

Cheshire West  
and Chester Council

**COVID-19**  
**Outbreak Prevention,**  
**Management**  
**and Support Plan**



Cheshire West  
and Chester

## Foreword

The COVID-19 pandemic is a human tragedy that has affected us all. It has impacted on all aspects of our lives and, while it is undeniably a global challenge, it can only be resolved through concerted action at a local level.

Setting up a robust and effective test, trace, contain and enable system is central to saving lives and creating the conditions for a sustainable social and economic recovery. This Outbreak Management Plan describes the action we will take to safeguard our communities by preventing and managing the transmission of COVID-19.

In our Council Plan, Play Your Part to Thrive, we set out that every part of our community would have a role in creating a healthier, cleaner, greener, fairer and more prosperous area. We also set out that this could only be achieved by harnessing the knowledge and views of our communities to create more effective public services.

It is important that, as part of the response to COVID-19, we build on the inspiring examples of people helping one another. This is exemplified by the incredible contribution that volunteers have made to supporting people who are shielding. We

will continue to keep communities at the heart of our response to this emergency, and welcome all views on how we can respond as effectively as possible.

The measures set out in this plan will contribute to ensuring Cheshire West and Chester is a better place to live, work and thrive. As one of the first authorities in the country selected to work with national Government on best practice, we are continuing to improve and share our learning to ensure our residents receive the best possible support.

We wish to thank all the residents, volunteers and staff who have contributed to tackling the pandemic. Without your tireless work, the road to recovery would be more challenging. We are confident that Cheshire West and Chester can act as an example of good practice in recovery, to the benefit of our community and the country as a whole.



**Andrew Lewis**  
Chief Executive



**Cllr Louise Gittins**  
Leader



**Ian Ashworth**  
Director of Public Health

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## Section 1: Introduction, aim, objectives and scope of the plan

### 1.0 Introduction

The UK has passed the peak of transmission of COVID-19 and case numbers are decreasing, enabling stringent public health and social measures to be adjusted. There is a need to plan for a phased transition away from such restrictions in a manner that will enable the sustainable suppression of transmission at a low-level, whilst enabling the resumption of some parts of economic and social life, prioritised by carefully balancing socio-economic benefit and public health risk. Without careful planning, and in the absence of scaled-up public health and clinical care capacities, the lifting of restrictive policy measures has the potential to lead to a resurgence in COVID-19 transmission and an amplified second wave of cases.

Contact tracing is an effective public health measure for the control of COVID-19. The prompt identification and management of the contacts of COVID-19 cases enables interruption of further onward transmission. This is very important during the de-escalation of public health measures to avoid an increase in transmission and the potential for localised outbreaks. This plan provides a framework for the rapid identification, containment and management of localised outbreaks in west Cheshire.

This document is a summary version of our operational plan and is presented without technical appendices and supporting resources which are contained within the full operational plan.

### 1.1 Aim

Cheshire West and Chester Council has been chosen as one of eleven areas across England to be beacons of local action in the Government's COVID-19 Test, Trace, Contain and Enable recovery strategy. We have been working with the Good Practice Network to share national learning and shape our approach to prevent and manage COVID-19 outbreaks. All local outbreak plans will address the following 7 themes in preventing and managing outbreaks

- Care homes and schools, High risk places, locations and communities, Local testing capacity, Contact tracing in complex settings, Data integration, Vulnerable people and Local Boards.

Building on strong foundations of local partnerships and active communities, this Plan defines our local

arrangements to support the national Test, Trace, Contain and Enable programme, to ensure an effective and co-ordinated approach for the prevention, rapid detection and management of COVID-19 outbreaks within West Cheshire.

### 1.2 Objectives

- Prevent cases, clusters and outbreaks by providing targeted advice and support to identified settings, workplaces and communities.
- Reduce onward transmission, morbidity and mortality through rapid identification and isolation of cases, follow-up and local testing of contacts.
- Prevent future cases through identification of potential human, animal, and/or environmental sources of exposure, risk factors for infection, and implementation of appropriate prevention and control measures.
- Provide continued support to vulnerable local people and diverse communities.
- Provide a framework to support dynamic working between national, regional and local processes.
- Capture joint operational learning to develop and share best practice.

### 1.3 Scope

This plan will be used for the prevention, investigation, management and containment of community outbreaks of COVID-19 in complex settings and communities within west Cheshire, that are not already covered by existing outbreak control processes.

- Outbreaks within care homes will be managed according to the North West Care Home Outbreak Control Plan and in line with national guidance.
- Outbreaks within schools will be managed according to the Cheshire and Merseyside Schools Outbreak Pack and in line with national guidance.
- Outbreaks within specific NHS trust premises, whether acute, community or mental health trust, will usually be led by the relevant NHS Trust in accordance with their operational plans.
- Outbreaks within the Police and Fire Authority will usually be led in accordance with their operational plans under the direction of Public Health England.

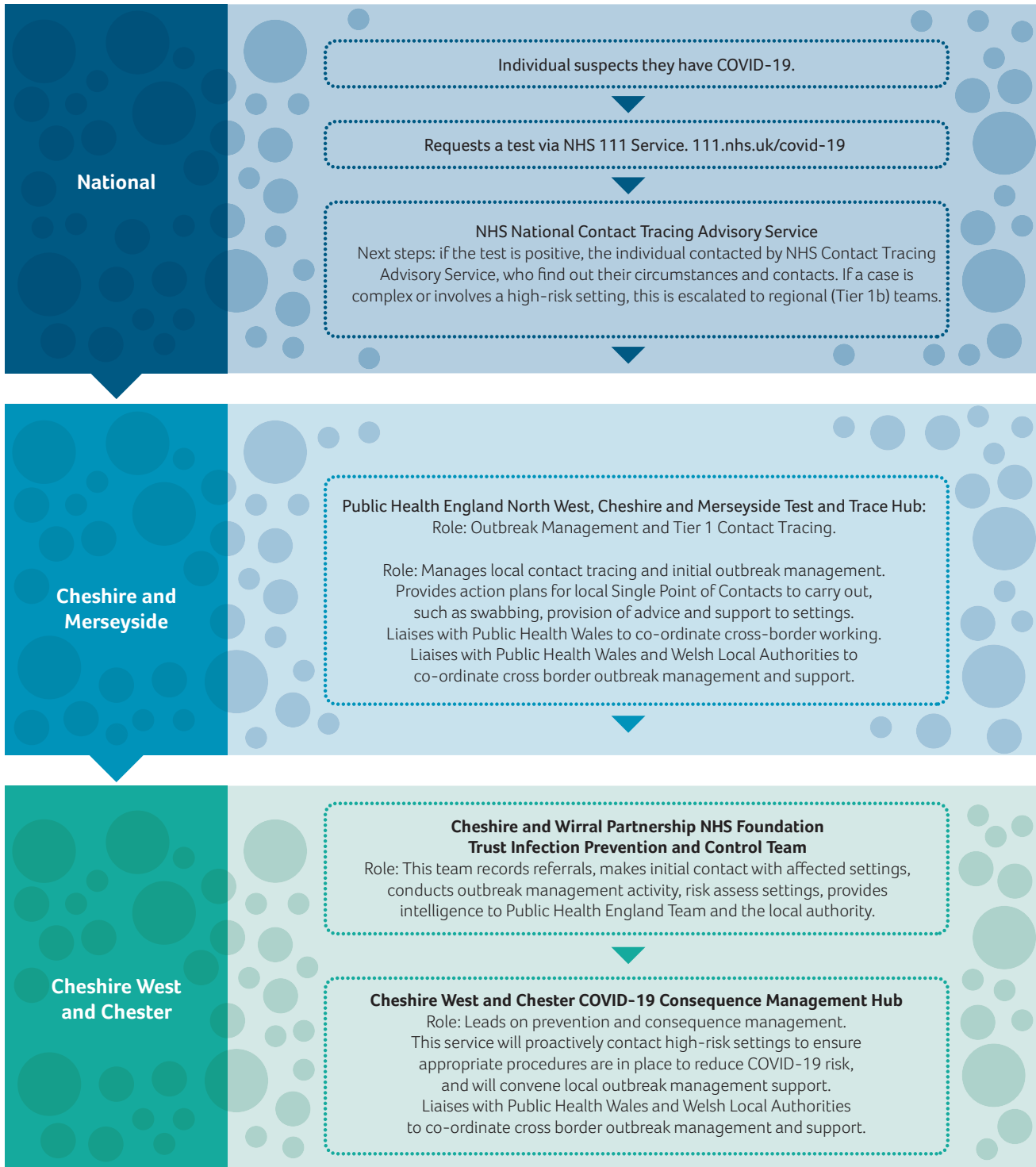
## 1.4 Key definitions

Term	Description
Possible case	A person with symptoms fitting the case definition who is awaiting testing or the results of a test.
Probable case	<p>A person experiencing the following symptoms:</p> <ul style="list-style-type: none"> <li>• fever over 37.8; or</li> <li>• new, continuous cough</li> <li>• loss or change of sense of smell or taste.</li> </ul>
Confirmed case	A person that has received a positive test result for severe acute respiratory syndrome Coronavirus 2 (COVID-19).
Sporadic case	A single confirmed case.
Contact (Public Health England)	<p><b>Direct contact without Personal Protective Equipment:</b> Face-to-face contact with a case for any length of time, within one metre, including being coughed on, a face to face conversation, unprotected physical contact (skin to skin) or travel in a small vehicle with a case. This includes exposure within one metre for one minute or longer.</p> <p><b>Proximity contact without Personal Protective Equipment:</b> Extended close contact (between one and two metres for more than 15 minutes) with a case.</p> <p><b>Household contact:</b> A person who lives with or spends significant time in the same household as a possible or confirmed case of Coronavirus (COVID-19). This includes living and sleeping in the same home, anyone sharing kitchen or bathroom facilities, or sexual partners.</p> <p>Person who has had contact at any time from 48 hours before onset of symptoms (or test if asymptomatic) to seven days after onset of symptoms (or test).</p> <p>A person who wore appropriate Personal Protective Equipment or maintained appropriate social distancing (over two metres) would not be classed as a contact.</p>
<p><b>Cluster</b> Comprehensive definition for each setting is contained within the technical appendices</p>	<p>Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days.</p> <p>(In the absence of available information about exposure between the index case and other cases).</p>

## 1.4 Key definitions

Term	Description
Community transmission	<p>Larger outbreaks of local transmission defined through an assessment of factors including, but not limited to:</p> <ul style="list-style-type: none"> <li>• large numbers of cases not linkable to transmission chains</li> <li>• large numbers of cases from sentinel lab surveillance</li> <li>• multiple unrelated clusters in several areas of the country/territory/area.</li> </ul>
Outbreak of COVID-19	<p>An outbreak is defined as two or more cases that have tested positive for COVID-19 within the same 14-day period, in people who either work in or have visited a setting.</p> <p>In a residential care setting, the definition is two or more symptomatic cases (or laboratory confirmed) within the same 14 day period.</p>
Exposure period	48 hours prior to and seven days after the possible or confirmed case's symptom onset or specimen collection date (if the case is asymptomatic).
Vulnerable people	<p>Clinically extremely vulnerable people – People defined on medical grounds a clinically extremely vulnerable, meaning they are at the greatest risk of severe illness. This group includes solid organ transplant recipients, people receiving chemotherapy, renal dialysis patients and others.</p> <p>Clinically vulnerable people - Clinically vulnerable people include the following: people aged 70 or older, people with liver disease, people with diabetes, pregnant women and others.</p> <p>Vulnerable people (non-clinical) - There is a range of people who can be classified as 'vulnerable' due to non-clinical factors, such as children at risk of violence or with special education needs, victims of domestic abuse, rough sleepers and others.</p>
High-risk places and locations	Settings or locations whereby people or communities engage in daily activities in which environmental, organisational and personal factors interact to affect health and wellbeing. Places and locations may be considered high-risk due to number, age or vulnerability of people interacting.

## 1.5 Overview of COVID-19 Outbreak Governance within Cheshire West and Chester (Figure 1)



The diagram above (Figure 1) outlines the outbreak management process which will be followed within Cheshire West and Chester. It refers to the regional Public Health England Contact Tracing Hub which is currently in development, and the local Cheshire West and Chester Outbreak Management Hub (also in development) which will lead on the management of local outbreaks in complex settings. The role of specialist hubs is outlined in more detail within this plan.

**1.6 Initial priority groups identified (Figure 2)**

Complex settings	High risk communities	High risk places and locations
<ul style="list-style-type: none"> <li>• Hotels currently housing homeless residents</li> <li>• Hotels housing refugees and asylum seekers</li> <li>• Homeless hostels</li> <li>• Learning disability supported living</li> <li>• Extra Care housing</li> <li>• Mental Health residential settings</li> <li>• Secure residential facilities</li> <li>• Youth housing</li> <li>• Probation centres</li> <li>• Primary Care (GP surgeries, dental, optometry, pharmacies)</li> </ul>	<ul style="list-style-type: none"> <li>• Gypsy &amp; Traveller</li> <li>• Homeless</li> <li>• Substance users</li> <li>• Refugees and asylum seekers</li> <li>• Migrant workers</li> <li>• BAME communities</li> <li>• Student population</li> <li>• Domestic abuse victims</li> <li>• Sex workers</li> </ul>	<ul style="list-style-type: none"> <li>• Early years / childcare settings (not covered by guidance for schools)</li> <li>• Public / shared transport</li> <li>• Workplaces (e.g. construction sites, food businesses, including restaurants, pubs, meat processing and packing plants, hairdressers and beauticians)</li> <li>• Other well-defined settings and gatherings such as places of worship / private social events</li> <li>• Houses in multiple occupation</li> </ul>

**1.7 Public Health England will interface with the following organisations directly (Figure 3)**

Organisation	Contact Tracing
<ul style="list-style-type: none"> <li>• NHS Acute Trusts</li> <li>• NHS Community Trusts</li> <li>• Police</li> <li>• Fire Authority</li> <li>• Prisons</li> </ul>	<p>Organisations will conduct contact tracing themselves under the direction of Public Health England</p>



## Section 2: Prevention of COVID-19

### 2.0 The role of prevention

Prevention is the most effective method of stopping transmission and outbreaks of COVID-19. Stringent attention to social distancing advice, regular hand washing and effective cleaning should be in place in all settings during the COVID-19 pandemic. The following section highlights preventative action that is key to minimising outbreaks within the borough.

### 2.1 Preventative action undertaken by Cheshire West and Chester Council

Cheshire West and Chester Council will take the following actions.

- Continue to ensure that any regional / local sector specific guidance is disseminated appropriately.
- Identify, contact and engage with a range of complex and high risk settings, to determine their level of awareness and preparedness in implementing preventative measures to ensure that they are COVID-secure (i.e. have a COVID-19 risk assessment, safe systems of work and business continuity measures in place).
- Through setting-specific action cards designed to be used by those who have responsibility for an individual setting (e.g. head teachers, food business operators), provide access to key information on how to minimise the risk of an outbreak and what to do in the event of an outbreak.
- Work with the setting by signposting and/or providing advice and support (including specialist advice and support, as necessary) in accordance with the level of assessed risk, the size of the organisation/setting and existence or otherwise of support structures within the setting.
- Implement a programme of work to identify workforce capacity to support outbreak prevention and management which will include:
  - mapping the current workforce including voluntary sector, and establishing management and support principles for staff and volunteers
  - developing a suite of training resource scenarios with a focus on infection, prevention and control, and outbreak management
  - developing and testing local processes to facilitate the rapid identification and containment of outbreaks
  - supporting vulnerable local people to get help to self-isolate, ensuring services meet the needs of diverse communities.
- Implement a programme of work to facilitate the integration of national, regional and local data through the Joint Biosecurity Centre which will assist in:
  - informing assumptions to estimate local testing demand in order to scale-up testing capacity
  - developing methods for local testing to ensure a swift response which is accessible to the entire population
  - supporting an increased demand in testing and the rapid identification of outbreaks within high risk communities and localities.
- Establish governance structures led by existing COVID-19 health protection boards in conjunction with local NHS and supported by existing local resilience forums, and a new member-led board to communicate with the general public.
- Proactively support national communications through a local COVID-19 Communications Plan.
- Keep this plan under regular review to ensure that it captures joint operational learning and shares best practice.

## 2.2 Preventative action undertaken by employers

It is important for employers to continue to protect the health and safety both of their workers and of other people who may be affected by their business, for example, agency workers, contractors, volunteers, customers, suppliers and other visitors. To help employers and the self-employed, national guidance has been developed on the five steps for working safely, along with sector-specific guidance.

**It is important to follow national guidance to help to reduce the risk of a spread of infection in the workplace. Employers must continue to follow health and safety workplace guidance for their sector such as:**

- making every reasonable effort to enable working from home as a first option
- where working from home isn't possible, identifying sensible measures to control the risks in the workplace
- keeping the workplace clean, maintaining safe working separation, and preventing transmission through unnecessary touching of potentially contaminated surfaces

The measures employers put in place to maintain social distancing will depend on their individual business circumstances, including their working environment, the size of the site and the number of workers. The guidance will support employers to make an informed decision.

### 2.2.1 COVID-19 risk assessment

COVID-19 is a new risk that must be incorporated into workplace risk assessments. Employers must therefore carry out a new COVID-19 risk assessment if they have not already done so.

Employers have a duty to consult their workers, and unions where applicable, as part of their risk assessment. Involving workers in this will help build trust and confidence that all reasonably practicable steps are being taken to reduce risks of COVID-19, so that people can return to work safely. Employers should share the risk assessment with workers and consider publishing the risk assessment on their website.

**Examples of measures that businesses can implement include the following.**

- Adhere to COVID-19 guidance for your particular setting.
- Proactively maintain a risk assessment approach to preventing COVID-19 in your setting.
- Limit visitors.
- Use of social distancing floor markings, barriers.
- Shift and service managers may consider proactively asking staff if they are symptomatic at the beginning of a shift.
- While at work, staff should follow social distancing measures to the best of their ability, including in staff spaces such as break rooms.
- Where premises are part of a group, try to limit staff movement between facilities.
- If possible, consider limiting staff movements within facilities, e.g. individual staff only work on one floor of a facility.
- Increase the frequency and intensity of cleaning for all areas, focusing on shared spaces.
- Maintain an accurate daily list of all staff and visitors to the premises with in and out times.

## Section 3: Identification and notification of an outbreak

### 3.0 Identifying a COVID-19 outbreak

An outbreak is defined as two or more cases who have tested positive for COVID-19 within the same 14-day period, in people who either work or have visited a setting. Local surveillance data may also identify multiple cases within specific communities or clusters of outbreaks with localities, requiring a coordinated response. In residential care homes, an outbreak is defined as two or more symptomatic cases (or laboratory confirmed) within the same 14-day period.

### 3.1 NHS Test, Trace, Contain and Enable service

The NHS Test, Trace, Contain and Enable service forms a central part of the Government's COVID-19 recovery strategy, which seeks to return life to as close to normal as possible, for as many people as possible, in a way that is safe and protects the NHS and social care. If an employee, client / service user, resident or visitor tests positive for COVID-19, the NHS Test, Trace, Contain and Enable service will help to identify people at high risk of having been exposed to the virus through recent close contact. It will alert those contacts who meet defined risk criteria, based on the proximity and duration of the contact they've had, and provide advice on what steps to take. This will include being informed to self-isolate or in certain circumstances require contacts to be tested.

If contact tracing and subsequent testing identifies two or more cases of COVID-19 from a specific workplace or setting, the NHS Test, Trace, Contain and Enable service will activate the outbreak notification process. An assessment will be made by Public Health England who will escalate for information, or for action. Details of the outbreak will be forwarded to the Infection Prevention and Control Team Single Point of Contact, operated by Cheshire and Wirral Partnership NHS Trust.

### 3.2 Identification of an outbreak by other means

COVID-19 outbreaks may also be recognised by a setting, service provider, microbiology or virology service, Infection Prevention and Control Team, Environmental Health or other Council service area, voluntary organisation, Public Health England or through local surveillance data.

Other complex and high-risk settings including workplaces, are requested to notify the Infection Prevention and Control Team as soon as they are aware of two laboratory confirmed cases within a 14-day period linked with their setting, unless they have already been contacted and received telephone advice or support.

Figure 4

**To report a suspected outbreak within a setting or service contact Cheshire West and Chester Single Point of Contact:**  
**Infection, Prevention and Control Team**  
**Cheshire and Wirral Partnership NHS Trust**  
**cwp.ipct.admin@nhs.net**

**After 5pm/weekends/bank holidays contact:**  
**Public Health England NW Health Protection Team**

### 3.3 Escalation process

The Infection Prevention and Control Team will make an assessment as to whether they will:

- lead the management of an outbreak (Public Health England may convene an Outbreak Control Team for an outbreak within a care home or school) or
- refer to the COVID-19 Outbreak Management Hub for additional support.

The Cheshire West and Chester COVID-19 Outbreak Management Hub will:

- allocate one of the officers within the Hub (for example, Environmental Health Officer) to liaise directly with the setting / service
- request the relevant named single point of contact to liaise directly with the setting / service or
- Convene a local multi-disciplinary Outbreak Control Team to lead the investigation, management and containment of the outbreak. Terms of reference (TOR) should be agreed upon at the first meeting of the Outbreak Control Team and should be reviewed at regular intervals.

In making this assessment, the Infection Prevention and Control Team and Cheshire West and Chester COVID-19 Outbreak Management Hub will consider the following.

- A large number of contacts meeting the proximity or direct contact definition.
- High numbers of vulnerable people as potential contacts within the setting.
- Settings where there is risk of potential impact on service delivery if staff are excluded for 14 days from exposure.
- Death or severe illness reported in the case or contacts.
- Significant likelihood of media or political interest in the situation.

### 3.4 Criteria for escalation from Public Health England NW to local authority

In certain circumstances, Public Health England in consultation with the Director of Public Health, may decide to convene a multi-disciplinary Outbreak Control Team. In making an assessment, the following criteria for escalation will be taken into consideration.

- Large number of contacts are likely to meet the proximity or direct contact definition.
- High numbers of vulnerable people are identified as potential contacts within the setting.
- Potential impact on service delivery if staff are excluded for 14 days from exposure.
- Significant consequence management concerns.
- Concerns around support needs of potentially vulnerable individual or household.
- Outbreak declared.
- Healthcare setting.
- Death or severe illness reported in the case or contacts.
- Significant likelihood of media or political interest in situation.

This consideration will be applied in all instances, whether escalation is 'for action' or 'for information.'



## Section 4: Outbreak management

If multiple cases of Coronavirus appear in a setting, an Outbreak Control Team from either the local authority or Public Health England will, if necessary, be assigned to help the setting manage the outbreak. Settings should seek advice from the Infection, Prevention and Control Team in the first instance (figure 4).

### Members of the Outbreak Control Team include:

- Local authority Director of Public Health (or nominated deputy)
- Public Health Consultant
- Public Health Practitioner
- Infection Prevention and Control Nurse
- Environmental Health Practitioner
- Communications Manager
- Administrative Support
- Relevant institution / setting e.g. school, university, business
- Data Intelligence Officer

### Additional members as required:

- Public Health England Consultant in Communicable Disease Control/Consultant in Health Protection or Consultant Epidemiologist
- Consultant Microbiologist /Virologist
- Public Health England Consultant Epidemiologist
- Public Health England Health Protection Surveillance/Information Officer
- Public Health England Data Analyst/Statistician
- Clinical Commissioning Group Representative
- North West Ambulance Service
- General Practitioner
- Consultant Physician

- Immunisation co-ordinator
- Local Pharmaceutical Committee Representative
- Legal Adviser
- Health & Safety Executive
- Care Quality Commission
- Ofsted

### 4.1 Contact tracing – symptomatic person

When someone first develops symptoms and orders a test via NHS 111, they will be encouraged to alert the people that they have had close contact with in the 48 hours before symptom onset. If any of those close contacts are co-workers, the person who has developed symptoms may wish to (but is not obliged to) ask their employer to alert those co-workers.

**At this stage, those close contacts should not self-isolate, but they:**

- must avoid individuals who are at high-risk of contracting COVID-19, for example, because they have pre-existing medical conditions, such as respiratory issues
- must take extra care in practicing social distancing and good hygiene and in watching out for symptoms
- will be better prepared if the person who has symptoms has a positive test result and if they (the contact) receive a notification from the NHS Test, Trace, Contain and Enable service explaining they need to self-isolate.

### 4.2 Contact tracing – confirmed case

If the person who has symptoms has a positive test result for COVID-19, the NHS Test, Trace, Contain and Enable service will ask them to share information about their close recent contacts. If they work in, or have recently visited or attended one of the following settings, the contact tracing

process will be escalated to the Infection Prevention and Control Team or COVID-19 Outbreak Management Hub, who will liaise as necessary with the manager of the relevant setting, including:

- a health or care setting, for instance a hospital or care home
- a prison or other secure establishment
- a school for children with special needs
- any setting where there is a risk of a local outbreak.

In other cases, any non-household contacts who need to self-isolate will be contacted by the NHS Test, Trace, Contain and Enable service. They will receive a formal notification (either a phone call, letter, email or text message) setting out how long they need to self-isolate for.

The period of self-isolation will be for 14 days from the point of most recent contact with the person who has tested positive for Coronavirus.

### **4.3 Actions to be taken by CW&C COVID-19 Outbreak Management Hub**

The criteria to declare a cluster / outbreak and the criteria to end an outbreak varies depending upon the setting.

The Infection Prevention Control Team / Outbreak Management Hub will work with the setting to undertake a COVID-19 risk assessment and put appropriate interventions in place. In order to establish key facts and inform the decision to declare an outbreak the following steps may be undertaken.

- Initial investigation to clarify the nature of the outbreak should begin within 24 hours of receiving initial report.
- Confirm the validity of the initial information upon which the potential outbreak is based (including ascertainment bias; the possibility of false positives etc).
- Assign an individual to liaise directly with the setting / service or convene a local multi-disciplinary Outbreak Control Team to lead the investigation, management and containment of the outbreak.
- Work with the setting to identify all persons who could be a contact of the case.
- Identify all people who have had contact with the confirmed case from 48 hours before onset of their symptoms to seven days after onset of symptoms. (NB If the case was asymptomatic, identify all the people who have had contact 48 hours before their test to seven days after date of their test).
- Note that in a setting where Personal Protective Equipment is routinely used, any person who wore appropriate Personal Protective Equipment or maintained appropriate social distancing (over two metres) would not be classed as a contact.
- Conduct preliminary interviews with initial cases to gather basic information including any common factors; this may be done by Public Health England or local contact tracers.
- Where appropriate, arrange testing of contacts or signpost to the national testing website.
- Form preliminary hypothesis.
- Consider the likelihood of a continuing public health risk.
- Carry out an initial risk assessment to guide the decision-making process.
- Initiate vulnerable people support processes.

#### 4.4 Actions to be taken by setting

- Immediate control measures should be implemented. It is not necessary to wait for the outcome of a test result in order to act.
- As soon as it becomes apparent that an outbreak may exist, immediate communication between the setting and the Infection Prevention and Control Single Point of Contact is essential. After 5pm, weekends and bank holidays contact Public Health England North West.
- Identify an Infection Control Lead in the setting - suggested experience: Occupational health, health and safety, risk manager, business manager.
- Employers should encourage workers to heed any notifications to self-isolate and provide support to these individuals when in isolation.
- Employers/managers should continue to communicate with workers/clients in self-isolation and provide support.
- Agree content of advice to provide to rest of the workforce, visitors or residents.

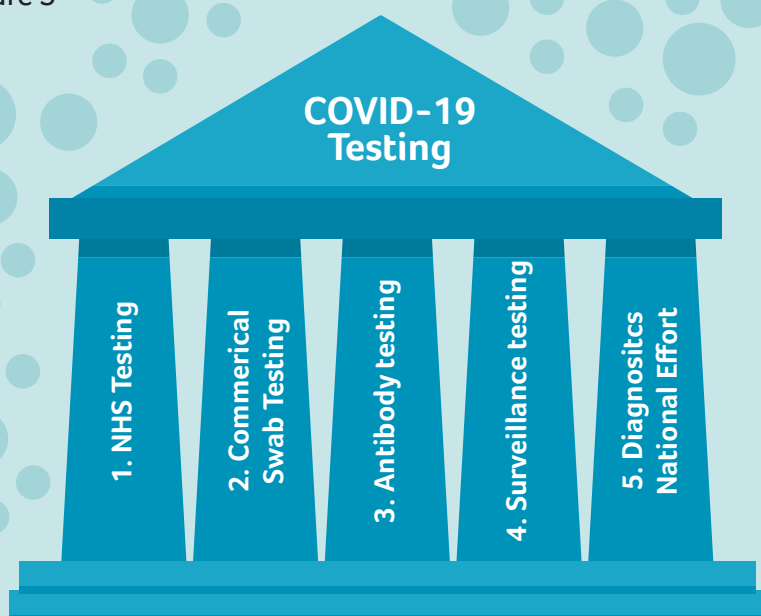
#### 4.5 Other actions to assist employees

- Employers should support people to work from home if they remain well and they can.
- If people cannot work from home, employers must ensure any self-isolating employee is receiving sick pay and or use their paid leave days if they prefer. Further guidance is available for employees if they cannot work.
- Employees in self-isolation are entitled to Statutory Sick Pay for every day they are in isolation, as long as they meet the eligibility conditions.
- The NHS Test, Trace, Contain and Enable service will provide a notification that can be used as evidence that someone has been told to self-isolate.

#### 4.6 Arranging testing: cases and contacts

National policy identifies five pillars for COVID-19 testing as shown in Figure 5. These cover both antigen and antibody testing across patients, health professionals, key workers and other population groups.

Figure 5



In Cheshire West and Chester, the following testing routes are available:

- **Pillar 1 NHS rapid hospital-based testing** for the most urgent cases.
- **Pillar 1 Lab testing**, with swabs analysed in local NHS and Public Health England labs.
- **Pillar 2 Commercial testing**, with swabs analysed in national mega-labs.
- **Pillar 3 Antibody testing** to help understand the proportion of the population who have been infected. (Antibody testing is not used to manage outbreaks so is not discussed further here).

The Test, Trace, Contain and Enable Programme uses data from Pillar 1 and 2 testing to identify cases of COVID-19 infection. Pillar 1 testing is used for hospital patients (including those being discharged to care homes), A&E staff, and hospital staff caring for COVID-19 patients. Spare Pillar 1 capacity may also be used to test care home staff and residents during outbreaks.

During July 2020, it is anticipated that there will be a monthly capacity of 13,150 swabs within Cheshire West and Chester. 11,600 of these tests will be available at pop-up Mobile Testing Units at designated sites across the borough, and 1,550 swabs at a Satellite Testing Centre at Mid Cheshire Hospitals NHS Foundation Trust.

Residents of Cheshire West and Chester are also able to access testing outside the borough, including the Regional Testing Centres at Haydock Park and Liverpool Airport. The most recent figures available in June 2020 indicate that currently only about a third of testing capacity is being used across Cheshire and Merseyside. As the Test, Trace, Contain and Enable Programme is rolled out, testing resources across the local system will be deployed to meet the need for testing in care communities, with spare capacity used to respond to outbreaks. There are also plans to create a 'swab squad' of testers who can be deployed in response to community outbreaks and to groups who may have less access to the overall testing offer, such as people receiving domiciliary care.

The Cheshire and Merseyside Health Care Partnership Testing Task and Finish Group has developed a prioritisation strategy which will be required as the demand for testing increases as lockdown is eased and the Test, Trace, Contain and Enable Programme is fully implemented. Testing prioritisation will become possible as testing capacity is brought under local control. The strategy proposes that testing resources are prioritised as follows.

1. NHS patients, care home residents, vulnerable cohorts who are symptomatic.
2. Symptomatic NHS and social care staff, and /or their symptomatic household members.
3. All those being admitted to a hospital or residential setting with vulnerable residents even if asymptomatic.
4. All those in vulnerable settings in an outbreak situation, and those affected under local outbreak arrangements.
5. Key symptomatic workers in schools, emergency services and other essential services.
6. Anyone else who is symptomatic.
7. Routine testing of the most vulnerable hospital patients and care home residents even if asymptomatic as a preventative measure to reduce risk of outbreaks.
8. Routine testing of front-line health and social care workers, and other agreed essential key workers, even if asymptomatic as a preventative measure.
9. Individuals identified through TTCE who may be at risk having been in contact with a known COVID-19 positive case, even if asymptomatic.
10. Anyone else not listed above.



#### 4.7 Additional action to support the organisational setting

- Identify workforce development needs / implement training.
- Basic COVID-19 awareness – transmission, symptoms, epidemiology.
- Contact tracing principles, ethics, information governance and data collection.
- Understanding the testing offer/s.
- Current advice and support to those self-isolating.
- Role of the NHS Test, Trace, Contain and Enable service and local outbreak control.
- How to manage an outbreak.
- Information for staff not deemed to be contacts, reassurance.



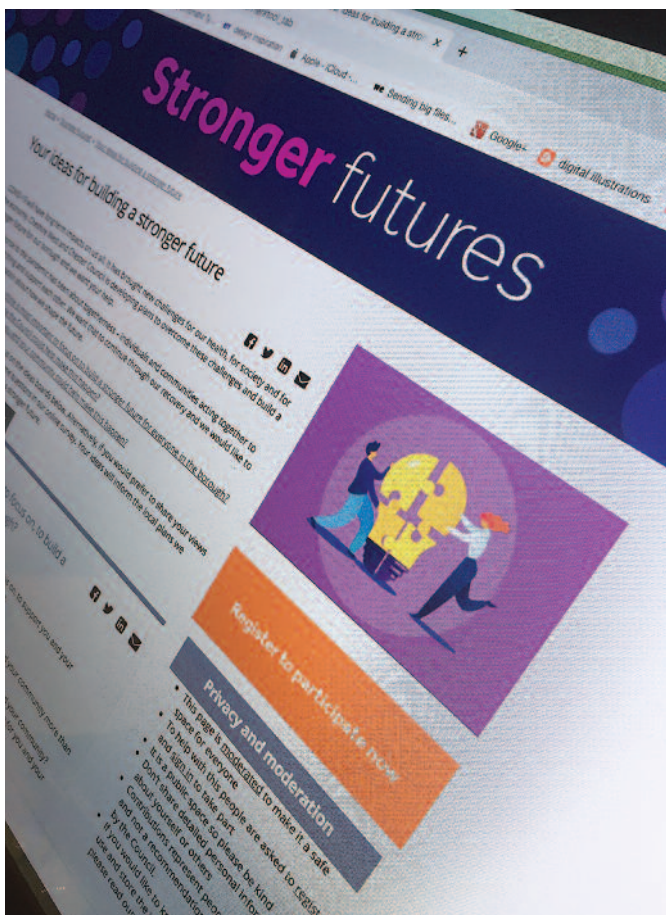
#### 4.8 Training considerations

- Make use of local expertise – e.g. Super Trainers, Environmental Health Officers, Infection Prevention and Control, Public Health, Tuberculosis nurses, Primary Care, Secondary Care.
- Signpost to online resources.
- Quality assure and evaluate training.

#### 4.9 Managing the deployment of broader resourcing and local testing capacity

The Council may need to arrange for the rapid deployment of mobile testing units to assist in the management of a local outbreak. This may require activity across a range of partners, and existing Gold command forums will provide the means of coordinating that action. The Council will also work closely with the Joint Biosecurity Centre, which has the role of bringing together data from testing and contact tracing, alongside other NHS and public data, to provide insight into local and national patterns of transmission and potential high-risk locations and to identify early potential outbreaks so action can be taken.

The Joint Biosecurity Centre will shortly be issuing further information about how local movement restrictions may need to be increased if infections increase.



## Section 5: Declaring the end of an outbreak

It is important that there is continued vigilance for new potential cases as well as adherence to infection prevention and control principles once the outbreak is over to reduce the chance of a further outbreak in the home. The Community Infection Control Team may monitor the outbreak until the outbreak is declared over by the team.

The Outbreak Control Team will decide when the outbreak can be considered over and will make a statement to this effect. The decision to declare the outbreak over should be informed by ongoing risk assessment and considered when:

- a. there is no longer a risk to the public health that requires an Outbreak Control Team to conduct further investigation or to manage control measures.
- b. the number of cases has declined.

The outbreak will be declared over when there have been no new cases of confirmed or suspected COVID-19 within a continuous 14-day period (28 days in the event of a residential care home). The criteria to declare a cluster / outbreak and criteria to end varies depending upon setting.

### 5.1 Communication

The chair should ensure that minutes are taken at all meetings of the Outbreak Control Team and circulated to participating agencies in a timely fashion. All key decisions should be recorded and the minute-taker is accountable to the chair for this function.

To ensure the appropriate dissemination of critical information within relevant organisations, standard communications protocols should be followed. A communications strategy for informing the public and key stakeholders should be discussed and agreed at the Outbreak Control Team.

Key information needs to be agreed with and shared with the setting where the outbreak has occurred. This includes:

- advice on cleaning
- agreeing content of daily email to be returned on staff sickness
- advice for staff who have been contacts
- advice for staff who have not been contacts
- warning notice if non-compliance is an issue
- advice on financial issues including statutory sick pay.

### 5.2 Legal issues

Public Health England is the national public health agency which fulfils the Secretary of State for Health's statutory duty to protect health and address inequalities, and executes his power to promote the health and wellbeing of the nation.

All organisations represented on an outbreak control team have different legal powers and duties. Any discussions regarding legal issues in response to an outbreak should be discussed with relevant legal representatives of the organisations involved where required.



## Section 6: Support to vulnerable people

### 6.0 Provision of support for vulnerable people required to self-isolate

It is anticipated that most people will be able to self-isolate for the maximum two-week period without any support. However, where a person who has been advised to self-isolate needs practical or social support for themselves or someone they care for, they will be directed to the Council for help with food or medicine deliveries. Cheshire West and Chester Council has a well-established

community shielded service which has been developed further to provide support for vulnerable people required to self-isolate.

It is also anticipated that majority of people who require help will be identified via the national NHS Test, Trace, Contain and Enable service and referred to the Council. There may also be circumstances whereby an individual's needs are identified through local contact tracing.

In any event, practical or social support needs will be referred to the Council's dedicated hotline.

#### Figure 6. If you are vulnerable and need help, telephone

**0300 123 7031**

Monday to Friday: 8am until 7pm  
Saturday: 8am until 6pm

You can also email: [enquiries@cheshirewestandchester.gov.uk](mailto:enquiries@cheshirewestandchester.gov.uk)

The Deafness Support Network is providing a relay service to people who cannot use the telephone.

Contact: **07786 200547** (text only) or email: [dsn@dsnonline.co.uk](mailto:dsn@dsnonline.co.uk).

### 6.1 Resources for vulnerable people

- More local information on 'Coping at home with Coronavirus' can be found on the Council's website at: <https://livewell.cheshirewestandchester.gov.uk/Categories/4854>
- Information for clinically extremely vulnerable people is available from: <https://www.gov.uk/guidance/coronavirus-covid-19-accessing-food-and-essential-supplies>
- People who are 'shielding' or need to register to shield can access further information from: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>
- Guidance for the public on mental health and wellbeing is available from: <https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing>
- Support for victims of domestic abuse is available from: <https://www.gov.uk/government/publications/coronavirus-covid-19-and-domestic-abuse/coronavirus-covid-19-support-for-victims-of-domestic-abuse>

## 6.2 National NHS Volunteer Responder Programme – Referral scheme

NHS Volunteer Responders have been mobilised to help support vulnerable individuals who are self-isolating. The priority will be given to those identified as most at risk from COVID-19 and asked to self-isolate at home for an extended period, and to those who health practitioners and local authorities consider to be vulnerable. NHS Volunteer Responders can be asked to help individuals with tasks such as delivering medicines from pharmacies, driving patients to appointments, bringing them home from hospital, and make regular phone calls to check that the individuals they are supporting are ok. Volunteers receive role specific training where required. Referrals for volunteer support can be made by the following health and care professionals:

- GPs / social prescribing link workers / practice nurses concerned about an at risk or vulnerable individual they have advised to self-isolate
- hospital discharge teams
- community pharmacists
- NHS 111 and ambulance trusts
- community health trusts that need volunteer support for patients leaving hospital
- Local authorities.

Referrals for volunteer support can be made in the following ways:

1. Directly to the NHS Volunteer Support Responder's referrers' portal  
<https://www.goodsamapp.org/NHSreferral>
2. By telephoning 0808 196 3382.

Please note that NHS Volunteer Responder Programme is being managed nationally and is not intended to replace local groups helping their vulnerable neighbours but is an additional service provided by the NHS, where informal support is not available or easily linked to by health and social care professionals.

## 6.3 People wishing to volunteer

Cheshire West and Chester Council, in partnership with Cheshire West Voluntary Action (CWVA) and the voluntary and community sector has launched an online form on the Council website for people to register an interest in volunteering to support in the Covid-19 emergency response. To register an interest, visit the Council's webpage:

<https://www.cheshirewestandchester.gov.uk/news-and-views/incidents/coronavirus-covid-19/how-you-can-help/how-you-can-help.aspx>.

Currently there are over 2,000 people on the volunteer database which is held and managed by CWVA.

## 6.4 Organisations wishing to access volunteer support

West Cheshire Integrated Partnership has developed guidance / reference information on how organisations may access volunteer support in west Cheshire. Requests for volunteer support can be made by any trusted organisation to CWVA:

[enquiries@chesterva.org.uk](mailto:enquiries@chesterva.org.uk). CWVA will then match suitable individuals from the volunteer database, with the requesting organisation.

## Section 7: Data management

### 7.0 Data management

It is vital for the local response to outbreak management to be intelligence-led. This will be enabled by ensuring that national and local systems are set up in the most effective manner to share information in a timely way to make it possible to quickly respond to hotspots and prevent outbreaks before they occur.

### 7.1 Data flow

It is in all our interests to avoid both a damaging national second peak requiring a national lockdown, and also local lockdowns, which should be a last resort. The national Joint Biosecurity Centre (JBC) will play a key role in informing decisions about local and national lockdowns. At the time of writing, it is envisaged that that the JBC will sit within the Department of Health and Social Care. It will build on and complement existing reports, seeking to pull together the 10+ disparate products that Directors of Public Health are receiving from various sources, into one succinct and regularly produced summary to inform and enable effective local decision making. The JBC is planned to be at full operating capability by the end of summer and will provide timely local data and early warning indicators on clusters, alongside feedback on the effectiveness of local interventions.



Nationally, regionally and locally, processes around data flow are currently being worked through and developed. Currently we can access a range of summary level data from public facing sources and data that Government is sharing with us via dashboards. In addition, we are exploring how we might access real time data on individual positive tests that will support outbreak planning and response both at operational and strategic levels. We are collaborating with our local clinical commissioning group, the other beacon councils and the Joint Biosecurity Centre to ensure that processes around data flow fit for purpose and relevant to local needs.

The Council is experienced in building case management systems and is currently considering what a local system needs to look like for Cheshire West. In addition, Cheshire Clinical Commissioning Group has an analytics platform that can interrogate and visualise data on test results at an individual level. This will enable us to monitor real time outbreaks, map hotspots and understand local outbreak nuances and triggers. We are working closely with Intelligence Analysts at the Cheshire Clinical Commissioning Group to better understand the true potential of this exciting system.

### 7.2 Data Protection Impact Assessment

A full Data Protection Impact assessment has been drafted in parallel to this plan. The assessment will be kept under regular review.

## Section 8: Governance

A COVID-19 Health Protection Board (HPB) has been established to provide assurance to the Health and Wellbeing Board and COVID-19 Outbreak Management Board about the adequacy of prevention, surveillance, planning and response with regard to COVID-19.

The Board will have the following responsibilities.

- To provide strategic oversight of the health protection system in Cheshire West and Chester.
- To provide assurance to the COVID-19 Outbreak Board, the Health and Wellbeing Board and Cheshire Local Resilience Forum on the local surveillance and response to COVID-19.
- To oversee the development and implementation of the Cheshire West COVID-19 Outbreak Management Plan.
- To ensure a multi-agency health protection partnership is in place to respond to any relevant local health protection incidents, outbreaks or emergent concerns.
- To ensure that plans are in place to protect the health of the population of Cheshire West and Chester and will do this by receiving update reports from partner organisations and by monitoring a Health Protection Dashboard.
- For monitoring the incidence of COVID-19 in the community.
- For monitoring outbreaks in complex settings, high risk communities, and high-risk places / locations, and local response.
- For monitoring local testing priorities, capacity, access and demand.
- To scrutinise action plans developed to prevent and respond to outbreaks of COVID-19 and other communicable diseases.
- To monitor (when available) the uptake of immunisations / treatment of COVID-19 (currently in development).
- For providing surveillance of new and emerging outbreaks, including data on testing and tracing.



- To identify public health action to be taken and identify lead agencies for each action.
- To identify, establish and monitor the regulatory requirements, legal and enforcement powers to enable appropriate management of specific incidents and outbreaks.
- For undertaking identification and resolution of consequence management, including, but not exhaustively, support for isolation and shielding of individuals, medicines management, social and household support, support for individuals who may need to evacuate premises.
- To share and escalate concerns to commissioners and regulators, where relevant, for example when a provider's management of healthcare associated infections is or may be inadequate to provide sufficient protection of patients or public safety.
- For providing oversight of actions, assurance and closure.
- To seek assurance that the lessons identified are embedded in future working practices.

**Operationally, the HPB will deliver the following.**

- Identify the need for and review the content of plans relevant to COVID-19 and other communicable diseases.
- Coordinate work to inform a COVID-19 Joint Strategic Needs Assessment (JSNA).
- Provide quality assurance to the Council and partner organisations.
- Receive reports on areas of poor performance and review recovery plans as these are developed.
- Seek assurance that learning from incidents has been established in to future working practices.
- Ensure that evidence-based practice is being followed in all areas of health protection practice.
- Hold Cheshire and Merseyside Public Health England North West Centre, NHS/I England and Cheshire Clinical Commissioning Group to account in terms of their responsibilities.

- Make recommendations to the Cheshire West Member led COVID-19 Outbreak Board, the Health and Wellbeing Board and Cheshire Local Resilience Forum on Health Protection policy and in relation to COVID-19 to support integrated working.

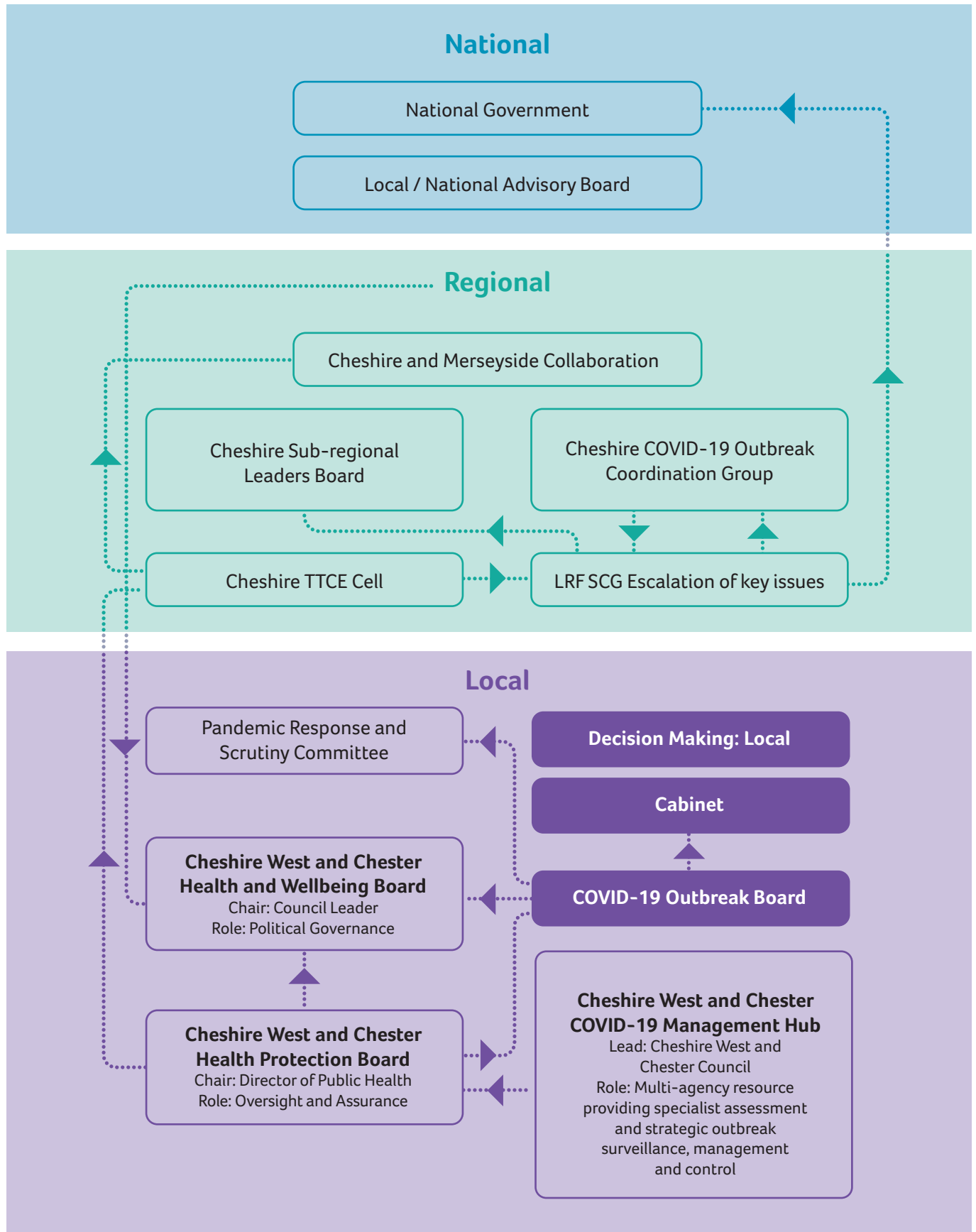
**Operational arrangements:**

- The HPB will meet fortnightly.
- Meetings will not be open to the public.
- The agenda will cover key responsibilities (as listed above) as part of a rolling programme of work.
- Agenda and papers will be circulated one week before the meeting.
- Conflicts of interest must be declared by any member of the group.
- Secretarial support and production of minutes will be undertaken by the local authority Public Health Team.



### 8.1 Governance process map

A comprehensive governance map is provided below (Figure 7).





### **Accessible Description of Figure 7:**

Within the Council, COVID-19 outbreaks will be managed by the COVID-19 Test, Trace, Contain and Enable Management Hub. This hub brings together a multi-agency resource to provide specialist assessment and strategic management surveillance, outbreak and control.

Operationally, this hub is accountable to the Cheshire West and Chester Health Protection Board, which is led by the Director of Public Health.

This board is described in section 8.0. The Health Protection Board feeds in to a number of forums. It is accountable to the COVID-19 Outbreak Board, described in section 8.2, for governance of the response to COVID-19, and for decision-making, as this is the governance channel to Cabinet, the Council's executive body. The Health Protection Board is also accountable to Health and Wellbeing Board for wider population health issues. The full response to the pandemic will be subject to scrutiny by the Pandemic Response and Recovery Scrutiny Committee.

The Health Protection Board will also feed in any key risks or issues to the Cheshire COVID-19 Outbreak Co-ordination Group, who will then convey any further issues to the Cheshire Sub-regional Leaders Board.

The Health Protection Board will also feed into a wider Cheshire-wide emergency response infrastructure, via the Local Resilience Forum. This currently includes a designated 'cell' of the Local Resilience Forum, which focuses on Test, Trace, Contain and Enable. This cell can escalate issues, decisions or risks to the Local Resilience Forum Strategic Co-ordinating Group. This Strategic Coordinating Group can further escalate to the Cheshire Sub-regional Leaders Board, or to UK Government.

## 8.2 COVID-19 Outbreak Board

A cross-party Outbreak Board, chaired by the Council Leader will be established shortly, subject to Cabinet approval. This will provide political oversight of local delivery of the NHS Test, Trace, Contain and Enable service, will lead engagement with communities and be the public face of the local response in the event of an outbreak.

**The initial priority activities of the Board will be to:**

- support and help strengthen a specific communication and engagement plan, which will ensure that all sectors and communities are communicated with effectively and that as a result any required behaviours are adopted by individuals and organisations.
- provide public oversight of the implementation of the Test, Trace, Contain programme in the borough's response to the pandemic.

Decisions of the Board are advisory and its recommendations will be considered through the Council's governance arrangements and those of the appropriate bodies which will retain their decision making sovereignty.

**The Board will:**

- a) support the effective communication of the test, trace, contain and enable plan for the borough
- b) support and strengthen the communication and engagement plan that will underpin the decision making process through the next stage of managing the pandemic, helping to make sure that all communities and sectors are communicated with effectively
- c) help ensure that all key stakeholders have been identified and that the best routes to communicate and engage with them are utilised
- d) oversee the evaluation of the communication and engagement plan, measuring success through the successful adoption of the required behaviours by individuals and organisations across the borough are included
- e) receive regular updates from the Health Protection Board via the Director of Public Health
- f) provide public oversight of progress on the implementation of the Test, Trace, Contain programme
- g) ensure that the appropriate plans build on existing good practice and that lessons learned from other areas are taken into account
- h) identify any barriers to progress and delivery and help resolve them, making the most of any opportunities that may arise.

## 8.3 Sub-Regional Governance

Cheshire West and Chester will continue to collaborate closely with partners via the Local Resilience Forum, ensuring that local Test, Trace, Contain and Enable systems are aligned and work across borders. The Council will continue to work with partners via Cheshire and Merseyside Public Health Collaborative (CHAMPS) to co-ordinate work throughout the Cheshire and Merseyside region. The Council will work with Public Health England North West to provide outbreak management and contact tracing functions.



## Section 9: Communication

### 9.0 Cheshire West and Chester Council Communications

Cheshire West and Chester Council will continue to actively support the national COVID-19 prevention campaign and promote national and regionally developed guidance.

The first part of our Test, Trace, Contain and Enable Communications Strategy is to 'embed and prevent' – that is, to embed the key messages and prevent the spread of the virus by encouraging compliance and ensuring people know how to self-report their symptoms, how to get a test and when and how to self-isolate.

#### Our key messages for residents, businesses and partners are below

- Report your Coronavirus symptoms by calling 119 for a test and self-isolate yourself and your household to protect the community.
- Play your part and help save lives by self-isolating if advised to by a contact tracer.
- The Council will look after you if you are self-isolating and classed as vulnerable.
- The Council will protect communities if there is a local outbreak of Coronavirus.

We will use a wide range of communications channels, including media releases, regular social media posts, leaflets delivered to every household, posters in the city and town centres, radio and social media advertising.

In conjunction with local partners, the Council will undertake wider proactive and preventative work. We will communicate with targeted settings and communities in order to minimise the risk of and prevent future outbreaks. For example, we have developed a brief questionnaire to help us, together with the high risk setting, assess how well prepared they are so that any gaps can be identified and appropriate advice, support and assistance offered.

Our approach will be collaborative and supportive based on the established escalation principles of Engage, Educate, Encourage, and Enforce only if necessary. We will offer advice and other support according to the level of

assessed risk, the size of the organisation/setting and existence or otherwise of support structures within the setting. In both prevention and outbreak management, we will always seek the cooperation of businesses and organisations to minimise risk, manage outbreaks and prevent the further spread of the virus.

In the event of a localised outbreak within a specific setting, the Council will coordinate local communications and engagement with the setting and wider community as part of the management of that outbreak to protect and inform the community.

The Council will share communications and best practice with local health partners and authorities in the collaborative effort to work together to tackle the virus.

A communication strategy has been developed to support Test, Trace, Contain and Enable and Outbreak Management in complex settings.

#### Communication objectives:

- **Awareness:** Encourage residents to self-report their Covid symptoms.
- **Awareness:** Public and partners are informed when there is an outbreak.
- **Attitude:** Self-reporting and self-isolating is supporting the whole community.
- **Attitude:** Self-reporting and self-isolating helps to manage local outbreaks which supports wider Covid-19 recovery strands.
- **Attitude:** Council and partners are protecting the public by managing lockdowns.
- **Action:** Increase the number of residents contacting NHS to self-report.
- **Action:** Increase the number of residents observing lockdowns and self-isolating.
- **Action:** Businesses and hotspot settings working with the Council to prevent an outbreak, and in the event of an outbreak.

