

Hull Outbreak Prevention and Management Plan and Action Plan

A supplement to the COVID-19
Prevention and Outbreak Management
Framework in the Humber

June 2020



Contents

Purpose and context	- 3
Principles	- 4
Governance	- 5
7 Themes:	- 6
Theme 1 - care homes and schools	- 6
Theme 2 - other high-risk places and communities	- 9
Theme 3 – testing	- 12
Theme 4 - contact tracing and infection control capability	- 14
Theme 5 – data and intelligence	- 16
Theme 6 - supporting vulnerable local people	- 18
Theme 7 – governance structures	- 20
Response to cases and outbreaks	- 20
Appendices	
Appendix 1 - Humber-level governance arrangements	- 22
Appendix 2 - Hull Outbreak Control Engagement Board & COVID-19 Hull Outbreak Prevention and Management Group	- 23
Appendix 3 - Example of outbreak processes regarding schools	- 28

Purpose and context:

In May 2020, Directors of Public Health were mandated to develop a local COVID-19 Outbreak Control Plan, to reflect an appreciation that a strong local response is essential if COVID-19 is to be successfully mitigated across the country.

“Local planning and response will be an essential part of the Test and Trace service, and local government has a central role to play in the identification and management of infection. Local government, NHS and other relevant local organisations will be at the heart of the programme as we support upper tier local authorities to develop local outbreak control plans... Building on the foundation of the statutory role of Directors of Public Health at the upper tier local authority level, and working with Public Health England’s local health protection teams, local government will build on existing health protection plans to put in place measures to identify and contain outbreaks and protect the public’s health. Local Directors of Public Health will be responsible for defining these measures and producing the plans, working through Covid-19 Health Protection Boards. They will be supported by and work in collaboration with Gold command emergency planning forums and a public-facing Board led by council members to communicate openly with the public.” (Govt briefing note, ‘Local Government Outbreak Control Plans’)

This document supplements the ‘COVID-19 Prevention and Outbreak Management Framework in the Humber’ to constitute the nationally mandated ‘local outbreak control plan’ for Hull.

This Plan is structured around the seven nationally identified themes:

1. Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response)
2. Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points (e.g. ports, airports), detained settings, rough sleepers (e.g. defining preventative measures and outbreak management strategies)
3. Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment)
4. Assessing local and regional contact tracing and infection control capability in complex settings (e.g. Tier 1b) and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed)
5. Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g. data management planning including data security, data requirements including NHS linkages)

6. Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities
7. Establishing governance structures led by existing COVID-19 Health Protections Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

The Directors of Public Health and local authority Chief Executives across the four Humber authorities (Hull, East Riding of Yorkshire, North East Lincolnshire and North Lincolnshire) determined, in agreement with Local Resilience Forum (LRF) partners, to adopt a coordinated Humber-wide approach to the prevention and management of outbreaks and the Test and Trace programme.

This document therefore needs to be read in conjunction with the 'COVID-19 Prevention and Outbreak Management Framework in the Humber'.

This Plan contains a combination of details of the current measures in place to provide assurance regarding the current level of preparedness in Hull, and also a high-level overview of the actions in place to continue to develop and refine the local response in the context of a highly complex, whole-system and rapidly evolving situation.

Principles:

The local approach to the prevention and management of the transmission of COVID-19 in Hull is based fundamentally on the following principles:

1. Be rooted in public health systems and leadership
 - The Director of Public Health (DPH) will have the lead responsibility for the delivery of the Outbreak Prevention and Management Plan in Hull
 - 'Public health systems and leadership' is recognised as coming from right across the system in Hull and from all sectors, not only those formally working in 'Public health' roles
 - The local response should recognise and build on existing roles and responsibilities that work well and current strengths
2. Adopt a whole system approach
 - Recognition that the prevention of Covid-19 outbreaks and response to incidents require a whole system approach and the capability of the whole system will be crucial to preventing and managing outbreaks
 - Ensure that the local voice is heard through active engagement with local communities and effective communications
3. Be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence
 - Ensure that the system is designed and run effectively and efficiently

- A highly collaborative approach with regional and national partners, including escalation criteria and mutual aid agreements
 - An approach based on timely access to and sharing of information, data and intelligence to inform action and monitor outcomes
4. Be sufficiently resourced
- Ensure that necessary resource and capability across the system, both in terms of financial and skills/expertise

Governance:

The COVID-19 Prevention and Outbreak Management Framework in the Humber describes the Humber-wide governance structure regarding Test and Trace and Outbreak management. An Organisational Structure of the Humber-level governance arrangements can be seen in Appendix 1.

Within Hull, the governance specifically-related to the prevention and management of Covid-19 outbreaks is:

Covid-19 Hull Outbreak Control Engagement Board

- This will comprise of the Leader of the Council meeting together with a sub-committee of the Health and Wellbeing Board
- The primary purpose of the Board will be to ensure that community leadership, oversight and engagement are integral to the implementation of the Outbreak Control Plan for Hull and to facilitate the effective public and stakeholder engagement and communication of the Outbreak Control Plan
- Having a local Member-led Engagement Board is a national requirement
- See Appendix 2 for further details of the Terms of Reference

Hull Outbreak Prevention and Management Group

- This group meets weekly and is chaired by the DPH
- It is a multi-agency group including representation from across relevant partners
- It is the group that is responsible for the oversight and delivery of this Outbreak Prevention and Management Plan
- See Appendix 2 for further details of the Terms of Reference

Sector-specific structures

- There are a range of sector-specific structures that feed into the 'Hull Outbreak Prevention and Management Group'. These include:
 - Hull Care Home Oversight Group
 - Schools and CYP Tactical Group
 - Workplace Task Group
 - Homelessness Working Group

- Healthcare associated infections process and review group (secondary care)
- Events Safety Advisory Group (ESAG)
- Further detail regarding these structures is included below in the appropriate sections.

7 Themes:

Theme 1: Planning for local outbreaks in care homes and schools

(e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response)

Care Homes and schools are both settings that are evidently high risk in relation to the spread of Covid-19, though the likelihood of outbreaks and the potential severity of the impact is different between the two settings and is higher in Care Homes. Since the very beginning of the emergence of Covid-19 locally, considerable work has been undertaken across the Adult care, Educational and Children's Services and the local healthcare sectors with commissioners, providers and partners to manage the risks from Covid-19

Care Homes:

Current situation:

Adult Services are operating a Covid Response structure that:

- Monitors Data and intelligence from the care settings including the NHS Capacity Tracker
- Liaises daily with high risk settings
- Works in close partnership, including for example CCG, Integrated Care Centre, Primary Care Networks, Infection Prevention and Control Specialists and Public Health, to deliver targeted interventions to both prevent and manage any outbreaks.

A Hull Care Home Oversight Group is in place that includes oversight of the Care Home Support Plan and also testing within Care Homes in Hull.

There is high level of compliance/coverage of the NHS Capacity Tracker providing data relating to testing, cases of Covid-19/outbreaks and related pressures. Data received through the Tracker is also validated through the Adult Services Covid-19 Coordination Team and this will continue as the service transitions into business as usual.

Where any issues are identified in Care Homes or where there are Homes that have confirmed cases, there is daily contact with the Homes from the Adult Services Covid-19 Coordination Team to ensure oversight of the situation and provide support. This includes any issues regarding staffing and supplies of PPE.

Clinical and IPC support is being provided to all Care Homes including clinical leads, support from the IPC team and support from the Integrated Care Centre (ICC)/Enhanced Care Home Support Team.

Appropriate relationships, agreements and capacity amongst local partners to respond to incidents and outbreaks in care settings

Further actions and priorities:

Priority/Action	Timescale	Comments
Development of a more comprehensive local testing strategy in Care Homes and settings	July	To include clear pathways for test results to be incorporated in the clinical record and be reported to local surveillance system
Further refinement of the local plans and procedures to respond to incidents and outbreaks in care settings	July	
Review of IPC capacity and provision across care settings	July	
Transition out of current Covid response 'business continuity' arrangements in Adult Social Care while maintaining appropriate resilience.	July - Sept	Ensuring any transition arrangements can maintain or improve timely two way comms around testing and confirmed cases, updated guidance or processes.

Schools and early years settings:

Current situation:

Regular meetings of the Learning Partnership in Hull that include representation from Public Health as well as local authority Education and wider Children's Services. These meetings continue to provide a highly effective opportunity to address issues from schools (and trade unions) and jointly agree local actions and direction.

Written advice and guidance provided to all schools regarding managing Covid-19 infections, including notifications details (see Appendix 3).

Local protocol for schools to provide Public Health/Education with (non-identifiable) surveillance data regarding any possible or confirmed cases of Covid-19 to enable timely prevention and response support (see Appendix 3).

Routine access to support and guidance for all schools and early years settings through the 0-19 Integrated Public Health Nursing Service.

Multi-agency Tactical group established to oversee Covid-19 related outbreak prevention and response in schools, early years settings and other children's settings.

Appropriate relationships, agreements and capacity amongst local partners to respond to incidents and outbreaks in schools, early years settings and other children's settings.

Further actions and priorities:

Priority/Action	Timescale	Comments
Further refinement of the local plans and procedures to respond to incidents and outbreaks in schools, early years settings and other children's services settings	July	To complement the Joint Working Document developed by PHE Government policy on schools from September will require further review once announcements made.
Review and planning regarding the risks and mitigations from Covid-19 and specifically Test & Trace in Children's Homes	June/July	Ongoing
Planning for over the school summer holiday period	June/July	Situation regarding provision of education, childcare and wider children's services as yet unclear, but recognition that processes may need adapting.
Review of support and response arrangements for Special Schools	July	
Development of wider data/surveillance system in relation to CYP services and settings	June/July	
Develop plans, processes and support for 16+ settings	July	

Theme 2 - Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points

(e.g. ports, airports), detained settings, rough sleepers (e.g. defining preventative measures and outbreak management strategies)

Current situation:

Initial risk assessment has identified a range of potentially high risk places, locations and communities of interest including:

- Homeless/rough sleeper/hostel accommodation
- HMP Hull Prison
- Public transport and shared private transport, transport access points including Hull Paragon Station (bus, coach and train) and Hull Port
- Workplaces including food manufacturing and processing plants and other sites which may present higher risks of transmission due to combined risk factors
- Houses of multiple occupancy and high density residential areas
- BAME communities in which language, cultural, occupational or other factors may increase their risk and vulnerability
- Traveller community and sites
- University and university students (including student accommodation)
- Health sector provision including primary, community, secondary/tertiary care
- Other vulnerable groups including Migrants and Sex Workers

Further risk assessment, planning and engagement will take place with all of the above list, however specific actions and priorities have also been identified in the table below.

Appropriate relationships, agreements and capacity amongst local partners are in place to respond to incidents and outbreaks in any of the above settings, though further work is ongoing to refine and develop the protocols in collaboration with PHE.

Relevant Joint Working Documents developed between PHE and Yorkshire and the Humber local authorities that covering joint management of confirmed cases and outbreaks include:

- Domiciliary care
- Education settings

- Underserved groups
- Vulnerable populations in residential settings
- Workplaces
- Primary care
- Acute trusts

Transport:

There is ongoing close working with the Hull and Goole Port Health Authority and also other relevant partners including transport providers and Hull City Council Licensing Section who licence taxis.

Strong partnership working is in place between transport providers (bus and rail), the council and St. Stephen's shopping centre to identify and address key issues such as cleaning, adequate and suitable signage, staffing levels, communication channels and changes in numbers and types of road users at the transport Interchange. The partnership working exists at Director-level to be able to facilitate quick decision making and responses.

More widely, travel is being supported through the provision of widened cycle lanes and footways on key corridors and point closure of highways. Major Projects (within the council) is working closely with businesses and the hospitality sector to expand the pedestrianisation of the city centre to ensure there is sufficient safe space where there is likely to be large numbers of people congregating outside bars and pubs. In the Old Town which has a higher percentage of hospitality venues a joint shared space partnership has been established to enable the limited amount of space to be utilised and managed effectively. Hand and sanitiser units have been installed across the city centre to support a general increase in visitors throughout the day and evening. The effective use of these measures will support the prevention and control of outbreaks in the city.

Homelessness:

There has been a robust multi-agency response to support the homeless/rough sleeping population in Hull through the Covid-19 pandemic that has provided alternative accommodation (and staffing) and support and health provision for this population. There is therefore the multi-agency support in place to be able to respond to any incidents and outbreaks in this population. In addition, specific discharge procedures are in place at HUTHT to ensure that any patient being discharged to a hostel is tested in a comparable way to a discharge to a Care Home, and appropriate support is available from the Homeless Health Team for the individuals on their return.

Workplaces:

Environmental Health and Economic Regeneration are working closely to support local businesses and workplaces in relation to Covid-19 through direct contact and provision of guidance and information. Environmental Health are able to respond to any questions concerns or complaints received by Hull City Council in connection with Covid-19 guidance. A review of high risk establishments will form part of the strategy, so that it will be possible to take some pro-active steps to evaluate whether or not risks are being effectively controlled within those workplaces.

Health sector:

General Practice has responded to the national guidance for Primary Care and has shifted the model of delivery to telephone or video consultation first, to reduce the risk of transmission. Practices have mechanisms in place to allow non-COVID-19 care to be delivered in a safe environment, and for possible COVID-19 cases to be seen and assessed separately. The CCG is working with all Practices through a daily Situation Report via their Primary Care Network to monitor the impact of COVID-19 on staffing and capacity in the local system.

All NHS providers provide an update through daily Situation Reports via a System Call, this includes Secondary Care, Mental Health and Community providers. This includes discussion of staffing or physical capacity, in addition to the direct impact of COVID-19 on healthcare delivery. Secondary care are also reporting any cases/clusters/outbreaks directly to Public Health England and then to the CCG.

Further actions and priorities:

Priority/Action	Timescale	Comments
Review outbreak prevention and management arrangements for HMP Hull prison with relevant partners	June/July	Healthcare provided by CHCP Protocol drafted by PHE
Review support and provision regarding homeless/rough sleepers/hostel accommodation in relation to ongoing outbreak prevention and management	June/July	Ongoing Discussions taking place through Covid Homelessness Group
Working group regarding the return of students to the University of Hull in Autumn 2020	June - Oct	This work has already been initiated. The timescale will be informed by the needs of the group and the evolving situation
Task and Finish group risk assess workplaces against a risk matrix, and determine appropriate liaison arrangement, surveillance and outbreak response protocols	T&F Group underway July	The approach taken by this group will extend discussions to other local authorities within the region, especially those who have already experienced outbreaks and clusters in their areas
Further refine the local protocols for the prevention and management of cases and outbreaks in health-settings including primary, community, secondary/tertiary care	Work ongoing in conjunction with local partners and PHE July	To include notification, recoding of data/intelligence, preventative support and advice, response including OCT membership and IPC support, coordination with neighbouring authorities

Review PHE Report regarding impact of Covid on BAME population and consider implications locally and actions required	Underway July	

Theme 3 - Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations
(e.g. defining how to prioritise and manage deployment)

As stated in the COVID-19 Prevention and Outbreak Management Framework in the Humber, this work will be coordinated via the Humber Test, Trace and Isolate Assurance Group.

Current situation:

There is a high level of collaborative working and effective governance regarding testing.

In addition to being assured that Covid-19 swab (PCR) antigen testing is appropriately available to patients, key workers and the general population through Pillars 1 and 2, further work has been undertaken to ensure that more targeted testing support is also available. This has included:

- Working through LRF and with DHSC to influence the deployment of MTUs
- Establishing a small stock of PCR swab kits to be held in the community for more responsive use
- Including homeless/hostel residents in hospital discharge protocols to be comparable to patients being discharged to Care Homes.
- Liaising closely with Care Home regarding whole home testing and testing in response to cases/outbreaks
- Liaising closely with schools regarding testing arrangements for staff and pupils

Further actions and priorities:

Priority/Action	Timescale	Comments
Establish process for local deployment of Mobile Test Units (MTUs) based on local strategic priorities and intelligence	June/July	
Review need for, and potential of establishing, Satellite Test Centres in Hull	June/July	

Further refine the availability of swab kits locally to be able to use responsively	June/July	Work already underway locally, and Pillar 1 are allowing community provider to hold stock of swabs
Analyse how the capacity in the local Pillar 2 testing routes is being utilised in terms of numbers of tests each day, and the distribution through the day etc	June/July	In order to ensure an intelligence-led approach to testing

Theme 4 - Assessing local and regional contact tracing and infection control capability in complex settings (e.g. Tier 1b) and the need for mutual aid

(e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed)

As stated in Theme 2, significant work has taken place and is continuing to be undertaken in identifying specific high risk setting and communities in Hull.

Current situation:

Work has undertaken within local Public Health and across the wider system to assess the adequacy of existing capacity and increase capacity where required, including consideration of

- Community engagement
- Testing
- Contact tracing
- Infection control
- Outbreak response & management
- Support for vulnerable people
- Enforcement
- Specialist expertise

The assessment of local capacity requirements has been informed by a range of factors which has included ongoing liaison with PHE to determine the balance of roles and responsibilities between the YH Health Protection Team (HPT) and the local area/system. The Joint Working Documents developed so far are detailed under Theme 2. This is expected to be an ongoing and iterative process as situations develop, improved data becomes available and assumptions are reviewed and refined.

Re-allocation and prioritisation of Public Health (including Environmental Health) staffing capacity has already been undertaken to support Test and Trace and outbreak prevention and management. A review of further capacity requirements has been undertaken and is being progressed.

Initial discussion and agreement has been undertaken with partners across the system to ensure adequate immediate capacity to support Test and Trace and undertake outbreak prevention and management locally.

Additional IPC capacity has been recruited in collaboration with East Riding of Yorkshire colleagues.

Support for schools and early years providers has been agreed through the 0-19 Integrated Public Health Nursing Service.

The issues regarding the current balance of enforcement powers between local authorities and the HSE is being addressed at both a service and local authority Chief Executive level to ensure a highly coordinated and effective approach while also escalating nationally the challenges posed through the dual responsibilities.

Joint training is being planned with PHE to increase the general health protection competence and specific contact tracing capability locally.

The Joint Working Agreements established by PHE clearly define the responsibility for secondary care providers (e.g. HUTHT), community providers (e.g. Humber Foundation trust and CHCP) and the CCG and Primary care in undertaking contact tracing within the healthcare setting. Relevant single points of contact have been established and processes undertaken through IPC teams and other relevant health staff.

Further actions and priorities:

Priority/Action	Timescale	Comments
Further develop assumptions/estimates of demand	July	And continue to review and refine iteratively
Further system-wide scoping of additional capacity and functions required in the short, medium and long-term	July	
Increased local capacity recruited across all areas/roles identified	June/July	
Monitoring of impact of increased recruitment across the system on existing capacity	July	
Review and develop the role of the CCG, Primary Care and health providers (e.g. HUTHT) in the contact tracing process and what the capacity need is.	June/July	
Undertake local and Humber-wide exercises to test resilience and capability	July	
Continue to develop shared learning and knowledge regionally through the regional modelling and intelligence group	Ongoing	

Theme 5 - Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook

(e.g. data management planning including data security, data requirements including NHS linkages)

Current situation:

The management of data is overseen by the Local Authority's Senior Information Risk Owner (SIRO) and works in collaboration with existing emergency data sharing agreements with partners of the Humber Local Resilience Forum.

Local surveillance arrangements are in place with care sector, hostels, schools and children's services to ensure early notification of any symptomatic cases as well as confirmed cases.

Close liaison with identified high risk businesses.

National and regional data is being analysed and used locally as it becomes available and aligned with local systems/data.

Further actions and priorities:

Priority/Action	Timescale	Comments
Implement local notification/data/surveillance system with high risk businesses	July	Potential and aspiration to integrate with existing local master vulnerable people dataset. This master vulnerable people data set includes the National Shielding programme data in addition to our own local data received from citizens who have contacted the Authority for support via the Authority's Covid19 helpline.
Complete scoping and implement local data/surveillance system and relevant reporting	July	To provide adequate local data and intelligence to respond preventatively and reactively to incidents To bring together existing local surveillance data

		Needs to be planned in close collaboration with PHE and ERYC To track and monitor possible cases/clusters/outbreaks
Review the extent to which existing Environmental Health case management systems are appropriate for use in Covid-19	July	
Keep Test & Trace data under review and maximise opportunities to utilise and link regional and national data at a local-level as it becomes available	Ongoing	
Review roles, responsibilities and processes around sharing information on Notification of Infectious Diseases (NOID) with/from PHE for possible/confirmed cases	July	

Theme 6 - Supporting vulnerable local people to get help to self-isolate

(e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities

Current situation:

Work has been ongoing to ensure that the highly effective work undertaken to develop Community Hubs and support for the Shielded and vulnerable members of local communities is fully utilised and appropriately maintained to provide support where necessary for people required to self-isolate, either because they are symptomatic or as asymptomatic contacts.

Ongoing work is being done to develop the legacy of volunteers in the city in relation to this agenda and more generally the role of the voluntary, community and faith sector (VCSFS). Housing providers across the city will have a key role in supporting their residents.

Communication and engagement:

Communication and engagement with local people and communities is absolutely critical to taking preventative action to avoid cases and outbreaks of Covid-19 in the city of Hull, and to ensuring that people and communities are aware, informed and prepared for the control measures which may be implemented as part of our response to any cases or outbreaks.

Within the context of a national communications strategy, considerable work has taken place so far within Hull, and in collaboration across the Humber, to raise awareness and engage with residents, communities and partners across the city in relation to Covid-19 generally and Test and Trace specifically. This is now being developed and scaled up with a key aspect of this being the strengthened local leadership that is now in place through the Hull Outbreak Control Engagement Board.

Further actions and priorities:

Priority/Action	Timescale	Comments
Further review how the Community Hub and Shielding support can be evolved and continued to provide the necessary on-going engagement and support	July	Will need to be balanced with the scaling down of this support in-line with Government policy on reducing support alongside easing of restrictions
Further review the role of volunteers and the VCFS in providing support to	July	A project has been started with the Voluntary and

people required to isolate and more generally to the Test and trace and outbreak prevention and management agenda		<p>Community Sector on how partnership arrangements work in the medium and long term</p> <p>A short term response process has been created through the recent emergency response arrangements</p>
Continue to review and implement appropriate communication and engagement with residents, communities and partners	July	<p>Likely to include role/implications for VCSF</p> <p>Will need to consider language barriers and visibility of public health messaging etc</p> <p>Strengthen and maximise use of all communications and engagement channels and media</p> <p>Develop new channels where necessary to ensure all communications meet the needs of all residents, communities and stakeholders</p>
Undertake appropriate Equality Impact assessments to inform the need for specific and targeted Communication and Engagement with any particular groups within the local population	July	
Review and scope the role of the VCSF in relation to engagement generally and the support for residents and communities	July	

Theme 7 - Establishing governance structures led by existing COVID-19 Health Protections Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

Current situation:

See Governance Section above and also in COVID-19 Prevention and Outbreak Management Framework in the Humber document.

The governance arrangements will be kept under review and adapted as required.

Response to cases and outbreaks

The broad outbreak management approach is based on Joint Working Documents developed with PHE YH and Local Authorities across the region. As described above (Theme 2), these documents currently cover the following situations/settings:

- Domiciliary care
- Education settings
- Underserved groups
- Vulnerable populations in residential settings
- Workplaces
- Primary care
- Acute trusts

These Joint Working Documents are being used as the basis to develop local Outbreak Protocols specific to Hull. An example of the current documentation relating to schools is included in Appendix 3. Up-to-date documents related to specific settings and populations will be published online along with this Plan.

Responding to outbreaks requires a tailored approach to each different event, however there are standard elements of outbreak management:

- Receive notification
- Gather information and undertake risk assessment
- Arrange testing
- Undertake contact tracing if required
- Provide advice, agree and implement control measures
- Provision of results

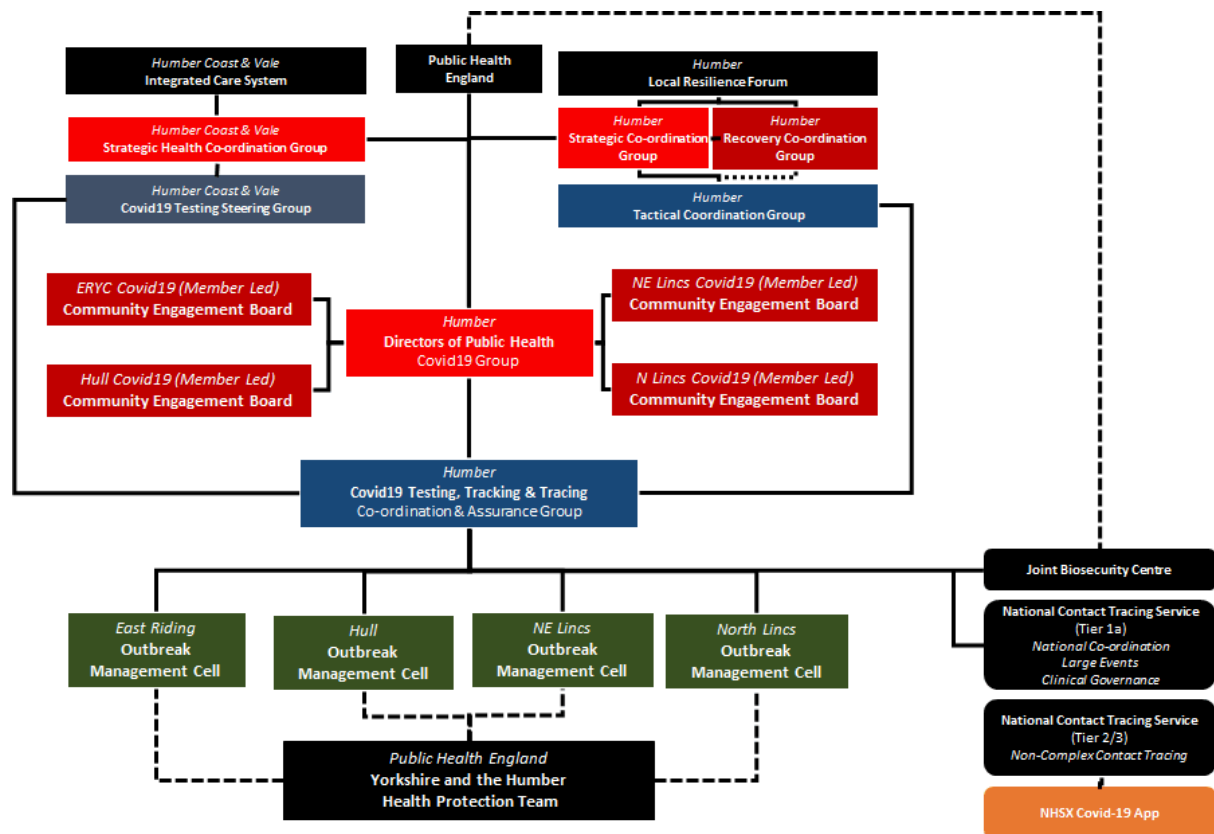
- Infection Prevention and Control follow up
- Access to PPE
- Management of communications

Depending on the risk assessment of the outbreak, a multiagency Incident Management Team (IMT)/Outbreak Control Team (OCT) may be convened to oversee the response.

Appendix 1:

Humber-level governance arrangements

Humber Prevention and Outbreak Management Framework



Appendix 2:

Hull Outbreak Control Engagement Board

Terms of Reference (Final Draft 26/6/20)

Context	<p>An integrated national and local COVID-19 test and trace programme is being implemented that is designed to control the virus and enable people to live a safer and more normal life.</p> <p>For the test, trace and contain stage to be successful, it is critical that as a city we communicate widely and effectively with the public and employers to gain their support for any actions that we need to implement.</p> <p>The Outbreak Control Engagement Board has been established as a sub-committee of the Health and Wellbeing Board, to oversee and facilitate the public and stakeholder engagement required to ensure effective implementation of the decisions taken by the Hull COVID-19 Outbreak Prevention and Management Control Group.</p> <p>The Hull Outbreak Control Engagement Board comprises the Leader of the Council meeting together with a sub-committee of the Health and Wellbeing Board further to the Board's constitutional role at Part B, Para 4.11.4 of the Constitution to act as strategic advisor and consultee to decision makers considering decisions which may impact upon the Health and Wellbeing of citizens in the city of Hull.</p>
Purpose	<p>The purpose of the Board is to ensure that community leadership, oversight and engagement are integral to the implementation of the Outbreak Control Plan for Hull.</p>
Frequency	<p>The Board will meet on a monthly basis, although the Chair has the ability to make recommendations to change the frequency at short notice if necessary.</p>
Objectives	<p>The key objective of the forum is to facilitate the effective public and stakeholder engagement and communication of the Outbreak Control Plan for the city by:</p> <ul style="list-style-type: none">• Endorsing the Communications & Engagement Framework developed to support the Hull Outbreak Control Plan, thereby ensuring that all key stakeholders have been identified and that the best routes to engage and communicate with them are utilised.• Actively supporting and facilitating effective communication and engagement with all partners, stakeholders and the public.

	<ul style="list-style-type: none"> • Acting as advocates for the preventative and outbreak control measures and messages agreed by the Hull Outbreak Control Board, which will be critical to successfully preventing and managing any outbreak. • Facilitate briefing and engagement with key sector representatives in implementation of outbreak control measures. • Secure an effective mechanism for Elected Members in leading engagement with citizens and communities in securing the implementation of outbreak control measures and communications as required. <p>The Hull COVID-19 Outbreak Prevention and Management Control Group will provide updates to the member led engagement board on a monthly basis.</p> <p>The Board will operate to principles of equality and diversity in line with public duties under the Equality Act 2010 to have due regard to the need to eliminate discrimination; to advance equality of opportunity; and to foster good relations.</p>
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COVID-19 Hull Outbreak Prevention and Management Group

Terms of Reference

Purpose:

Local Outbreak Plans are key to slowing the transmission of Covid-19 and enabling the population of Hull to adjust as lockdown easement is implemented.

Directors of Public Health (DsPH) are required to lead the development of Local Outbreak Plans and, in association with Public Health England's (PHE) local health protection team lead the work on testing and contact tracing and managing outbreaks in complex settings and situations such as care homes, schools and prisons. This requires partnerships at regional and sub-regional level and a place based approach.

A number of Boards have been established as part of an overarching Humber wide structure including Humber LRF Recovery Board, DsPH Humber Health Protection Board and the Humber Test Track and Isolate Coordination and Assurance Group.

The Hull COVID-19 Outbreak Prevention and Management Group is part of this local health protection system, bringing together key partners across the City.

Aim:

To prevent Covid-19 outbreaks, effectively manage outbreaks where they occur, improve speed of response, build on local knowledge and improve coordination of response.

Functions:

The function of the COVID-19 Outbreak Prevention and Management Group is to act as a responsive resource, providing timely advice, guidance and recommendations on delivery of local outbreak plans as requested by the DsPH.

This will include, but is not limited to:

- Planning for prevention and response to local outbreaks in care home and schools
- Understanding, identifying and managing high risk places, locations and communities
- Maximising local testing and contact tracing capacity
- Developing and utilising data and intelligence in surveillance, prevention and response
- Identifying public health action required
- Considering the humanitarian needs of those who need to isolate
- Tailoring the approach to meet the needs of different communities including access to local communities through community hubs
- Supporting the Local Authority Covid 19 Member led engagement Board (HWBB) in engaging with the local community
- Providing assurance to CST, HWB, DsPH COVID-19, Humber Recovery Cell

Responsibilities:

The responsibilities of the COVID-19 Outbreak Prevention and Management Group will include, but is not limited to:

- Contributing to the Humber Test Trace and Isolate Coordination Group
- Having oversight of local management in complex settings (care homes/ schools / hostels)
- Developing a prioritisation framework for testing within care homes, aligned to national guidance
- Ensuring direct support to complex Groups and Households (e.g. homeless/ shielded)
- Providing proactive advice and guidance (e.g. schools/ workplaces)
- Producing local communications in support of local response
- Managing local data flow, analytics, and surveillance

- Providing specialist advice and guidance
- Supporting the delivery of the HCC Care and Support Plan
- Avoiding provider failure taking account of SP
- Promote and facilitating self-help in our communities (supporting the development of capacity for wider testing, tracking and tracing arrangements as directed by the DsPH)
- Facilitating the mutual aid requirements between responders where appropriate

Reporting arrangements:

The Hull COVID-19 Outbreak Prevention and Management Control Group will provide updates to CST, Cabinet, HWB member led engagement group, the DsPH COVID 19 Oversight Group.

Reporting frequency:

Weekly to CST. At least monthly to other groups and by exception.

Meeting frequency:

The COVID-19 Outbreak Control Group will meet twice per week, initially, with further meetings and sub-meetings as required.

Relationships with other groups

DsPH COVID-19 Oversight Group.

Humber Test Trace and Isolate

CST Covid 19 Group

HWB (Member lead Engagement Board)

Membership:

- DPH (Chair)
- Deputy DPH (Deputy Chair)
- Consultant in Public Health Medicine/Medical Director
- Representative from ASC;
- Representative from PHE (Health Protection Team)
- Representative from CYP – PH and Schools leads
- Representative from CCG

- Representative from CHCP
- Representative from CorporateCommunications team
- Representative from University
- Representative Environmental Health Team
- Representative from Regen to consider City Opening and Business links
- Representative from Homeless team
- Representative from Infection Prevention and Control

Deliverables:

- Weekly situation report to CST Covid 19 Group
- Provide updates to the DsPH Covid 19 Oversight Group
- Identify and coordinate a targeted local response
- Prevention of outbreaks in high risk settings and communities
- Reducing the impact of Outbreaks

Out of Scope:

Leadership of the Test Trace and Isolate response is led by Humber Test Track and Trace

Community Engagement is led by HWB

Acronyms:

CCG	-	Clinical Commissioning Group
DsPH	-	Directors of Public Health
ICS	-	Integrated Care System
LA	-	Local Authority
PHE	-	Public Health England

Appendix 3:

Example of outbreak processes regarding schools:

Interim advice for schools on managing Covid 19 infections in schools and nurseries

This is not intended to replace any national guidance, but to be a practical tool to help in your decision making. A more comprehensive pack from Public Health England with FAQs and template letters is being developed, and will supersede this interim advice.

It's usual for definitions and thresholds to change as we learn more about a disease or move to a different phase of the response, and it's also likely that some functions currently undertaken by the Health Protection Team at Public Health England will start to be provided locally by the Public Health team in the council and/or the Public Health Nursing team at City Health Care Partnership.

Definitions:

Covid symptoms:

- Fever of 37.8 degrees or higher
- New continuous cough
- Anosmia (loss of or change in normal sense of taste or smell)

Possible case:

- Person who has one or more Covid 19 symptoms

Confirmed case:

- Person who has had a positive test result for Covid 19, whether or not they have symptoms

Contact:

From 48 hours before a person develops Covid 19 symptoms or the 48 hours before their test (if they didn't have symptoms) in the event that they receive a positive test result

- Direct face to face conversation / being coughed on / closer than 1 m for a minute or more
- Within 1-2m for 15 minutes or more
- Travelled in a small vehicle
- The whole school 'bubble' or cohort are usually assumed to be contacts if they were in school with the confirmed case during their infectious period

- *Infectious period:*

- A confirmed case is considered to be potentially infectious to others from 48 hours before their symptoms began (or the date of their test if they didn't have symptoms) until 7 days after their symptoms began (or test date if they didn't have symptoms).

-

- *Outbreak*

- An outbreak is usually defined as more cases of an infectious disease than you'd normally expect. For Covid in schools it's likely to be defined as 2 or more confirmed cases (with or without other possible cases) that are linked to each other, for example within the same class, within a 14 day period.

Suggested actions:

Situation	Action	Comments
Confirmed case in a pupil or member of staff who has been in school during the 48h before onset of symptoms / test if asymptomatic	<p>Notify the Health Protection Team at Public Health England on 01904 687100 or 0113 386 0300.</p> <p>Case must isolate for 7 days from symptom onset (or test date if asymptomatic). They can return to school after this 7 day period, once they have not had a fever for 48 hours. Identify contacts in school as per definitions above. Advise contacts to isolate for 14 days from last contact with the case. This includes household contacts, e.g a sibling in the same, or a different class/bubble. Contacts are not advised to request testing unless they develop symptoms. However if a contact without symptoms receives a negative test result, this isolation period is still required because they might still go on to develop Covid after the test.</p>	The family should hear from the Test and Trace service about identifying their household contacts, and T&T should escalate to the Health Protection Team for identifying school-based contacts. In reality that's often taking a number of days to work through the system at the moment which is why we're still asking that you notify directly.
Confirmed case in member of staff or pupil who was not in school during the 48h before symptom onset (or test if asymptomatic)	<p>Case isolates as per guidance</p> <p>Check that any household or out of school contacts that are school staff or pupils are isolating as per guidance.</p> <p>No wider actions unless part of a wider cluster or outbreak – if so, update Health Protection Team</p>	Please make a note dates of onset / testing in case others become ill and a cluster or outbreak investigation is required.
Pupil or member of staff develops symptoms whilst at school	Follow guidance for sending the symptomatic person home as detailed in school/academy policy and	You do not need to ask others in school to isolate at this point unless:

	<p>using national guidance (link below).</p> <p>Tell them that they need to isolate for 7 days, and their household contacts to isolate for 14 days as described in national guidance.</p> <p>Follow cleaning guidance for non-healthcare settings (link below).</p>	<p>☑ They are household contacts</p> <p>☑ This is part of a wider cluster or outbreak – if so follow Health Protection Team advice</p> <p>If you are uneasy about the situation, seek advice from the School Nursing Team or the Health Protection Team</p>
Possible case does not access testing or results not received	<p>7 days isolation from onset of symptoms for possible case.</p> <p>14 days isolation for their household contacts.</p> <p>Isolation of school contacts not required if no other cases or possible cases in school.</p> <p>If they are part of a wider cluster or outbreak, update the Health Protection Team</p>	<p>If there is information to suggest they are a likely case (for example they are known to be a contact of a case and have gone on to develop symptoms themselves) seek advice from the School Nursing Team or the Health Protection Team</p> <p>Pupils/staff cannot be required to be tested by the school or Local Authority.</p>
Contact goes on to develop symptoms	<p>They become a possible case and should access testing (including retesting if previously tested negative).</p> <p>Their isolation period changes to 7 days from symptom onset if they test positive.</p> <p>Notify Health Protection Team if they test positive</p>	
A household member of a pupil / member of staff develops symptoms or tests positive	<p>The child/member of staff should isolate along with the rest of the household for 14 days. Even if they test negative during this time, they need to complete the 14 day isolation period.</p> <p>Ask the family to let you know if the situation changes – for example if the pupil/member of staff who is isolating as a household contact goes on to develop symptoms themselves.</p>	<p>No wider actions for school/nursery.</p>

Increasing number of pupils and/or staff isolating as household or out of school contacts; with or without possible or confirmed cases in school	Contact health protection team for advice	
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General points:

The advice in this document is written from a health protection perspective to complement your professional judgement as Headteacher. Each situation should be considered on its own merits and if you're uneasy, or you have particular circumstances which mean your staff/children may be at greater clinical risk, seek advice.

Where the guidance on infection prevention and control is being followed, the school/nursery does not need to close for health protection reasons in any of the scenarios above, unless advised differently by the Health Protection Team following risk assessment. You may of course need to consider this for operational reasons. Schools should seek advice and defer to CEO / LA via usual routes before closing.

If you ring the Health Protection Team about a situation, they will ask for details such as the setup of the school, total number of staff and students attending school, total number of staff and pupils confirmed or symptomatic, vulnerability of student population, potential number of contacts, current social distancing and infection prevention and control measures. It's your decision what you tell families and the wider school community and when, but the Health Protection Team and school nurses can advise and support you and template letters will be available in the forthcoming pack from PHE.

If families are concerned about a child who is poorly they should seek advice from their GP or NHS 111.

Links to relevant guidance (list not exhaustive)

Testing:

Testing is available for people with symptoms, or who are critical workers, via the link below. Currently there is plenty of capacity, and asymptomatic contacts seem to be accessing testing easily (although it's not currently recommended that people get tested unless they have symptoms).

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

In an outbreak situation, the Health Protection Team can organise testing through local labs (and have the tests prioritised) which will get the results back more quickly. They may therefore request that people to wait for their testing rather than accessing their own.

Cleaning:

<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>

NHS advice:

<https://www.nhs.uk/conditions/coronavirus-covid-19/>

Isolation advice:

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

General:

<https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings>

(PPE, managing settings, shielding)

<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>

(PPE, what to do if a child develops symptoms at school, transport, early years, children with complex medical needs)

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

(pre-Covid but contains useful exclusion advice for other diseases, infection prevention and control guidance)

Contact details:

School Nursing Team at City Health Care Partnership – for general queries - 01482 336634 or 344301 (Monday to Friday 8.30am to 5pm).

Health Protection Team at Public Health England – to report possible outbreaks or for specialist advice - 01904 687100 or 0113 386 0300 (Mon-Fri 9am-5pm) or 0114 304 9843 (weekends and 5pm-9am)

COVID19 outbreak prevention information



1	Name of school/nursery	<input type="text"/>
2	Main school contact and phone number	<input type="text"/>
3	Date	<input type="text"/>
4	Number of staff who would currently be attending school and are isolating with one or more Covid symptoms (fever, new continuous cough, change to smell/taste)	<input type="text"/>
5	Total number of staff expected in school today	<input type="text"/>
6	Number of pupils who would currently be attending school and are isolating with one or more Covid symptoms (fever, new continuous cough, change to smell/taste)	<input type="text"/>
7	Number of staff isolating following contact with a confirmed case in that occurred in school	<input type="text"/>
7a	How many of these are <i>not</i> school class/'bubble' contacts.	<input type="text"/>
8	Number of pupils isolating following contact with a confirmed case in that occurred in school	<input type="text"/>
8a	How many of these are <i>not</i> school class/'bubble' contacts	<input type="text"/>
9	Number of your members of staff who would currently be attending school who have received a positive test result for Covid	<input type="text"/>
10	Number of your pupils who would currently be attending school who have received a positive test result for Covid	<input type="text"/>

COVID19 outbreak prevention information



We are asking for this information so that we can offer support to you very quickly if there are potential Covid situations in schools or childcare settings. We will also use it to help identify and understand patterns of disruption from Covid across the city.

- Please fill in and return the form to us straight away if you have pupils or staff who are symptomatic, test positive, or who are isolated as a result of contact that occurred in school. There's no need to return it for people who aren't coming into the school (for example, if a parent has tested positive).
- We only need to know on the first day you find out about it (for example, there's no need to tell us about each day of a person's 14 day isolation, just on the first day you become aware of it). However, please do let us know if something changes (for example, a person who was off with symptoms get a positive test result)
- Please **do not** include names or identifiable details about pupils or staff on this form.

If you would like any support or have queries in relation to Covid 19 and your setting, please call the School Nursing Service duty line number, 01482 336634 or 344301 (Monday – Friday 8.30am to 5pm).

If you learn of a positive Covid test result for a pupil or member of staff who has been in school, or you have an overall increase in sickness absence where Covid is suspected, you must notify the Health Protection Team at Public Health England on 01904 687100 or 0113 386 0300.

[Please return the form to CovidEd@hullcc.gov.uk](mailto:CovidEd@hullcc.gov.uk)

Many thanks,
Jo Moxon, Assistant Director Learning and Skills and Helen Christmas, Acting Public Health Consultant
Hull City Council
15 June 2020