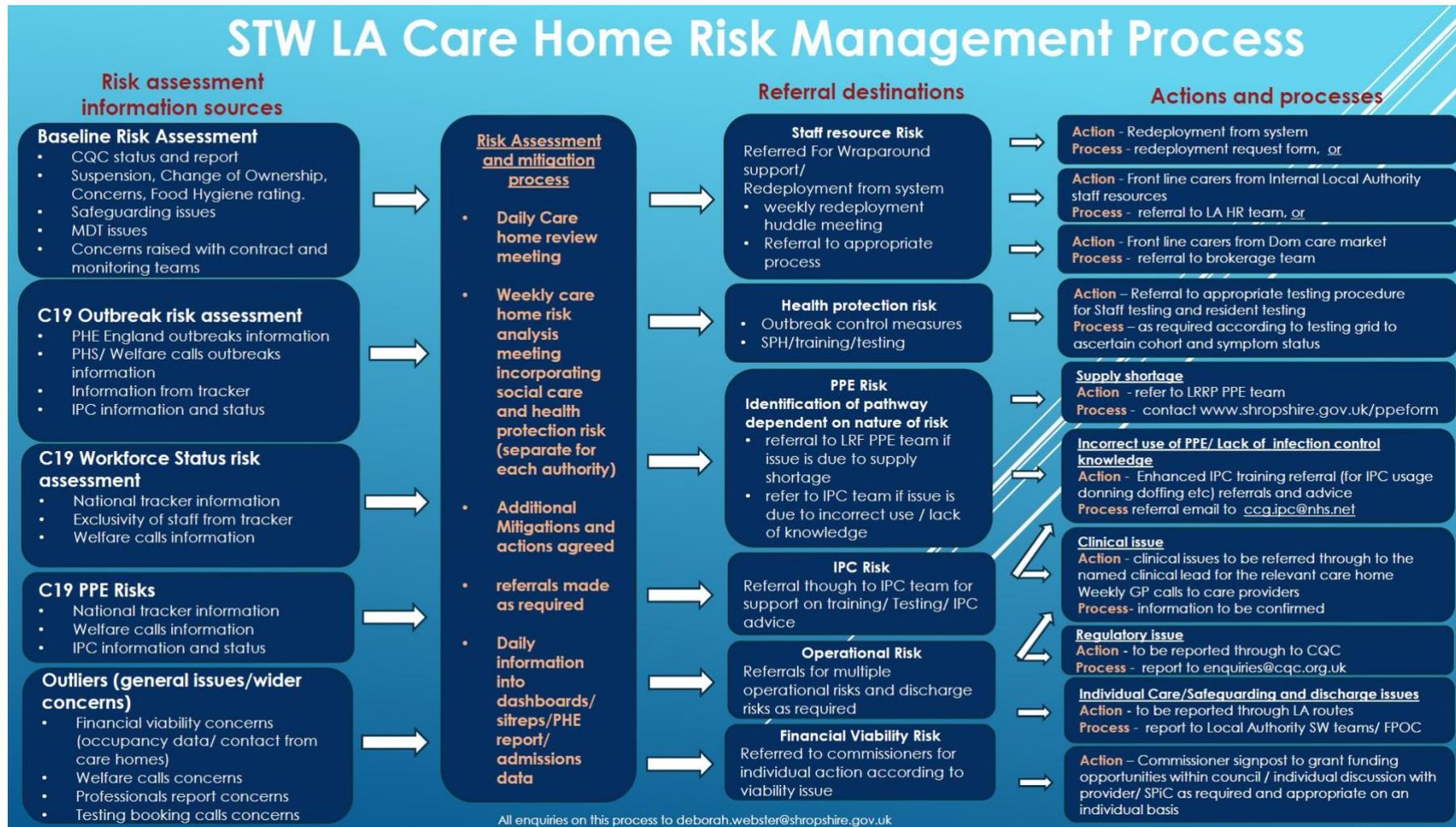
15.Communications

It is important that care homes and representatives of 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).

16.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 B

Care Home COVID19 Check List	
Date:	
Callers Name/ advice to:	
HPZ Ref:	
Postcode:	
Service User description i.e. dementia /elderly care etc, age profile, at risk individuals/ groups Is Day care provided?	
<u>Residents</u> (total beds occupied) A) Total no. of residents in setting (include which unit/floor) B) No. of symptomatic residents C) No. of residents tested and positive using PCR tests	
Layout/floors/units affected	
Date of onset of 1 st case/2 nd Case & most recent cases	
Symptoms: Fever >37.8 degrees, Cough, Other	
Any cases hospitalised? Record details	
Recent deaths	
<u>Staff</u> affected out of total no. employed A) Total no. of staff in setting B) No. of symptomatic staff C) No. of staff tested and positive with Lateral flow tests D) No. of staff tested and positive using PCR tests	
Staff self-isolating & reason if known	
Any issues with Staffing	
Any issues with supplies of PPE	
Number of GP practices that serve the home? Is GP aware?	
Home closed to visitors? Y/N	
Home closed to admissions? Y/N	
Swabbing arranged for residents	
Home arranging swabbing for staff	
Staff have all current guidance	
Does the home require a red flag?	
<u>Vaccination</u> Have any residents/staff received vaccination to date and how many doses? A) No. of residents who have received 1 dose and date. B) No. of residents who have received 2 doses and date C) No. of staff who have received 1 dose and	

If isolation of symptomatic residents is not possible can cohort nursing be considered?	
Has the home informed GP of issue & update of new cases / those requiring clinical review?	
STAFF	
Have staff been excluded as per national guidance for self-isolation/shielding?	
Symptomatic staff should be tested as soon as possible	
Does the home use agency staff? Are they still working in other areas?	
Stress handwashing – liquid soap & paper towels/tissues & disposal “Catch it, Bin it, Kill it”	
Does the home have adequate supplies of PPE, gloves, aprons, masks?	
Have staff been trained in the donning and doffing of PPE-have they seen the video and signed to say they have had training?	
Are staff clear about what PPE should be worn?	
Uniforms- have staff been advised not to go home in them?	
Are staff taking their breaks safely and all staff cutlery/crockery go through a dishwasher after use or is designated to them?	
Staff do not use their mobile phones or companies’ phone while wearing a mask	
Identify pregnant or immunocompromised staff and advise according to government advice	
ENVIRONMENT	
Rooms and areas are free from clutter to ease cleaning	
Fans should only be used in private rooms, not facing doorways, with doors closed and windows open if possible. Natural ventilation can help keep a space cool without increasing the risk of spreading COVID-19	
Increase cleaning regime. e.g. Hard surfaces/clothes/furnishings/rooms/bathrooms/hoists ✓	
Single use cloths are used	
Spray cleaning solution into disposable cloth prior to cleaning if spray bottles are used	
Is there a process for deep cleaning the room once the resident has completed isolation or has passed away?	
Asymptomatic rooms are cleaned first	
Discard contents of fruit bowls, biscuit tins etc	
EQUIPMENT	
Medicine pots-use dishwasher or single use	
Allocate equipment to an individual wherever possible e.g. hoist slings	

Is re-usable equipment cleaned adequately prior to re-use?	
Crockery and cutlery are sent directly to the main kitchen and loaded immediately	
LINEN	
Are beds sheets handled with care to prevent dispersal of the virus?	
Linen from symptomatic residents should be placed in an alginate bag and then placed in a 2 nd bag outside the room	
WASTE	
All waste from symptomatic residents should be placed in a rubbish bag and then into a second bag securely tied and stored in a secure location in line with contaminated waste policy	
Are there waste bags for residents to directly place tissue in once used?	
Ensure air is not expelled from the bag with force and away from face	
COMMUNICATIONS	
Have local IPC teams been informed?	
Have relatives been informed?	
Have GP's/DN's etc been informed?	
Escalate any sudden increase of cases to PHE	
Escalate to PHE if increased deaths	
Escalate to CCG if there are any supply issues	
CONTACT TRACING QUESTIONS	
Residents with confirmed result:	
In the 48 hours before onset of symptoms/test if asymptomatic until today, has the resident had contact* with any other residents	
In the 48 hours before onset of symptoms/test if asymptomatic until today, has the resident had contact* with any members of staff (including cleaners)? <ul style="list-style-type: none"> a. Were the members of staff wearing appropriate PPE? b. Were there any breaches in PPE during the contact? 	
In the 48 hours before onset of symptoms/test if asymptomatic until today, has the resident had contact* with any other individuals e.g. has the resident attended any hospital appointments, had visitors etc	
Staff with confirmed result:	
In the 48 hours before onset of symptoms/test if asymptomatic until today, has the member of staff had contact* with any of the residents? <ul style="list-style-type: none"> a. Were the members of staff wearing appropriate PPE? b. Were there any breaches in PPE during the contact? 	

<p>In the 48 hours before onset of symptoms/test if asymptomatic until today, has the member of staff had contact* with any other members of staff e.g. in the staff room, at handover, travel to work?</p> <ol style="list-style-type: none"> Were the members of staff wearing appropriate PPE? Were there any breaches in PPE during the contact? 	
<p>In the 48 hours before onset of symptoms/test if asymptomatic until today, has the member of staff had contact* with any other individuals in the home e.g. has the member of staff had contact with any visitors / contractors etc.?</p> <ol style="list-style-type: none"> Were the members of staff wearing appropriate PPE? Were there any breaches in PPE during the contact? 	
<p><u>Please note, where there has been contact without appropriate PPE or there have been breaches in PPE staff/residents will be required to isolate for 10 days (staff) or 14 days (residents).</u></p>	

* Contacts include those who have had

Direct contact: Face to face contact with a case for any length of time, within 1m, including: being coughed on, a face to face conversation, having a face-to-face conversation, within one metre, or having skin-to-skin physical contact, or any contact within one metre for one minute or longer without face-to-face contact

Proximity contact: a person who has been within 2 metres of someone who has tested positive for coronavirus (COVID-19) for more than 15 minutes

Appendix 19:

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 8 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](#) provides self-isolation guidance for different accommodation arrangements 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**.

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](#).

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.

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

Public Health England or the Local Authority's Public Health Team will inform IPC

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=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

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

Shielding in the workplace guidance is subject to change and businesses are encouraged to regularly review the [Government Guidance](#).

Accommodations can be signposted to further information on the Health and Safety Executives website below:

<https://www.hse.gov.uk/coronavirus/working-safely/protect-people.htm>

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

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
 - c. Case isolation/cohorting facilities
 - d. 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, PHE, Media statement
10. Agreed actions
11. Any other business & date of the next meeting



8 Man sleeping accommodation complete with 4 bathrooms

modular accommodations

These are used as emergency accommodation if needed as part of a self-isolation strategy. These could provide an alternative to hotels for small families and alongside hotels as

working day, dependant on transportation being available in a hardstanding area, such as a car park.

Implementation would be implemented with full consent

type:



8 Man sleeping accommodation complete with 4 bathrooms

Appendix 21: 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 22:

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

1. Purpose of the Strategy

1. The purpose of this document is to describe the Shropshire Council Community Response Strategy to support our population through the Coronavirus pandemic.
2. It includes in Appendix A, a High-level Action Plan detailing action that has taken place and is ongoing.
3. It outlines how the Community Response Group, led by Shropshire Council, is supporting vulnerable people through this pandemic.
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.
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.
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.

Access to support through	Coordinated Support	Community Support Offer
Social Care (Children’s, Adults), Schools, Community Reassurance Team	Shropshire Council Community reassurance team and Voluntary Sector Assembly (VCSA)	Suite of support material for new community groups, infrastructure support through the VCSE
Voluntary and Community Sector	North coordinator	Link worker support offer (food, shopping, befriending) – winter only
Direct access - Public	Central coordinator	Social Prescribing support offer
Single point of contact phone line and email 03456789028	South coordinator	Connection and access to info, advice, community support and food
CEV support	VCSA coordinator	Mapping of all community support
Vaccinations, Testing, Contact Tracing	Volunteer Coordination	Additional funding for foodbanks
Information and guidance	Coordination for surge testing	Mental Health Support Offer
Welfare	Voluntary, Community and Enterprise Sector	Mental Health Resource Pack
Community Testing PCR and LFD	Be Part of History – volunteer recruitment campaign	24/7 MH Support line
Support for businesses	Established VCSE Support	TogetherAll – online support
Data	New community activity	Bereavement commissioned service
CEV and other vulnerable	Fuel poverty and welfare support	Social Prescribing
Power Bi mapping		
Reporting		
	Safeguarding support, advice and guidance	

Diagram 1: Supporting people through the pandemic in partnership with the voluntary and community sector

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
- Mental Health support (24/7 access to phone and online support)
- Bereavement support
- Community Lateral Flow Testing and access to support for businesses

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 has been collated. 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:

- 'Clinically Extremely Vulnerable' (CEV) 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 has been documented, as has 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.

During the pandemic the CRT has been 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. The team connects closely with the Voluntary, Community and Enterprise sector to ensure a broad range of support is available in communities across Shropshire.

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

The legacy of this work is to support the infrastructure of the VCSE, which enables grassroots and fledgling community help to thrive and grow. As the Shropshire Council CRT shrinks, Shropshire Council and public sector partners (including the NHS), plan to improve funding to the VCSE, and working collaboratively with the VCSE, as partners in helping Shropshire to flourish.

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.

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.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

6.Community and Voluntary Sector Grants Programme

Small Grants

The council provided £75,000 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 was 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.

Medium Grants

The council provided approximately £100,000 to VCSE organisations who are supporting people during this time. The criteria was focussed on supporting the areas key voluntary anchor organisations and those who have lost income due to Covid-19.

Welfare

An emerging issue for local people, as the economic effects of lockdown begin to emerge within our communities, is the identification and support with a range of welfare issues, notably financial and housing related.

Central Government support incentives such as extending the Furlough Scheme, concessions to the benefits system, particularly for the self-employed, isolation grants and the recent announcement of a one-off grant to those in receipt of working Tax Credits, have all helped poorer and low paid working families to survive financially but there is evidence emerging of increasing debt and future hardship.

Some years ago, central government devolved the DWP Social Fund (previously a system of grants and loans for the vulnerable and those in crisis,) to local authorities. Shropshire has retained its local fund and administration as part of our homelessness/vulnerable/mental health/poverty support structure that works closely with internal professional teams and appropriate external stakeholders such as housing and voluntary sectors.

This administration and payment structure allowed us to quickly set up both the DEFRA provided Emergency Covid Fund and the DWP Winter Support Grants which have been used to support those residents financially affected by Covid alongside our own local provision, as well as identify and refer other, wider, needs to voluntary and housing providers.

Using these funds together has meant that their differing purposes have acted as a catch-all for any hardship needs. We have seen changes in the kind of resident that is approaching us for help, with many more working families beginning to emerge with increasingly larger financial problems. To date, over £260,000 has been paid in individual grants to Shropshire residents together with £151,000 in direct aid to food poverty and food provision organisations, however this is far short of the total money made available. Arguably the extension of central government support incentives may serve to “shunt” need further into the year, to emerge when this funding is no longer available to local authorities.

Going forward therefore, Shropshire will retain a local welfare fund within the current structure and whilst smaller than the current level of available funding, its positioning alongside housing and crisis teams, and its close working links with emergency food provision, will still identify and support those residents presenting in crisis.

Appendix A: 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
Next phase - local Outbreak Response, Prevent, Contain, Protect	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: <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 	Shropshire Council	Penny Bason Clare Featherstone Kate Garner Lisa Jones Jo Robins Chris Westwood Neil Felton Mel France	Ongoing

Appendix 23:

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.**

<p>When to self-isolate</p> <ul style="list-style-type: none"> ✓ 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 	<p>How long to self-isolate</p> <ul style="list-style-type: none"> ✓ For at least 10 days if: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 <p style="text-align: center;">It is really important to keep to the self-isolation periods Click on the link to find out more</p>
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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 24:

Examples of Step up Shropshire campaign materials (These are updated as Government guidance changes)



Appendix 25: Local Outbreak Plan - Crisis Communications Checklist

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

Local outbreak communication process – 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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.	

<p>Agree press statement and subsequent daily updates (if appropriate)</p> <p>Send to internal stakeholders</p>	<p>(See above) Plus all staff</p>	<p>Email Members portal CE Staff updates Intranet (if appropriate)</p>	
<p>Heads up to local media with press statement attached</p> <p>Arrange interview if appropriate</p> <p>Prepare briefing note</p> <p>Prepare FAQ's for media and website</p>	<p>Local media</p>	<p>Email</p> <p>BBC Radio Shropshire (Email contact names are held)</p> <p>Shropshire Star (Email contact names are held)</p> <p>Local democracy reporter (Email contact name is held)</p> <p>Free Radio (Email contact name is held)</p> <p>Signal 107 (Email contact name is held)</p>	
<p>Issue Press statement and subsequent daily updates (if appropriate) on newsroom</p> <p>Post on social media platforms</p> <p>Share newsroom story with *external shareholders</p>	<p>Local media General public Partners</p>	<p>Newsroom Twitter Facebook CRT community updates HWBB Comms & Engagement group ALC</p>	
<p>Media management – respond to media enquiries</p> <p>arrange any appropriate interviews with agreed spokesperson/people</p>	<p>Local media</p>	<p>Email</p>	
<p>Social Media Management monitor and respond to, if necessary, any social media activity</p>	<p>General public</p>	<p>Twitter Facebook Instagram</p>	
<p>Social media activity Post proactive Covid prevention messages on social media channels</p>	<p>General public Stakeholders Local social media contacts</p>	<p>Twitter Facebook Instagram</p>	

<p>TV screens Post proactive Covid prevention messages</p>	<p>General public Staff Stakeholders</p>	<p>TV screens in GP Practices Pharmacies (where available) Post Offices Council buildings</p>	
<p>Website Activate outbreak webpage Add statement and FAQ's Link to Covid 19 advice and information</p>	<p>General public</p>	<p>SC Website</p>	
<p>Printed material/digital assets Work with Welfare and other relevant Cells to develop any necessary printed materials and in the appropriate languages</p>	<p>Staff Members Residents Businesses Educational settings Care settings Partners</p>	<p>Hard copies distributed via CRT and local members</p>	
<p>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</p>	<p>Chris Hopton (IMT) Comms cell (see above) Cabinet Office</p>	<p>Email (Email contact name is held) Comms cell (see above) (Email contact names are held) Cabinet Office (Email contact names are held)</p>	

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.



Director of Public Health Shropshire

Novel Coronavirus (COVID-19): FAQs – (Name of setting)

How many cases have been confirmed?

FAQ's – Business example

It has been confirmed that there are cases of COVID-19 in staff members at (name 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 26: Coronavirus Testing Centres in Shropshire (subject to change)

STEP UP SHROPSHIRE

If you have symptoms:

T Coronavirus Testing Centres

Ludlow – Smithfield Car Park, Ludlow, Shropshire, SY8 1RN
Oswestry – Beatrice Street Car Park, Oswestry, SY11 1QW
Shrewsbury – London Road Car Park, Shrewsbury, SY2 6PG

Book a test online at
www.gov.uk/get-coronavirus-test
 or by calling 119

Rapid flow home testing kits
 will be available for collection from these sites between 1.30-7pm

M Mobile Testing Units

We have several mobile testing units which are in rotation across the county. Keep an eye on www.shropshire.gov.uk and our social media channels for updates

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Rapid testing facilities
 for key workers with no symptoms are/will be available at the following locations:

C Council run sites (booking required)

The Lantern, Meadow Farm Drive, Shrewsbury, SY1 4NG
 Halo Craven Arms Community Centre, Craven Arms, SY7 9PS
 Stanier Hall, Thomas Adams Sixth Form, Wem, SY4 5DT
 Book tests online at www.shropshire.gov.uk/lfpublictesting/

P Pharmacies (booking required)

Several Shropshire pharmacies are now offering rapid testing for people who cannot work from home. The pharmacies offering pre-booked appointments are located at:

- Bishop's Castle
- Craven Arms
- Highley
- Pontesbury
- Cleobury Mortimer
- Ellesmere
- Oswestry
- Shrewsbury

Book tests online at www.1centralhealth.co.uk/shropshireleft

W Walk in testing (NO booking required)

Bridgnorth Community Centre, Bridgnorth, WV15 6BB
 Raven House, Market Drayton, TF9 3AH
 The Victoria Centre, Oswestry SY11 2HT

www.shropshire.gov.uk

Appendix 27: Coronavirus (Covid-19) Testing Routes – 1st October 2020

Care Home Residents, Patients, Essential Workers* and the general

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.</p> <p>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 (SCHT) 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; SCHT; 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</p> <p>Parents or guardians of children aged 11 or under will have to swab test their child themselves.</p> <p>Test and Trace - People who test positive for coronavirus and their close contacts. 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>Essential/Key Workers - Please refer to the purple section below, as this group will receive priority for testing.</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>
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	<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.</p>	
<p>Lateral Flow</p> <p>The Lateral Flow Tests are self-administered, with staff on hand to offer guidance, and are a simple swab of the throat and the nose. Test results are available within 30 minutes.</p> <p>With around one in three people with COVID-19 having no symptoms, it's essential that those who have to go out to work are regularly tested with rapid Lateral Flow Tests. We recommend twice a week, so that they aren't unwittingly spreading the virus as they carry out their essential duties.</p>	<p>Lateral Flow</p> <p>Pop – ups</p> <p>These are commissioned sites and are walk in, open 7 days a week 8-5. They are placed in areas of the county not already covered by Shropshire Council run sites and are located based on a range of factors including geography, C-19 rates and take up.</p> <p>Council Run Sites</p> <p>These are run using appointments to manage demand. They can offer from 70-140 appointments per day. They cover 7 days a week in three locations across the county. The Shrewsbury location is 7 days a week. The hours of the centres flex to support demand.</p> <p>Pharmacies</p> <p>16 pharmacies from around the are taking part in offering LFD testing. This is an appointment service, with online booking.</p>	<p>Lateral Flow</p> <p>Pop-ups delivered by Sodexo -no booking required Community Centre, Severn Street, Low Town, Bridgnorth, WV15</p> <p>Shifnal Cricket Club, Priorslee Road, Shifnal, TF11 8HD (2 weeks only to 7th March)</p> <p>Raven House, 129 Cheshire Street, Market Drayton, TF9 3AH (from 8th March)</p> <p>The Victoria Centre, Victoria Road, Oswestry SY11 2HT.</p> <p>Shropshire Council-run sites (booking required)</p> <p>The Lantern, Meadow Farm Drive, Harlescott, Shrewsbury, SY1 4NG</p> <p>Halo, Craven Arms Community Centre, Newington Way, Craven Arms, SY7 9PS</p> <p>Stanier Hall, Thomas Adams Sixth Form, Noble Street, Wem, SY4 5DT</p>

<p>Shropshire Council are also encouraging the following groups to attend one of the county's rapid testing sites:</p> <ul style="list-style-type: none">• Households and support bubbles of school pupils and school staff• Those people who have to leave home to make an essential journey, such as shopping for essential items, and to attend medical appointments. <p>Business Support Offer</p> <p>Over 50 local businesses and organisations have been supported by Shropshire council to help deliver their own training for staff, including Shropshire Fire and Rescue Service and day services.</p> <p>Regular testing of staff has a number of benefits for businesses: -</p> <ul style="list-style-type: none">• It allows cases and their close contacts to be identified early, avoiding large outbreaks that are very disruptive to business continuity.• It provides staff with additional confidence that their employer is taking all	<p>Business Support Offer</p> <p>Shropshire Council is especially interested in involving businesses:</p> <ul style="list-style-type: none">• That have a medium to large number of staff• That employ 'routine' and manual workers• That have access to occupational health services and/or appropriate staff who can be trained to supervise the tests• That have appropriate space to set up to deliver routine testing• That are willing to undergo training and to regularly provide data to Shropshire Council's public health team.	<p>Tests can be booked online at: http://www.shropshire.gov.uk/dfdpublictesting/</p> <p>Pharmacies (booking required)</p> <p>Several Shropshire pharmacies are now offering rapid testing for people who cannot work from home. Tests can be booked online using https://www.1centralhealth.co.uk/shropshirelft</p> <p>Business Offer</p> <p>Businesses sign up to the scheme by emailing lateralflow.phtraining@shropshire.gov.uk</p>
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<p>possible steps to protect them from the virus.</p> <ul style="list-style-type: none"> • It allows businesses to demonstrate to the community and their customers that they are playing their part in reducing the spread of infection. <p>Businesses are provided with equipment, training, a regular supply of LFTs and all the advice they need to establish their own programmes.</p>		
<p>Community Collect</p> <p>The Government has confirmed twice-weekly testing using rapid lateral flow tests will be made available for free to all adults in households with primary school, secondary school and college-aged children for those without symptoms.</p> <p>This includes adults in childcare and support bubbles, and twice-weekly testing will also be offered to adults working in the wider school community, including bus drivers, taxi drivers and after school club leaders</p> <p>As well, test kits will be available via employers</p>	<p>Community Collect</p> <p>These tests are available:</p> <ul style="list-style-type: none"> • at a local test site • via employers if they offer testing to staff • by collecting a home test kit from a test site • by ordering a home test kit online. • As schools return from next Monday (8 March), families are being invited to get tested at one of our rapid-testing sites across the county. 	<p>Community Collect</p> <p>Tests will be available to collect at the following local testing sites between 1.30pm – 7pm each day: -</p> <p>London Road Car Park, Shrewsbury, SY2 6NS Beatrice Street Car Park, Oswestry, SY11 1QW Smithfield Car Park, 25 Lower Galdeford, Ludlow, SY8 1RN</p> <p>Additional sites are planned including the Sodexo pop up sites – as per above, and the Theatre Severn, Shrewsbury</p>

<p>who have a workforce of over 50</p>		
<p>Extra Care and Supported Living</p> <p>Shropshire Council is supporting the expansion of Lateral Flow testing to wider Extra Care and Supported Living settings in England who meet one of the following risk-based criteria: 1.A closed community with substantial facilities shared between multiple people, and 2.Where most residents receive the kind of personal care that is CQC regulated (rather than help with cooking, cleaning and shopping) This includes staff working with individuals who live alone and receive personal care.</p>	<p>Extra Care and Supported Living</p> <p>Shropshire Council will forward the details of each organisation that qualifies for this scheme.</p> <ul style="list-style-type: none"> • Once live on the national system, each eligible setting will receive an email from organisation.coronavirus.testing@notifications.service.gov.uk that contains their Unique Organisation Number • Every eligible setting that has been referred will receive their own UON to order test kits to complete testing • Providers who manage multiple settings should order test kits, book couriers and register test kits for each setting separately using their respective UONs. Multiple settings can have the same delivery address and contact details 	<p>Extra Care and Supported Living</p> <p>The extra care and supported living organisations who would like to be provided LFTs email Shropshire Council Public Health to register for the scheme.</p>
<p>Key/Essential Workers (Staff)</p>		

Group	Process	Provider/Site
<p>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</p>		
<p>Local Shropshire, Telford & Wrekin Scheme</p>		
<p>All symptomatic key/essential workers (preferred route) Eligibility:</p> <ul style="list-style-type: none"> • 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 	<p>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 SCHT or via shropcom.singlepointofreferral@nhs.net SPR contact the Key Worker and manage the testing process.</p>	<p>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.</p>
<p>Other Key/Essential Workers - National scheme</p>		
<p>National scheme - Employer referral for essential workers</p> <p>Employers can refer essential workers for testing if they are self-isolating because either they or member(s) of their household have coronavirus symptoms.</p>	<p>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</p>	

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 28: COVID-19: Useful contacts and links to Government guidance for settings

Education/childcare setting	DfE coronavirus helpline 0800 046 8687 (Monday to Friday, 8am to 6pm, Saturday to Sunday, 10am to 6pm) dfc.coronavirushelpline@education.gov.uk Please note PHE do not need to be notified of all individual/subsequent cases in a setting and we would advise you to refer to guidance for further management. Guidance for schools Guidance for Early Years and Childcare
Higher education setting	DfE coronavirus helpline 0800 046 8687 (Monday to Friday, 8am to 6pm, Saturday to Sunday, 10am to 6pm) dfc.coronavirushelpline@education.gov.uk Please note PHE do not need to be notified of all individual/subsequent cases in a setting and we would advise you to refer to guidance for further management. Guidance for Further and Higher Education
Care home setting	Admission and care of people in care homes How to work safely in care homes
Workplace setting	Guidance for workplaces
Emergency services	Guidance for first responders Guidance for ambulance trusts
Sheltered housing and domiciliary care	Guidance for supported living How to work safely in domiciliary care Providing home care during Covid-19
Healthcare	Collection of government guidance concerning Covid-19 Investigation of possible Covid-19 cases Management of exposed healthcare workers and patients in hospital settings
Dental	Guidance for dental practices Infection prevention and control: dental appendix
GP	Guidance for General Practice Guidance for primary care
Pharmacy	Guidance for community pharmacies
Optometry	Guidance for opticians
Private hospitals	Collection of government guidance concerning Covid-19 Infection prevention and control for hospital providers
Vulnerable settings	Guidance regarding hostel setting for people who are homeless or rough sleeping
NHS Test & Trace and Covid-19 App	https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/

Appendix 29: Annex – Forward look for upcoming events

Context

NHSTT has considered how population movements and behaviours may change around specific events, observances and celebrations over the next 12 months. The analysis on these events provides a high-level view on who may be affected by these events, and the impact these events may have on testing demand or prevalence, either within communities or across the country. We acknowledge that there are many unknowns and this work is highly dependent on the Government's roadmap to exit lockdown, and the impact of outside factors, such as the efficacy of vaccines, rise of variants of concern, and behavioural changes amongst the general public due to lockdown fatigue.

This thinking could be used by local and central government to deliver evidence-based interventions (for example, setting up test sites in specific locations, or through targeted and tailored messaging to affected communities) to prevent risk and reduce transmission, both to target specific communities or to enable solutions for events that affect the whole nation.

We have considered the events in respect of these key drivers:

- **Schools and University Holidays**
 - Expectation of mass migration of students between terms as universities re-open, as well as increased household mixing during university and school breaks
 - OFS study estimated 56% of university students reported they would return home for the winter break¹, with 36% saying they would do so regardless of government guidelines in 2020.
- **Celebrations, Observances and Events**
 - Major celebrations present a significant risk in increased transmission, due to increased social mixing.
 - Celebrations are composed of collections of behaviours, and vary based on different individuals, communities and traditions.
 - SAGE advise the need for specific evidence-based guidance to be produced and communicated ahead of celebrations to mitigate risk in homes.²
- **Mass Vaccinations**
 - Expecting an increase in risky behaviour amongst the public due to exacerbated perception of safety.
 - There is overlap between unvaccinated populations and those who are less likely to engage with Test and Trace. This could cause specific issues for inclusion health population, such as the homeless, Gypsy, Roma and Traveller community, sex workers, migrants and those who have left prison.
- **Impact of Weather Changes**
 - Summer 2021 will be the real test as to whether warm weather impacts testing demand, transmission and population movement. As there were significant testing capacity constraints last year, direct comparisons cannot be made.
 - UK has a high propensity to travel compared to other nations, therefore we expect increased travel outside of the UK (restrictions dependent) during warmer months. There may also be increased domestic travel during the summer holidays.

Forward look

We may see increases in testing demand in the lead up to and aftermath of events. Details of some of the events we have considered are listed below.

Event	Details	Who May Be Impacted ³
Passover 27 th March-4 th April	Expected movement of the Jewish community around main festivals, however highly dependent on post-lockdown policy close proximity to likely re-opening date	260,000 Jewish people in England, highly localised population in North West and East London, and Manchester
Easter Break 1 st -16 th April	Overlap between school/university breaks, various bank holidays, Ramadan and Vaisakhi. Expected movement of school and university students and their households	First holiday with UK-wide impact in impacted by Roadmap
Ramadan 12 th April-12 th May	Expected movement of Islamic community during Ramadan, especially around Eid at the end of the month Communities are historically marginalised : high levels of distrust impacting likelihood to engage with T&T, language barriers may affect engagement with mainstream channels	2.6 million Muslims in England, highly localised communities across England, particularly in metropolitan areas such as London, Birmingham, Lancashire and Yorkshire
Vaisakhi 13 th April	Expected movement of Sikh community during main festivals. Cultural accessibility : language considerations may be needed, with the majority of Sikhs being of Punjabi descent	420,000 Sikhs in England, significant proportion of population highly concentrated in West London
Bank Holidays 2 nd and 5 th April 3 rd and 31 st May 30 th August	Various upcoming bank holidays in April, May and August. Later dates likely to be impacted by riskier behaviour as a result of warmer weather. All bank holidays mirror school break timelines.	UK-wide impact. Rollout of mass vaccinations may lead to non-compliance as the population feel safer to take risks.
Local Elections 6 th May	Due to postponed elections in 2020, every voter in the UK will be able to take part in at least one poll , with some being able to take part in up to seven polls	41.6 million people registered to vote in local elections in England
Half Term 31 st May-4 th June	Evidence suggests schools are not necessarily the main vectors for transmission ⁴ , it is likely community-based transmission that bleeds into school settings. Non-compliance that comes with warm weather is to be expected	UK-wide impact – 8.9million school pupils in England, affecting students and their close contacts
Eid-al-Adha 19 th -23 rd July	Expected movement and household mixing among Islamic community Culturally accessible channels of communication and self-isolation support needed	2.6 million Muslims in England, highly localised communities across England, particularly in metropolitan areas
Halloween 31 st October	Halloween may be one of the first events held post-mass vaccination rollout Evidence of strong social pressures and worsening mental health among students – could impact willingness to comply with behaviours/guidance among students	Students and young people 2.3million students in UK higher education institutes
Diwali 4 th November	Expected movement of Hindu community, particularly as we expect lower rates post-vaccination rollout More support needed for those self-isolating, language considerations and endorsement from community leaders	800,000 Hindus in England, concentrated in Greater London and Leicester

Appendix 29a:

Local Implementation of the National COVID Vaccine Delivery Plan

The COVID-19 vaccine is the best way to protect communities from coronavirus, limiting the incidence of serious illness and reducing COVID related mortality. Local plans to promote vaccine uptake across all population groups are being taken forward in the context of the national vaccine delivery plan [UK COVID-19 vaccines delivery plan - GOV.UK \(www.gov.uk\)](#) and in light of the guidance and recommendations included in the 'green book' COVID-19: the green book, chapter 14a - GOV.UK ([www.gov.uk](#))

Within Shropshire Telford and Wrekin (STW), the service delivery model for the COVID Vaccination Programme (CVP) includes four pillars (i) Mass Vaccination Centres (MVC), (ii) Hospital Hubs (HH), (iii) Primary Care Network (PCN) Local Vaccination Sites (LVS) and (iv) Community Pharmacies (CP). Public Health and wider council departments have been actively supporting the NHS in delivering phase 1 of the of the CVP in advance of inception of delivery which started on December 8th, 2020.

Phase 1 of the CVP is due to be completed by May 2021 and has included delivery of the first dose of a two-dose vaccination schedule to nine population cohorts as recommended by the Joint Committee for Vaccination and Immunisation (JCVI). [Joint Committee on Vaccination and Immunisation: advice on priority groups for COVID-19 vaccination, 30 December 2020 - GOV.UK \(www.gov.uk\)](#).

In line with these recommendations vaccinations have been offered to population groups in priority order which has included residents in care homes for older people and their carers, frontline health and social care workers and individuals with clinical risk factors for serious illness alongside population groups in age-ordered cohorts (with the oldest age cohorts affording higher priority).

Phase 1 of the CVP is aimed at ensuring delivery of vaccination to all those aged 50 years or more in addition to all adults with defined clinical risk factors. Provisional JCVI recommendations for phase 2 of the programme [JCVI interim statement on phase 2 of the COVID-19 vaccination programme - GOV.UK \(www.gov.uk\)](#) indicate that the most efficient and effective way of protecting the entire population from COVID is to adopt an age-based delivery model continuing the strategy of giving priority for vaccination to older population groups first. The national ambition is to ensure that all adults will have been offered a first dose of vaccine by July 2021.

Delivery of phase 2 of the programme will run alongside delivery of the second dose of vaccine to those included in phase 1 of the CVP. Given Shropshire's adult population of 263,120 this would indicate that in total over 526,000 vaccinations will need to be offered to the population once delivery of phases 1 and 2 are complete. However, it is recognised that not all population groups will take up the offer of vaccination and as such Public Health are leading a programme of work aimed at achieving equitable uptake of vaccination across all population groups. This work is being taken forward through a sub-group of the STW Health Protection Board/ STW Integrated Care System (ICS) Board and is based on an initial Equalities Impact Assessment undertaken in preparation for vaccination roll-out.

The key objective of the STW 'Reducing Inequalities in COVID Vaccination Strategy' (RICVS) being developed by the sub-group is to promote equitable vaccination uptake through reducing vaccine hesitancy and improving the likelihood of uptake through close partnership working with NHS colleagues and other partner agencies, and critically through the active engagement of communities and their advocates, addressing the following factors:

- Confidence in the vaccine – ensuring all individuals and communities trust the vaccine, recognising that it is safe, effective and is associated with minimal side effects
- Complacency – ensuring all individuals and communities have an informed perception of the risk posed by COVID infection and that any tendency to complacency is identified and addressed
- Convenience – identifying and actively addressing barriers to access for different population groups, including the provision of accessible information about vaccination and how to access it and reasonable adjustments to the delivery model where these are required

The overall RICVS is based on the concept of proportionate universalism – whereby the whole population is supported to access vaccinations with additional more intensive interventions and support provided to other groups as required. To this end the CVP has been supported through:

- Delivery of vaccines through a range of locally accessible services, with the offer of transport for those requiring it and through proactive invitation of priority population groups through both national and local vaccination booking systems
- Comprehensive communications and engagement activities providing timely and relevant information concerning the safety and effectiveness of vaccines and promoting an informed perception of risk. This plan is being delivered through a range of different formats and media channels
- The development of a communications toolkit including a range of national and locally developed resources to promote vaccination uptake

It is however recognised that there are some population groups that need additional information and support in order to take-up their vaccination offer, and the challenges faced by these groups are explicitly addressed through the RICVS. National and local intelligence indicates that some of the groups less likely to take up vaccination include those:

- From a Black Asian and other Minority Ethnic (BAME) background
- Generally recognised as being 'underserved' such as the homeless, Gypsy and Traveller families, immigrants, carers and those living in more deprived socio-economic circumstances
- With health impairments such as physical or learning disabilities, mental illness or sensory loss
- Affected by factors such as limited health literacy, digital exclusion or the challenges associated with rural living/isolation

In addition, it is recognised that vaccine uptake needs to be high among health and care workers – both because of their role in potentially transmitting infection to vulnerable patients but also because evidence indicates that they are a respected authority on vaccine efficacy, influencing decision-making among other population groups.

Thus, the RICVS is based on engaging with all of the above groups, plus others where population insight and data indicates intervention is necessary. For these priority groups

the aim is to gain improved insight into the specific factors dictating vaccine uptake such as the beliefs, attitudes, behaviours and social norms prevalent within the specific groups/communities, and to identify any specific vaccine 'myths' that need to be addressed alongside bespoke or local barriers to vaccine access. On the basis of both national and local intelligence personalised messages and support will be provided through a range of professional and community champions and specific barriers to access such as lack of GP registration, or language or physical barriers to access will be addressed.

A comprehensive action plan to support delivery of the strategy is currently being developed. Work is ongoing to develop the range of partners, and in particular community champions, engaged in promoting vaccine uptake, building on current engagement with community leaders from BAME communities, services providing support to the Gypsy and Traveller populations, the inter-faith forums, services for those with mental illness and advocacy groups such as those supporting carers, those with learning disabilities and/or supporting those with sensory loss.

Through enhanced engagement with priority groups and their advocates further insight into the factors influencing uptake will inform the action plan and dictate the future development of the strategy. The communications toolkit will continue to evolve building on the range of current resources, such as locally developed 'talking heads' videos, translated and easy read materials. Development of the communications toolkit will be based on the improved insight gained through more comprehensive and targeted engagement. Alongside this the insight gained through primary care's follow-up of patients not taking up their vaccination offer, whereby practice staff are seeking the reasons for individual decision-making, will add to the intelligence around the influences on uptake and the factors that need to be addressed. Future vaccine promotion will include the development of increasingly tailored messages, and the more active engagement of workplaces, schools and a wider range of community groups in promoting a population-wide understanding of the benefits of vaccination.

Future considerations will also include the potential for increased service delivery options – such as mobile and/or temporary 'pop-up' vaccination sites. Development of future models for service delivery will need to recognise that different challenges influencing access/uptake will emerge as vaccinations are increasingly rolled-out to the working age population (e.g. convenience of access limiting time lost from work is likely to be increasing influential and the potential for belief in vaccine myths is likely to be more prevalent among younger populations who are more actively engaged in the use of social media).

It is recognised that the effectiveness of the RICVS and delivery of the associated action plan is underpinned by accurate and timely analysis of population and vaccination data. Currently there is more work to be done both nationally and locally to define the population denominators for priority groups/JCVI cohorts and to enable monitoring of uptake within each of these groups, as well as assessing uptake in the context of geography. This is a priority for development as it will inform both the need for action and assessment of the effectiveness of the interventions already implemented.

The range of future service delivery options and the interventions to be implemented in enhancing uptake and reducing inequity across population groups will need to be developed in light of local insight, local uptake data, evidence in terms of what works, and the resources available through the council, PCNs and other partner agencies.

Further development of the RICVS will be informed by ongoing Equality Impact Assessment, feedback from STW Health Protection Board and the STW ICS Board as well as through learning from local, regional and national evidence as this emerges.

Appendix 30: 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 To contact the Health Protection Team with details of any cases of infectious disease or to report any incidents or outbreaks.	0300 00 300 32
Powys Director of Public Health	Director of Public Health for Powys Teaching Health Board	01874 711661

Appendix 31

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/886217/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/covid-19-how-to-work-safely-in-care-homes>
- For community care settings:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/925605/PHE_PPE_illustrated_guide_for_community_and_social_care_settings_OCT_2020.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/911311/PHE_Putting_on_PPE_Standard_infection_control_procedures.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/911312/PHE_Taking_off_PPE_standard_infection_control_procedures.pdf

Cleaning and waste disposal

- For detailed Infection Prevention and Control Guidance:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/954690/Infection_Prevention_and_Control_Guidance_January_2021.pdf

Reducing Exposure

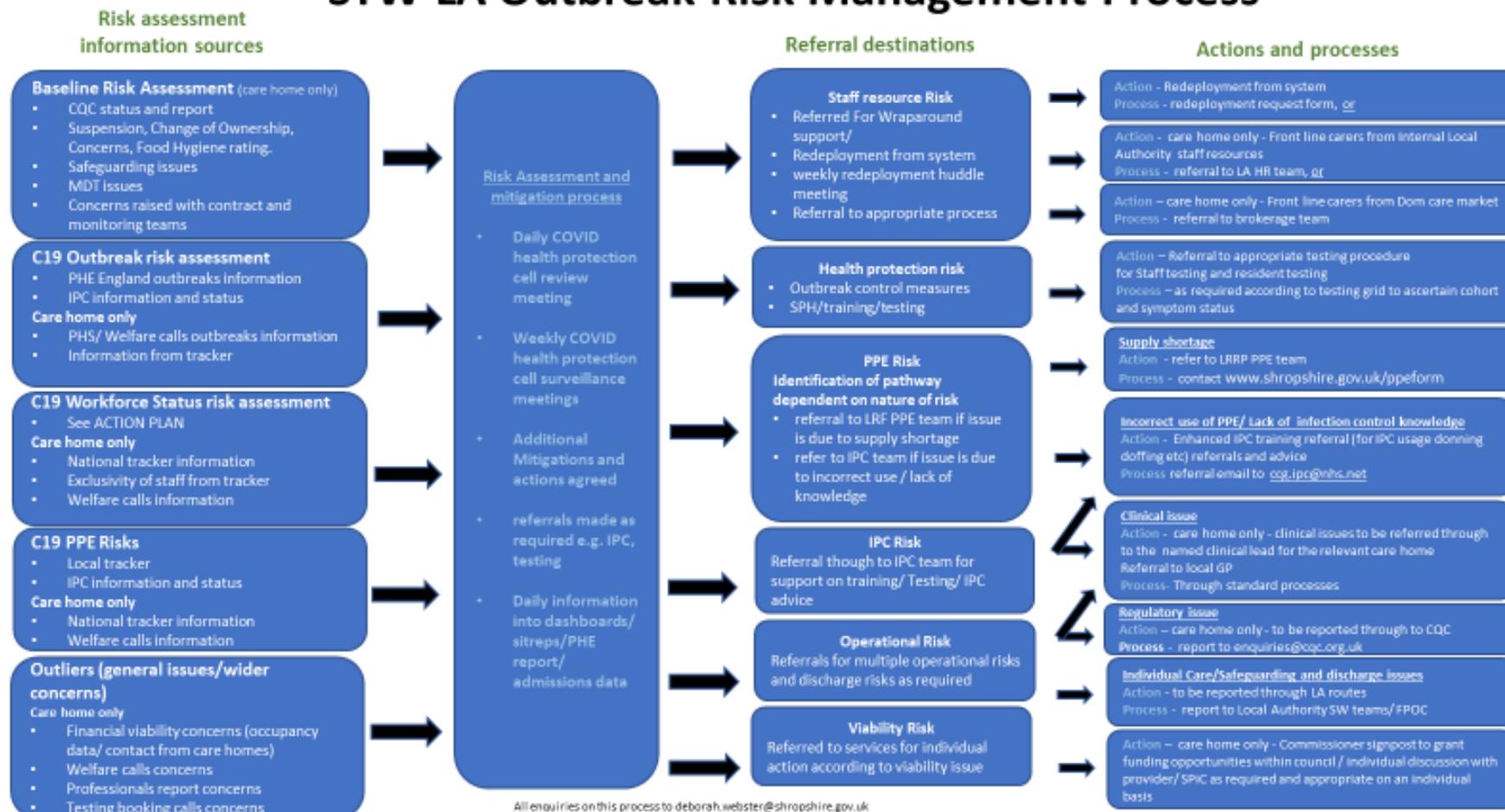
- Isolation measures:
<https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes>

Appendix 32: A summary of risks associated with each theme, and suggested mitigations,

A Risk No.	B Description of Risk	C Officer responsible	D Current Controls in Place	E F G Residual Risk Rating (with current controls in place)			H Risk Exposure High Medium Low Very Low	I Rationale for risk changes	J Additional Controls / Actions Required	K Timescale for implementation of additional controls/actions required
				Likelihood	Impact	Risk Rating (L X F)				
1	Surveillance and Data National data received locally not perceived to be protected in line with GDPR		National: Reports received through Egress system DPIA in place between NHS and LA ODR in place between LA and PHE	2	4	8	Med	ongoing review of data legislation compliance	Monitor data sharing to prevent breaches	
2	Surveillance and Data: National data received locally not in sufficient detail to provide robust local reporting and surveillance.		Local: Data received and stored in line with GDPR Data received fed into local dashboard reporting on COVID-19 cases, incidents and outbreaks. Ongoing communications of risk assessment from PHE.	3	5	15	High			
3	National data received locally to support local Test and Trace approach. Data downloaded to inform enhanced contact tracing. Data needs secure management.		Local: Data received and stored in line with GDPR Data received fed into local reporting system. Incidents and outbreaks managed when data is received	3	5	15	Med		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. continued communication with Contact Tracing Partnership	
4	Data received locally and nationally requires a joined up approach in order to track incidents and outbreaks effectively		Surveillance and Data: Data received via Power BI which is governed by ODR.	3	5	15	High		Work jointly with Contact Tracing Partnership and PHE to enable local access to HP Zone	
5	Governance and Decision Making – clarity and expectations from the centre about what and who makes decisions, guidelines follow announcements e.g. lockdown		Outbreak plan in place with governance oversight locally and nationally	2	3	6	Low		Continued communication with central government through established routes. Defined systems for outbreak management and lockdown	
6	Volume of responsibilities coming to LA and expectations - including timescales. Developed expectations include incident and outbreak management, currently supporting data systems and structures in place		Shropshire outbreak plan in place. National systems in place test, and trace. Local systems in place outbreak planning, test and trace.	3	3	9	Med	Increased strength in national systems 2020-21	Continued communication with central government through established routes. Developed expectations include incident and outbreak management, currently supporting data systems and structures and timescales clarified	
7	Governance and Local Boards – Political and public involvement; confidentiality v public benefit.		Shropshire outbreak plan in place, associated local governance and surveillance outlined in the outbreak plan.	3	4	12	Med		Continued communication with central government through established routes. Developed expectations include incident and outbreak management. Political and public involvement to be clarified and	
8	High risk settings – HSE, Police roles and responsibilities, section 21 with safeguarding board		TCG in place. Section 21 agreement in place include agreement on safe place of detention.	3	5	15	High		Continued communication with central government through established routes. Clarity of responsibilities to public services including police and other regulatory services. Integrative review of Section 21 agreement.	
9	Testing - symptomatic and asymptomatic – good local support and systems. System change regularly making the system complex to navigate.		Testing system in place via Asymptomatic Testing Sites and through pillar 1 and pillar 2. Pillar one testing preferred as it is a local model responsive to local need. Pillar 2 operating via LTSs and MTUs	2	5	10	Med		System in place for Shropshire COVID-19 cell to make referrals to pillar 1. Confidential system in place to receive Covid Pillar 1 test results. All test results recorded in Power BI system. Regular reporting on test site functions and locations via Test Cell. Regular public facing comms on test sites.	
10	Infection Control – good local support and systems		Details of IPC in place for hospital, nursing homes and schools are included in the outbreak plan	4	5	20	Med		Commissioned additional IPC service to provide outbreak cover during Covid-19 pandemic. Resources under regular review.	
11	Workforce – upscaling at pace in a small pond – also Comms, Surveillance		COVID-19 cell established using LA resource and newly recruited local resource with knowledge of health protection. Links with partner services and organisations developed through Place-based meeting (weekly)	2	4	8	Med		Maintain current staff systems and structures until pandemic is officially declared over.	
12	Vulnerability – reaching the hard to reach		Mapping of vulnerable communities in place. Community Reassurance Team developed during COVID-19 pandemic to support these individuals Hardship grant in place and distributed via agreed criteria	3	5	15	High		Maintain CRT function and review responsibilities to include community engagement and support for self-isolation.	
13	Fragility of schools – reactive, sensitivities, fragile		Support system in place for schools, including LFT, 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.	2	3	6	Low		Enhance communications to provide proactive and reactive communications in partnership with schools, maintained and academy.	

Appendix 33:

STW LA Outbreak Risk Management Process



Appendix 34: 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.

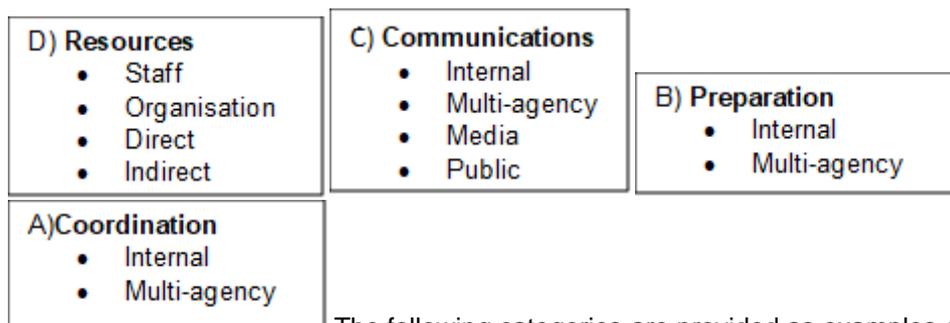
Participants must be given every opportunity to contribute their observations freely and honestly.

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):

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 35:

Outbreak and Incident Forms

COVID Health Protection Cell - Daily 'On-Call' Meeting Notes			
09.06.2020			
Group Attendees:	RD	YN	Document Hyperlinks:
			Incident Form: https://forms.office.com/Pages/ResponsePage.aspx?id=E.TD.Eh03i009gmftu52uStoenD3FhHIC6s_TDCgsFLCCJHNTJTLUjWfJaTUjUEHkRTc0WEINTC4u
			Residential Settings Form: https://forms.office.com/Pages/ResponsePage.aspx?id=E.TD.Eh03i009gmftu52uStoenD3FhHIC6s_TDCgsFLCCJHNTJTLUjWfJaTUjUEHkRTc0WEINTC4u
			Educational Settings Form: https://forms.office.com/Pages/ResponsePage.aspx?id=E.TD.Eh03i009gmftu52uStoenD3FhHIC6s_TDCgsFLCCJHNTJTLUjWfJaTUjUEHkRTc0WEINTC4u
			Agenda:
			Daily Outbreak Report
			* Care Homes / Settings
			* Test and Trace
			Incident Report / Handover
			Outbreak Planning
			Actions
			Forward Work Plan
			* TBC
			AOB
RAG			
	LOCATION	RD	ACTIONS
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
	11		
	12		
			Incident Report / Handover
			Outbreak Planning
			Actions
			Forward Work Plan
			Any Other Business:

Appendix 36



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
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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:

- [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](#).

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 to 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).

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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)

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)

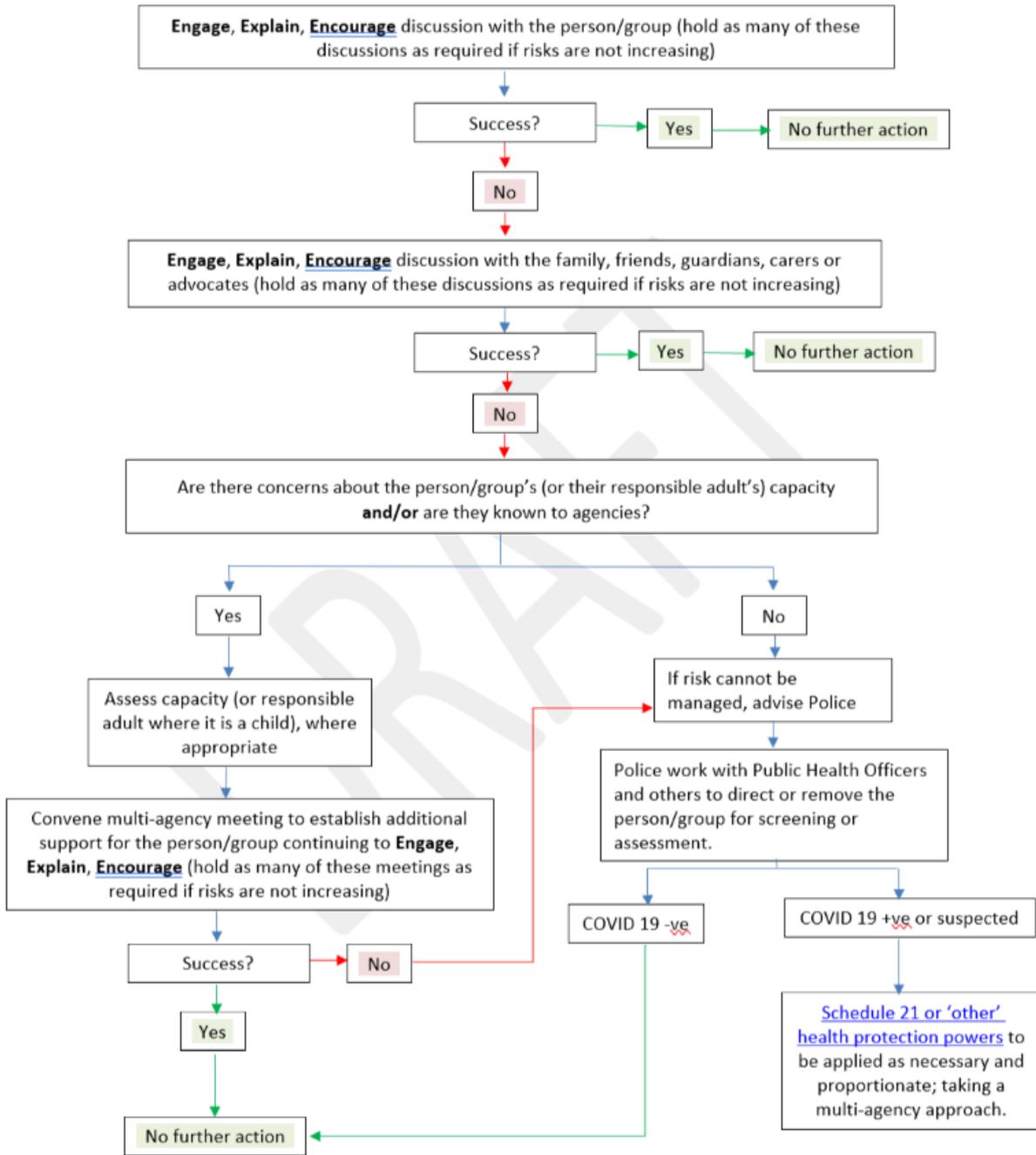
Those with Schedule 21 powers can direct or remove a person for screening and assessment; and then, if it is confirmed by a health care professional or reasonably suspected that they have coronavirus; impose requirements and restrictions upon them.

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:

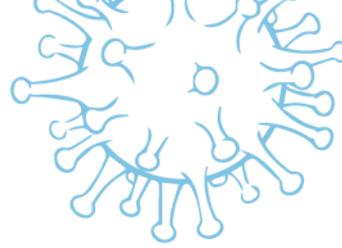
- a. The person should be required to remain in their home/current environment where possible.
- b. Only if this is not possible should Housing Services be approached to request the use of an alternative suitable address.

Appendix 1: Process flowchart



Appendix 37: Resources and Staffing Funding

Health Protection	Seven day, 365 days a year advice, outbreak management response cell. Staffed by multidisciplinary staff.
Testing	Includes role out of community testing, training the team, support to PCR testing locally – site welfare facilities, signage, facilities management etc. Surge Testing capacity and resources.
Tracing	Includes contact tracers and additional capacity from customer services. Surge Testing face to face, door to door staffing.
Surveillance	Additional specialist support and systems is required to manage the daily line lists, and regular reporting and monitoring locally in addition to IMT support
Compliance measures	Regulatory and compliance cell has been established to support the additional workload to understand and operationalise new legislation, support businesses and individuals and to ensure events are compliant with the ongoing changes. This requires additional staff, redeploying staff and additional resources and processes and intelligence monitoring to support the surge in this work.
Communication and marketing	Additional comms and marketing resources have been put in place for both staffing, design and materials to respond to outbreaks, raise awareness of guidance and to prevent infections rising. This has included recruiting additional staff, making videos, posters, bin campaigns as well as more targeted messaging.
Support for the clinically extremely vulnerable	Food Parcels and wider support to the food sector, dedicated welfare line established and extended offer
Support for wider vulnerable groups, including rough sleepers	Additional support has been put in across several groups who are vulnerable through increased capacity to additional services as well as new provision and support grants as required. This includes; mental health, homelessness, safeguarding, domestic abuse, substance misuse groups. Bereavement Pathway, looked after children both during the pandemic and to respond to the impacts of COVID
Support for those self-isolating	Wider criteria and support offer for those in hardship during the pandemic and to respond to the impacts of COVID
Targeted intervention for specific cohorts within the community	Additional pressures have been identified across a range of community groups as a result of COVID. Additional targeted engagement and support has been and will continue to be put in place with specific populations with BAME, young parents, rural exclusion, those with disabilities and health conditions and older populations during the pandemic and to respond to the impacts of COVID
Specialist support i.e. behavioural science	Links with the university, NHS Commissioning Support Unit for health analytics to support the impacts.
Utilisation of local sectors (Academic, volunteers etc.)	Community and voluntary sector working alongside a newly established COVID Community Reassurance Team have been fundamental to the COVID response locally. Additional funding has been allocated to develop the infrastructure in the sector to support the emergency and recovery response to COVID.
Support for educational outbreaks, Adult Social Care and Workplaces	Educational Support Team has been developed to support schools and to respond to individual cases in addition to outbreaks picked up by the Health Protection Cell. The same approach was adapted in the Adult Social Care Welfare Response Team and Regulatory services team (advice/compliance) have increased capacity due to the surge in November and onwards. These are surge resources
Vaccines	Includes extra support around vaccines that the Council and partners have put in place to reach and increase access for all Shropshire residents.



Appendices

for Shropshire Covid-19 Outbreak Management Plan

Prevent, Contain and Live with COVID

March 2021



Produced in partnership with:

